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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 042472

2012 JUN 27 AM 10:18

MICHELLE R. FAJMAN  
RECORDER

Tax Parcel Number(s): 45-07-03-476-018.000-023

### TRANSFER ON DEATH AFFIDAVIT

Debra K. Willison, being first duly sworn, makes the following statements:

1. On March 2, 2011, Mary Helen Schriks (the "Owner") signed a Transfer on Death Deed transferring to Debra K. Willison ("Primary Beneficiary"), on the Owner's death, the Owner's interest in the following described real estate in Lake County, Indiana:

All of Lot 41 except the South 12 1/2 feet thereof, all of Lot 42, and all of Lot 43 except the North 16 1/2 feet thereof, in Block 4 of Russell's 1<sup>st</sup> Addition to the City of Hammond, Indiana, as per plat thereof, recorded in Plat Book 11 Page 31, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 6415 New Hampshire Ave, Hammond, IN 46323

2. Said Transfer on Death Deed was recorded on March 2, 2011, in the office of the Recorder of Lake County, Indiana, as document number 2011 012200.

3. The Owner died on June 15, 2012, as the fee simple owner of 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 hereof by reference.

4. The name and address of each designated beneficiary who has survived the Owner is as follows:

Debra K. Willison, 8611 Hayes Street, Merrillville, IN 46410.

5. There are no designated beneficiaries who have failed to survive the Owner.

FILED FOR TAXATION SUBJECT  
TO THE ACCEPTANCE FOR TRANSFER

JUN 27 2012

24236

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

15.00  
CS  
40

6. This Affidavit is made, executed and recorded to comply with the requirements of I.C. § 32-17-14-26(b)(20) to transfer the Owner's interest in the above-described real estate to Debra K. Willison and to induce the Auditor of Lake County, Indiana to reflect the transfer of such real estate on said Auditor's records.

FURTHER AFFIANT SAYETH NOT.

Date: June 22, 2012

Debra K. Willison  
DEBRA K. WILLISON

STATE OF INDIANA )  
COUNTY OF LAKE )

SS: Document is

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared DEBRA K. WILLISON, and she being first duly sworn by me upon her oath, stated that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 22<sup>nd</sup> day of June, 2012.



Laura L. Rybicki  
LAURA L. RYBICKI, Notary Public

This instrument prepared by and after recording should be returned to:  
Laura L. Rybicki (#21389-45), Dugan, Repay & Rybicki, P.C.  
7880 Wicker Avenue, Suite 101, St. John, Indiana 46373 (219) 365-7766

Grantee's Address and  
Mail Tax Statements To:  
Debra K. Willison  
8611 Hayes Street  
Merrillville, IN 46410

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.

Laura L. Rybicki



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

722986

Local No 000122

EDR No 00000265802

State No

1. Decedent's Legal Name (First, Middle, Last) <b>MARY HELEN SCHRIKS</b>				1a. Maiden Name (If female) <b>DOUGLAS</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>03:10 PM</b>	4. Date Of Death (Month/Day/Year) <b>06/15/2012</b>		
5. Social Security Number <b>263-46-1211</b>		6a. Age - Yrs <b>78</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>05/21/1934</b>		8. Birthplace (City and State or Foreign Country) <b>WINTER HAVEN, FL</b>	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 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) <b>ST CATHERINE HOSPITAL INC</b>										
12. City Or Town, State, And Zip Code <b>EAST CHICAGO, IN, 46312</b>					13. County Of Death <b>LAKE</b>			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				15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>			18d. Apt. No.	18e. Zip Code <b>46323</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number <b>6415 NEW HAMPSHIRE AVENUE</b>			19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>REGINALD WILLIAM DOUGLAS</b>				23. Mother's Name (First, Middle, Last) <b>LOUISE DOUGLAS</b>			23a. Mother's Maiden Last Name <b>PRICE</b>			
24. Informant's Name <b>DEBRA WILLISON</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8611 HAYES STREET, MERRILLVILLE, IN 46410</b>						
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) <b>OAKLAND MEMORY LANES</b>			25c. Location - City, Town, And State <b>DOLTON, IL</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375</b>					27a. Funeral Home License Number. <b>FH19900051</b>			
27b. Signature of Indiana Funeral Service Licensee: <b>MICHELLE L. HANRAHAN, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20900062</b>				
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.  Cause Of Death (See Instructions And Examples)  Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>RESPIRATORY FAILURE</b> Due to (Or As A Consequence Of):  Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. <b>PNEUMONIA</b> Due to (Or As A Consequence Of):  C. _____ Due to (Or As A Consequence Of):  D. _____									Approximate Interval: Onset To Death	
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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input 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 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: <b>MANSUETO H. SILVERMAN, BY ELECTRONIC SIGNATURE</b>						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: <b>MANSUETO H. SILVERMAN, 3641 RIDGE ROAD, HIGHLAND, IN 46322</b>						44. License Number <b>01035700A</b>		45. Date Certified <b>06/20/2012</b>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <b>PAULA BENCHIK-ABRINKO, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUN 20 2012</b>				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

IVRA-20  
(7/05)

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT