STATE OF INDIANA )	
) SS: COUNTY OF)	
AFFIDAVIT OF TRANSFEI	REE/BENEFICIARY
at	, indiana, and who being first dury
sworn upon his/her oath, states as follows:	
1. That the above-named Transferee/B	eneficiary, is the owner in fee simple title
of the real estate located in,	Indiana, which is legally described as
follows:	
Said real estate is commonly known as	
2. That the above-name Transferee/F	Beneficiary, acquired title to the above-
described real estate upon the death of	
who died on the day of	, 20, and who executed and
recorded a Transfer on Death Deed, dated the	
and which Transfer on Death Deed was recorded	on the day of,
20, as Document No	
	bit "A", is a certified copy of the death

certificate of	, who is the named
Grantor in the Transfer on Death Deed.	
4. A copy of the recorded Transfer	on Death Deed is attached hereto as Exhibit
"B".	
	Transferee/Beneficiary
STATE OF INDIANA )	
COUNTY OF)	
)	
	otary Public, in and for said County and Sate,
on the day of	, 20
My Commission Expires:	
	Notary Public (Signature)
	Printed
	My County of Residence is,
	Indiana.
I affirm, under the penalties for perjury, that Social Security number in this document, unle	
	(Name of Preparer of this instrument)