



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 _____

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

SIGNATURE

SIGNATURE:

PRINTED _____ PRINTED _____

SIGNATURE _____

NOTARY PUBLIC

DATED: _____

PRINTED

MY COMMISION EXPIRES:

SEAL: