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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 042425

2010 JUL 21 PM 2:31

MICHELLE R. FAJMAN
RECORDER

MAIL TAX BILLS TO: Gordon F. Conn, Grantee
GRANTEE'S ADDRESS: 3316 W. 79th Place
Merrillville, IN 46410

PARCEL NO. 1: 45-12-15-104-002.000-030
PARCEL NO. 2: 45-12-15-103-008.000-030
PARCEL NO. 3: 45-12-15-106-014.000-030

TRANSFER ON DEATH AFFIDAVIT

GORDON F. CONN, being first duly sworn, makes the following statements:

1. On June 23, 2010, MILDRED E. CONN (the "Owner") signed a Transfer on Death Deed transferring to GORDON F. CONN (the "Primary Beneficiary"), on the Owner's death, the Owner's interest in the following described real estate in Lake County, Indiana:

Parcel 1: Lot 2, 3 and Lot 3A, Spaulding Subdivision, as shown in Plat Book 34, page 17, in Lake County, Indiana, including a strip of land 30 feet wide adjoining said Lot 3A on the east, being a part of Delaware Place as shown on said plat, now vacated in Cause No. C-60-811, Lake Circuit Court.

Commonly known as 6909 Pennsylvania Street, Merrillville, Indiana 46410

Parcel No. 45-12-15-104-002.000-030

Parcel 2: Lot 2, 3 and Lot 3A, Spaulding Subdivision, as shown in Plat Book 34, Page 17, in Lake County, Indiana, including a strip of land 30 feet wide adjoining said Lot 3A on the east, being a part of Delaware Place as shown on said plat, now vacated in Cause No. C-60-811, Lake Circuit Court.

Commonly known as 6910 (Approx.) Pennsylvania Street, Merrillville, Indiana 46410

Parcel No. 45-12-15-103-008.000-030

Parcel 3: Lot No. Eight (8) in Block No. One (1), Part No. 2 as marked and laid down on the recorded plat of Merrill Heights Subdivision, in Lake County, Indiana, as per their recorded plat thereof, in Plat Book 28, page 58, in the Recorder's Office of Lake County, Indiana.

Commonly known as 7030 Delaware Street, Merrillville, Indiana 46410

Parcel No. 45-12-15-106-014.000-030

2. Such Transfer on Death Deed was recorded on June 23, 2010 in the office of the Recorder of Lake County, Indiana, as Document Number 2010-035833.

FILED

JUL 21 2010

054063 PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

✓ # 14359
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3. The Owner died on July 13, 2010, owning an interest in the above-described real estate. A certified copy of the Owner's death certificate is attached to this Affidavit as "Exhibit A" and made part of it by reference.

4. The Primary Beneficiary survived the Owner, and the name and address of the Primary Beneficiary are:

GORDON F. CONN
3316 West 79th Place
Merrillville, IN 46410

5. This Affidavit is made, executed and recorded to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death the Owner's interest in the above-described real estate.

Dated this 20th day of July, 2010.




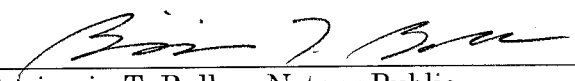
GORDON F. CONN

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 20th day of July, 2010, personally appeared GORDON F. CONN and acknowledged the execution of the foregoing Transfer on Death Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

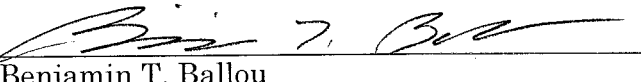
My Commission Expires: November 21, 2015

	BENJAMIN T. BALLOU Notary Public, State of Indiana Lake County My Commission Expires November 21, 2015
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Benjamin T. Ballou, Notary Public
Resident of Lake County

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.



Benjamin T. Ballou

This instrument prepared by: Benjamin T. Ballou, Attorney at Law
8700 Broadway, Merrillville, Indiana 46410

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 2170-10

State No _____

1. Decedent's Legal Name (First, Middle, Last) Mildred E. Conn			1a. Maiden Last Name (If Female) Bobeck		2. Sex Female	3. Time of Death 4:05 PM	4. Date of Death (Month/Day/Year) July 13, 2010		
5. Social Security Number 316-09-0618 89	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) December 10, 1920		8. Birthplace (City And State Or Foreign Country) Gary, Indiana	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Unknown <input type="checkbox"/>					10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)
11. Facility Name (If Not Institution, Give Street And Number) St. Anthony In-Patient Hospice									
12. City Or Town, State, and Zip Code Crown Point, Indiana 46307					13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name N/A			15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own Home		
18. Residence - State Indiana			18a. County Lake		18b. City Or Town Merrillville		18c. Street And Number 7030 Delaware Street		
18d. Apt. No. N/A			18e. Zip Code 46410		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education 12			20. Decedent Of Hispanic Origin Non-Hispanic		21. Decedent's Race Caucasian				
22. Father's Name (First, Middle, Last) John F. Bobeck				23. Mother's Name (First, Middle, Last) Fannie Bobeck		23a. Mother's Maiden Last Name Hritsa			
24. Informant's Name Gordon F Conn			24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 3316 W. 79th Place Merrillville, Indiana 46410				
25. Place Of Disposition									
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Geisen Cremation Centre			25c. Location - City, Town, And State Crown Point, Indiana			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Geisen Funeral Home, Merrillville 7905 Broadway, Merrillville, Indiana 46410					27a. Funeral Home License Number: FB40800005		
27b. Signature Of Indiana Funeral Service Licensee: 					27c. License Number (Of Licensee): FD01005912				
Cause Of Death (See Instructions And Examples)									
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.								Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>End Stage Congestive heart failure</u> Due To (Or As A Consequence Of):									
B. _____ Due To (Or As A Consequence Of):									
C. _____ Due To (Or As A Consequence Of):									
D. _____ Due To (Or As A Consequence Of):									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: 						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Kathryn Mulligan, M.D., 919 Main Street, #102, Dyer, Indiana 46311						44. License Number 01052342A		45. Date Certified 7/14/10	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year): July 14, 2010			

EXHIBIT A