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Mail Tax Bills To:
7131 Lindberg
Hammond, IN 46323

Parcel No.: 45-07-09-356-012.000-023
Property Address: 7207 Lindberg
Hammond, IN 46323

TRANSFER ON DEATH AFFIDAVIT

Bethann L. Holubiak, upon personal knowledge and belief, makes these statements:

1. Nadine G. Borowski died on July 16, 2012 (a certified copy of her death certificate is attached to this affidavit and by reference incorporated), owning an interest in the following described real estate in Lake County, Indiana:

Lot 8, Woodmar Estates Addition to the City of Hammond,
as Shown in Plat Book 72, Page 55, in Lake County,
Indiana.

Commonly known as 7207 Lindberg, Hammond, IN
46323.

2. On March 28, 2011, Nadine G. Borowski signed a Transfer on Death Deed transferring her interest in the above real estate upon her demise. Said Transfer on Death Deed was recorded on April 6, 2011 in the Office of the Recorder of Lake County, Indiana, as document number 2011-01970.

3. The designated beneficiaries in the Transfer on Death Deed and their addresses who survived the Owner are:

Bethann L. Holubiak
7131 Lindberg Ave.
Hammond, IN 46323

Mark L. McCoy
7210 Southeastern Ave
Hammond, IN 46324

4. The purpose of this Affidavit is to comply with the requirements of IC 32-17-14- 26(b)(20) to transfer on death Nadine G. Borowski' interest in the real estate described above to the Transfer on Death Deed beneficiaries.

5. The Estate of Nadine G. Borowski, deceased, is not subject to federal estate tax.

6. Because of the exemptions provided by Indiana law, namely I.C. 6-4.1-3-10 (children), no Indiana Inheritance Tax was due or owing by reason of the death of Nadine G. Borowski.

In Witness Whereof, Bethann L. Holubiak has executed this instrument this 7th day of September, 2012.

FILED

SEP 21 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

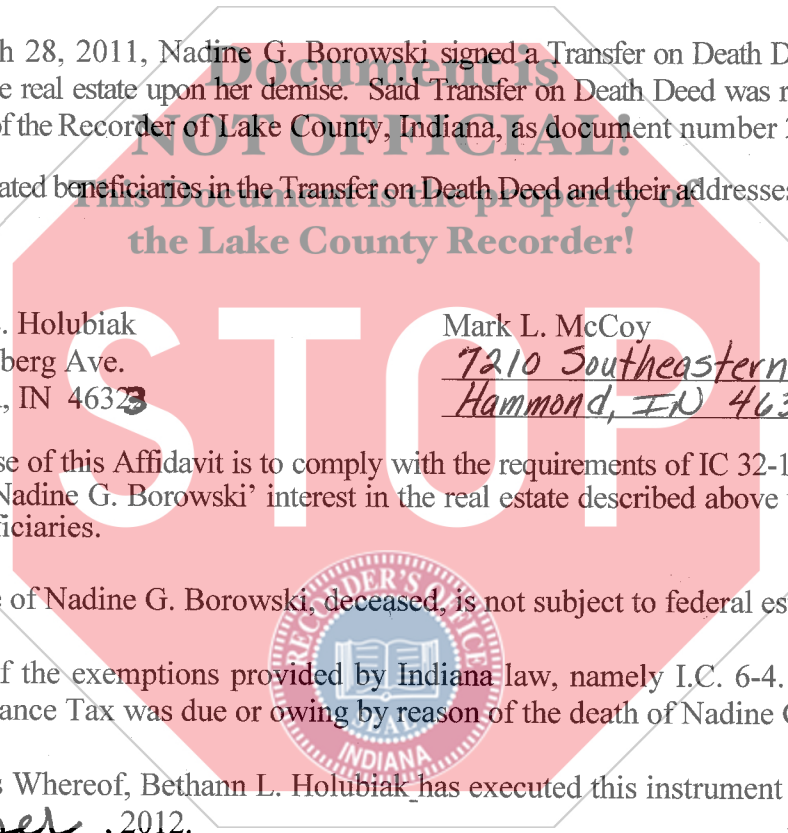
Bethann L. Holubiak
Bethann L. Holubiak

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



RECORDER'S OFFICE
LAKE COUNTY, INDIANA
MICROFILMED
SEP 24 PM 12:44

STATE OF INDIANA)
)
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 7th day of September, 2012, personally appeared Bethann L. Holubiak, and acknowledged her execution of the foregoing Transfer on Death Deed as her voluntary act and deed.

WITNESS MY HAND AND SEAL.

Notarial Seal:

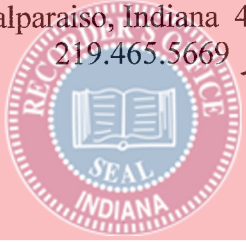
Alissa Kohlhoff
Alissa Kohlhoff Notary Public

Notary Expiration: 3/26/17
Resident of ~~Lake~~ Porter County, Indiana

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.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
Alissa Kohlhoff
Alissa F. Kohlhoff

Prepared By: Attorney Alissa F. Kohlhoff, Attorney No.: 22518-64A
Kohlhoff Law P.C.
2005 Valparaiso Street, Suite 201
Valparaiso, Indiana 46383
219.465.5669





**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **002262**

EDR No **00000270403**

State No

1. Decedent's Legal Name (First, Middle, Last) NADINE GRACE BOROWSKI				1a. Maiden Name (If female) AHLBORN		2. Sex FEMALE	3. Time Of Death 02:00 PM	4. Date Of Death (Month/Day/Year) 07/16/2012	
5. Social Security Number [REDACTED]	6a. Age - Yrs 84	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) 03/07/1928		8. Birthplace (City and State or Foreign Country) HAMMOND, IN	
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 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 checked="" 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) 7131 LINDBERGH AVENUE									
12. City Or Town, State, And Zip Code HAMMOND, IN, 46323					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			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation RETAIL SALES		17. Kind Of Business/Industry MONTGOMERY WARD	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND					
18c. Street And Number 7131 LINDBERGH AVENUE				18d. Apt. No.		18e. Zip Code 46323		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) WILHELM FREDRICH PAUL AHLBORN				23. Mother's Name (First, Middle, Last) HAZEL AUGUSTA AHLBORN			23a. Mother's Maiden Last Name RUTZ		
24. Informant's Name BETHANN HOLUBIAK		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 7131 LINDBERGH AVENUE, HAMMOND, IN 46323					
25. Place Of Disposition									
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CONCORDIA CEMETERY			25c. Location - City, Town, And State HAMMOND, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BOCKEN FUNERAL HOME INC., 7042 KENNEDY AVENUE, HAMMOND, IN 46323					27a. Funeral Home License Number: FH10600033		
27b. Signature Of Indiana Funeral Service Licensee: STEVEN J. STRUCK, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08600181			
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.									
Immediate Cause (Final Disease Or Condition Resulting In Death) A. END STAGE RENAL DISEASE 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. _____ 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 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: LYLE R MUNN, BY ELECTRONIC SIGNATURE						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: LYLE R MUNN, 1190 NORTH STATE ROAD 49, PORTER, IN 46304						44. License Number 01031582A		45. Date Certified 07/23/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 24 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									