

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

## TRANSFER ON DEATH AFFIDAVIT LED FOR RECORD

STATE OF INDIANA COUNTY OF LAKE ) 2010 016247 ) SS: 2010 MAR 22 AM 10: 47

MICHELLE R. FAJMAN

**LARRY MISTA AND MONICA PHILLIPS**, being first duly sworn upon oath, depose and says:

- 1. That **MARY MISTA**, died on the 10th day of December, 2009 at Munster Med Inn, Lake County, Indiana.
- 2. That at the time of her death, she held fee simple interest in the following described real estate: 45-07-17-152-001.000-023

  LOT TWENTY-TWO (22), IN TRI-STATE GARDENS SECOND ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 30, PAGE 51, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
- 3. That there was a Transfer on Death Deed dated 11-19-09 and recorded 11-25-09 as Document No. 2009-078710; Transferees (primary beneficiaries) at time of death are Larry Mista and Monica Phillips, as tenants in common.
- 4. The Surviving Beneficiaries are: Larry Mista, 9007 W. 81<sup>st</sup> Pl., Schererville, In and Monica Phillips, 9438 Shelby Lane, Crown Point, In.

FURTHER, Affiant saith naughtent is the property o the Lake County Reco MONICA PHILLIPS Subscribed and sworn to before me, a Notary Public this , 2010. day of Motary Public My Commission Expires: 5 ELIZABETH P. KINZ County of Residence: Commission Expira May 9, 2017 I affirm, under the penalties for perjury, that I have taken reasonable car number in this Document, unless required by law. Name of Preparer

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45.

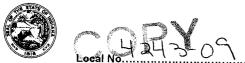
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

MAR 1 7 2010

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 19 ps

000829

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Decedent's Legal Name (Fig. 1)	irst, Middle, Last)	1a. Maiden Last Name (If Female)			2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Year)							
MARY MISTA				ATELEVICH			FEMALE 11:05AM DEC. 10, 2009					
5. Social Security Number 305–30–9269	6a. Age ~ Yrs 78	6b. Under 1 Year Months	6c. Under 1 Month  Days	6d. Under 1 Day	6e. Under 1 Hour Minutes		• 19, 19			y And State Or For		
9. Ever In U.S. Armed Forces  Yes M No Unknown		10a. If Death Occurred Somewhere Other Than A Hospital:  ☐ Hospice Facility ☐ Decedent's Home 【X Nursing Home/Long-Term Care Facility ☐ Other (Specify)										
11. Facility Name (If Not Instit		ent D Emergency Dep: nd Number)	ariment Outpatient	Dead On Arrival	Hospice Facility	ecedent's Ho	me 💢 Nursing Ho	me/Long-Terr	n Care Facility	Other (Specify	)	
MUNSTER ME  12. City Or Town, State, And												
MUNSTER	13. County Of Death  LAKE			Marital Status At Time Of Death     Married								
			15a. (If Wife)Giv				₩Widow			owed Never Married Unknown  Kind Of Business/Industry		
DECEASED			N	/A		CLERK			VAN TIL FOOD STORE			
			County	,	18b. City Or Town				VAIN TILL FOOD STORE			
INDIANA  18c. Street And Number			LAKE HAI			MOND  18d. Apt. No.   18e. Zio Code   18f. Inside City Limits?						
	h. ST.					. No.	18e. Zip (		18f. Inside City Limits?  Yes □ No			
19. Decedent's Education			0. Decedent Of Hispan	le Origin	21. Dece	21. Decedent's Race			70324			
12YRS			NO				<b>VHITE</b>					
22. Father's Name (First, Middle, Last)  GUS ATELEVICH				23. Mother's Name (First, Middle, La						23a. Mother's Maiden Last Name		
24. Informant's Name 24a. Relationshi							TELEVICH			MERCON		
LARRY MISTA	A		SON _		9007 W. 81				ILE.	IND. 46	375	
25a. Method Of Disposition.		25b. Place O	f Disposition (Name Of	25. Pl	ace Of Disposition	5	- City, Town, And S					
■ Burial    □ Cremation    □ [     □ Removal From State     □ Other (Specify):	Donation 🔲 Entomb	1			15, 2009			IANA				
26. Was Coroner Contacted?  ☐ Yes 12 No	LI	ame And Complete Add NCOLN RID	GE FUNER	AL HOME	is the pro	per	ty of			27a. Funeral F	lome License Number:	
27b. Signature Of Artigna Fun	POINT, RINDI	F, RINDIANA 46307 88800070										
Eli	. T.	je					FD01	Number (0f L 00830)				
28. Part I. Enter The Cha Such As Cardiac Arrest, R	ain Of Events—D Respiratory Arres	iseases, Injuries, Or t, Or Ventricular Fibr	Complications-Th	at Directly Cauca	The Death, Do Not Er	4 T	1.5				Approximate	
A Line. Add Additional Lin Immediate Cause (Final D	nes ii Necessary.				2 Rult	fra.	Rue	to	Pari	~	Interval: Onset To Death	
Sequentially List Condition	ns, if Any, Leadin	g To The Cause List	ted On B.	.,	end stage	O (Or As A C	Consequence Of):	Zia				
Line A. Enter The Underly The Events Resulting In D	ying Cause (Dise	ase Or Injury That Ir	itiated C		) du	e To (Or As A C	onsequence Of);					
			D.	-111	OTTEN .	e To (Or As A C	onsequence Of):				,	
Part II. Enter Other <u>Significant</u>		ting To Death But Not Re	esulting In The Underlyi	ng Cause Given In Pa			topsy Performed? osy Findings Availal	☐Y ble to Compl	es No	Of Death?	/ 	
31. Did Tobacco Use Contribut		32 If Female:					33. Man-	ner Of Death:		<u> </u>	Yes No	
Yes Probably No Unkn	nown	☐ Not Pregnant ☐ Not Pregnant,	Within Past Year  Pregn But Pregnant 43 Days To 1	ant At Time Of Death  Year Before Death	Not Pregnant, But Pregnant Within Unknown If Pregnant Within The P		THE LACITOL OF	Homicide !	Accident Pr	ending Investigation		
34. Date Of Injury (Month/Day/	Year)	35. Time Of In	jury	36, Pla	ce Of Injury (E.G., Decedent	s Home, Con	struction Site, Rest	aurant, Wood	ed Area)		ry At Work?	
38. Location Of Injury - State		38a. City Or 70	with a sea a like term	7/7/11/386./36	Petra Number	THIS CE	RTHES THE AL	RUNE IS N	TER: PAR NO	i i	Yes No	
			NIMMUNI	THILE	UNITANI	COPY OF	RTIFIES THE ALL THE CERTIFIC	ATE OF DE	ATH ON FILE	WITH THE		
39 Describe How Injury Occurre	ed	F	ILE NO	2 42	888	CAIL OU	UNIY HEALTH I			- 1		
		DEC 15 2009										
41. Signature, Of Person Certif		42. Certifine (Check Only One)										
43. Name, Address And Zip		Certifying Physician ☐ Coroner ☐ Health Officer  44. License Number 45. Date Certified					rtified					
1 OSF	2170	ىم ن	N) 01052047			1/2	114/00					
46 Additional Funeral Service f	Provider:						47	. *Akas:	The second secon			
48. Signature of Local Health O	Officer:	) Bu7	L 10			49.	For Registrar Onl	y - Date Filed	(Month/Day/Y	ear):		
Ser	water in	I ENT	, 40,00			1	Dece	lms	ىلار	15,2	Par	