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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**TRANSFER ON DEATH AFFIDAVIT**

2010 MAR 22 AM 10:47

STATE OF INDIANA  
COUNTY OF LAKE

) 2010 016247  
) SS:

MICHELLE R. FAJMAN  
RECORDER

**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 naught.**

Larry Mista  
**LARRY MISTA**

Monica Phillips  
**MONICA PHILLIPS**

Subscribed and sworn to before me, a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

My Commission Expires: 5/9/17  
County of Residence: Lake

Elizabeth R. Kinzie  
Notary Public  
ELIZABETH R. KINZIE  
Lake County  
My Commission Expires  
May 9, 2017

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.

Elizabeth R. Kinzie  
Signature of Preparer



Elizabeth Kinzie  
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.

**FILED**

MAR 17 2010

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

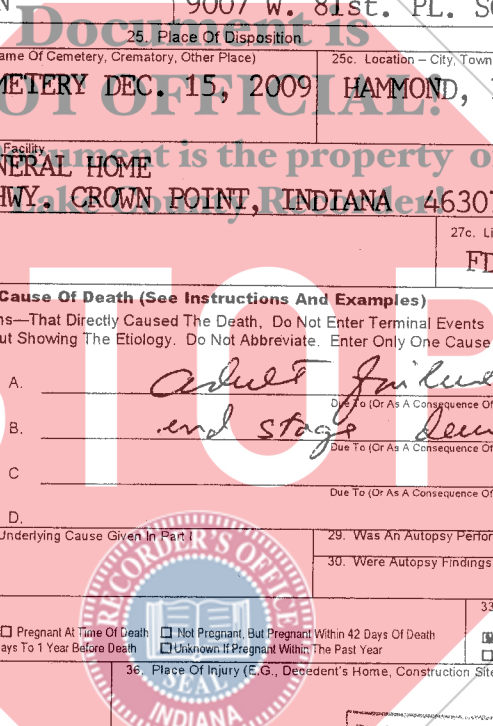
CM  
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

COPY 424309

Form with fields for Decedent's Name (MARY MISTA ATELEVICH), Sex (FEMALE), Date of Death (DEC. 10, 2009), Social Security Number (305-30-9269), Age (78), Date of Birth (OCT. 19, 1931), Birthplace (CALUMET CITY, ILLINOIS), Facility Name (MUNSTER MED INN), City (MUNSTER), County (LAKE), State (INDIANA), Residence (1201 175th. ST., HAMMOND), Education (12YRS), Race (WHITE), Father's Name (GUS ATELEVICH), Mother's Name (DOROTHY ATELEVICH), Informant's Name (LARRY MISTA), Relationship (SON), Mailing Address (9007 W. 81st. PL. SCHERERVILLE, IND. 46375), Method of Disposition (Burial), Place of Disposition (ELMWOOD CEMETERY), Name and Address of Funeral Facility (LINCOLN RIDGE FUNERAL HOME), Signature of Local Health Officer (Susan W. But. SO.), Date Filed (December 15, 2009).



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
DEC 15 2009