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STATE OF INDIANA)
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COUNTY OF LAKE)

FILED

Sep 24 2024 EP PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR

AFFIDAVIT OF SURVIVORSHIP

AFFIANT, being first duly sworn upon her oath, states:

Affrant, CATHERINE MARLOW, residing at 8811 Parkway Drive, Highland, IN 46322
(who hereafter may be referred to as "Affrant"), is an adult, is familiar with the facts
contained in his affidavit, and is the Personal Representative of the Estate of Michael J.
Marlow, deceased, an unsupervised administration pending under Case Number 45D022405-EU-00023 of the Superior Court of Lake County, IN. This affidavit is made to
induce the transfer of the following real estate located in Lake County, IN:

Lot 9, in Seberger Farms, a Planned Unit Development to the Town of Highland, as per plat thereof, recorded in Plat Book 98, page 51, in the Office of the Recorder of Lake County, Indiana.

(Tax ID #45-07-28-330-006.000-026)

(Common address: 2644 Seberger Drive, Highland, IN 46322)

Hereafter, this may be referred to as the "Real Estate".

- Title to the Real Estate was vested Michael J. Marlow and Barbara N. Marlow a/k/a Barbara Nastav Marlow, husband and wife.
- Barbara Nastav Marlow a/k/a Barbara N. Marlow died a resident of Lake County, IN on 09/15/2018 and a copy of her death certificate is attached to this Affidavit and made part hereof. Upon her death, title to the Real Estate vested in Michael J. Marlow.
- 4. No estate was opened for Barbara Nastav Marlow a/k/a Barbara N. Marlow nor is such an estate anticipated. There are no taxes of any kind owed to the United States of America or the State of Indiana. This Affidavit is made to induce the transfer of the Real Estate to the Estate of Michael J. Marlow.

Further, your Afriant saith not.

CATHERINE MARLOW.

二ついけられる) Greater Indiana Title Company

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Before me, a Notary Public for the above county and state, personally appeared CATHERINE MARLOW, known or proven to me, who, being duly sworn by me, deposed and said that the statements made in the foregoing Affidavit of Survivorship are true and correct and were made for the purposes set forth therein.

WITNESS my hand and seal this 9/20, 2024.
NOTARY PUBLIC
My Commission expires: 1/15/25 My Commission expires: 1/15/25 My Commission Expires November 05, 2030
In accordance with IC 36-2-7.7, I do affirm under the penalties of perjury that I have reviewed the foregoing document for the purpose of identifying and, to the extent permitted by law, redacted, all Social Security Numbers; and that the foregoing declarations are true.
JOHN R. STANISH, Attorney at Law
PREPARED BY: JOHN R. STANISH, Attorney, 10120 Devonshire Ln., Munster, IN 46321 RETURN TO:
Recorder

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INDIANA STATE DEPARTMENT OF HEALTH

Tracking No. 328362

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