

GINA PIMENTEL
STATE OF INDIANA
RECORDER
LAKE COUNTY
RECORDED AS PRESENTED

2024-010100
1:59 PM 2024 Apr 3

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

I, Bernice Balicki, wife of the deceased, Al Balicki also known as Adolf Balicki, deposes and says:

1. I make this Affidavit of my own knowledge.
2. That Al Balicki also known as Adolf Balicki, passed away on November 17, 1979, in Crown Point, Indiana, a resident of Lake County, Indiana. A copy of his death certificate is attached hereto as Exhibit "A".
3. That I was married to the deceased, Al Balicki also known as Adolf Balicki, on the date of his death and am qualified to make this affidavit as I am the closest person to the deceased on the date of his death.
4. That Al Balicki also known as Adolf Balicki, did not have a Will.
5. That no administration was had on his estate, nor was any necessary and no estate or inheritance taxes were due upon his death.
6. That Al Balicki also known as Adolf Balicki, and I, owned real property as husband and wife, in Lake County, Indiana, at the time of his death, specifically 1101 Sycamore Street, Crown Point, IN 46307. Legal Description: *PART OF LOT 25, LIBERTY PARK HIGHLANDS, AS SHOWN IN PLAT BOOK 25, PAGE 8 IN LAKE COUNTY, INDIANA, DESCRIBED AS: LYING NORTHWESTERLY OF A LINE EXTENDING FROM A POINT ON THE SOUTHWESTERLY LINE OF SAID LOT WHICH IS 130.8 FEET NORTHWESTERLY OF THE SOUTHWEST CORNER THEREOF TO A POINT ON THE NORTHEASTERLY LINE THEREOF WHICH IS 79.6 FEET NORTHWESTERLY OF THE NORTHEAST CORNER THEREOF.* Property Number: 45-16-05-177-005.000-042
7. That title to said real estate remained in effect and unbroken on the date of his death.
8. That all funeral expenses in connection with the death of the decedent have been paid.

I affirm that I have taken reasonable care to redact social security numbers herein.
Further affiant sayeth not.

X Bernice Balicki
Bernice Balicki, Affiant

ACKNOWLEDGEMENT

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)



Before me, a Notary Public, personally appeared the above-named, who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true and accurate. Witness my hand and seal this 22 day of March, 2024.

My Commission Expires:

Irene Gasparis
Notary Public

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: Irene Gasparis

FILED

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CS
KD

APR 03 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

