



SURVIVORSHIP AFFIDAVIT

STATE OF _____)
COUNTY OF _____)
SS:

_____ , being first duly sworn upon oath, deposes and says:

- 1. That _____ died on _____, _____ at _____ (City/State).
2. That _____ and _____ were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Affiant Signature

STATE OF _____)
COUNTY OF _____)
SS: ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared _____ who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this _____ day of _____, 20_____.

Resident of _____ County, Indiana. Signature _____

My Commission Expires: _____ Printed _____

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. _____

[Name]

This instrument prepared by _____