

Peggy Holinga Katona  
Auditor



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# Lake County Auditor

## CHANGE OF ADDRESS AFFIDAVIT

DATE: \_\_\_\_\_

I \_\_\_\_\_, would like to change my address on parcel number  
\_\_\_\_\_ that I purchased on the \_\_\_\_\_ Tax Sale,

From: \_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_

See Notary Page Attached;

## NOTARY ACKNOWLEDGEMENT

THE STATE OF INDIANA :

)

SS.

COUNTY OF LAKE:

)

NAME:\_\_\_

ADDRESS:\_\_\_

CITY, STATE, ZIP

APPEARED AND SWORN TO BEFORE ME, ON THIS DAY OF\_ OF\_\_\_\_\_

WITH A (DLN,) OR STATE ID ,OR PASSPORT IN PERSON.

SIGNATURE

SIGNATURE:

PRINTED \_\_\_\_\_ PRINTED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NOTARY PUBLIC

DATED: \_\_\_\_\_

PRINTED

MY COMMISSION EXPIRES:

SEAL: