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STATE OF INDIANA  
LAKE COUNTY  
RECORDER OF RECORDS

2012 086227

2012 DEC -7 AM 8:56

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

MICHAEL D. FAJMAN  
RECORDER

**TRANSFER ON DEATH DEED BENEFICIARIES' AFFIDAVIT OF SURVIVORSHIP**

Come now NOREEN ARDUINO, LORRIE WARTAK, CLARICE SZYMONIAK and ALLISON HENDRON, who being first duly sworn upon their oath, depose and state as follows:

1. The affiants, Noreen Arduino, Lorrie Wartak, Clarice Szymoniak and Allison Hendron, are each surviving daughters of the decedent, Irene Hendron, who died on November 6, 2012 (a certified copy of the death certificate of said Irene Hendron is attached to this Affidavit). Each of these affiants has personal knowledge of the estate and financial affairs of this decedent.

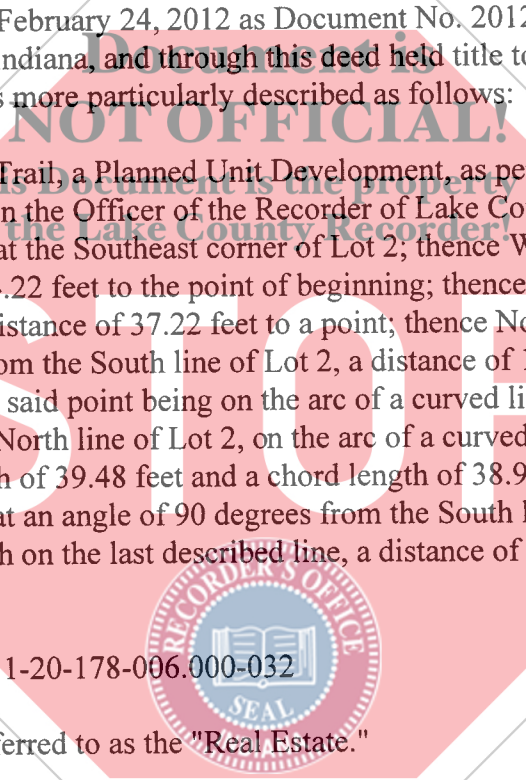
2. Irene Hendron, at the time of her death was the sole owner of the real estate commonly known as 8090 Patterson Court, Dyer, Indiana 46311, acquiring her interest under a Deed dated February 3, 2012, recorded on February 24, 2012 as Document No. 2012 013563 in the Office of the Recorder of Lake County, Indiana, and through this deed held title to Real Estate located in Lake County, Indiana, which is more particularly described as follows:

Part of Lot 2 in Aspen Trail, a Planned Unit Development, as per plat thereof, recorded in Plat Book 89 page 61, in the Office of the Recorder of Lake County, Indiana, described as follows: Commencing at the Southeast corner of Lot 2; thence West on the South line of Lot 2, a distance of 124.22 feet to the point of beginning; thence continuing West on the South line of Lot 2, a distance of 37.22 feet to a point; thence North at an angle of 90 degrees as measured from the South line of Lot 2, a distance of 150.52 feet to a point on the North line of Lot 2, said point being on the arc of a curved line convex to the South, thence Easterly on the North line of Lot 2, on the arc of a curved line having a radius of 70.00 feet, an arc length of 39.48 feet and a chord length of 38.96 feet to a point; thence South on a line drawn at an angle of 90 degrees from the South line of Lot 2, at the point of beginning, thence South on the last described line, a distance of 139.01 feet to the point of beginning.

Tax Key Number: 45-11-20-178-006.000-032

Said property is hereinafter referred to as the "Real Estate."

3. Irene Hendron, as owner of the Real Estate and prior to her death executed a Transfer on Death Deed dated February 3, 2012 recorded on February 24, 2012, as Document No. 2012 013564 in the Office of the Recorder of Lake County, Indiana, naming as Transfer on Death



**FILED**

DEC 07 2012

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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Beneficiaries to the Real Estate in equal shares her four (4) daughters: Noreen Arduino, Lorrie Wartak, Clarice Szymoniak and Allison Hendron.

4. The name and address of each of these designated beneficiaries, who have survived Irene Hendron, and who are in existence presently are:

Noreen Arduino of 18412 Clyde, Lansing, Illinois 60438;  
Lorrie Wartak of 1527 Keenland, Schererville, Indiana 46375;  
Clarice Szymoniak of 19126 Roy, Lansing, Illinois 60438; and,  
Allison Hendron of 4414 N. Malden, Chicago, Illinois 60613

5. There are no other persons who have been named as beneficiaries under the Transfer on Death Deed to the Real Estate executed Irene Hendron, and who have not survived this decedent.

6. The current fair market value of the Real Estate, together with all other property passing under any taxable transfer to each designated beneficiary identified in Paragraph 4 of this Affidavit, does not exceed the applicable Indiana Inheritance Tax Class A Transferee exemption amount of \$250,000.00 available to each of these beneficiaries, such that there is no Indiana Inheritance Tax liability associated with the transfer of the Real Estate to any of these designated beneficiaries under the Transfer on Death Deed from the decedent, Irene Hendron.

7. This Affidavit is made for the purpose of inducing any person or taxing authority into relying on the rights and ownership of Noreen Arduino, Lorrie Wartak, Clarice Szymoniak and Allison Hendron, as surviving beneficiaries designated under the Transfer on Death Deed executed by Irene Hendron as to the Real Estate, as provided by law, to clear title to said Real Estate, and to enable the Auditor of Lake County, Indiana to transfer on its records our ownership as equal joint owners of the above described Real Estate for the purposes of taxation and otherwise pursuant to Indiana Code §32-17-14-26.

Further these Affiants saith naught.

**THE UNDERSIGNED AFFIANTS, INDIVIDUALLY AND INDEPENDENTLY, HEREBY EACH AFFIRM AND STATE UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING STATEMENTS AND REPRESENTATIONS MADE IN THIS TRANSFER ON DEATH DEED BENEFICIARIES' AFFIDAVIT OF SURVIVORSHIP ARE TRUE AND CORRECT ON THIS 24 DAY OF NOVEMBER, 2012.**

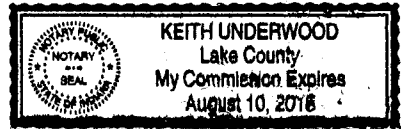
Noreen Arduino  
Noreen Arduino, Affiant

Clarice Szymoniak  
Clarice Szymoniak, Affiant

Lorrie Wartak  
Lorrie Wartak, Affiant

Allison Hendron  
Allison Hendron, Affiant

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )



**ACKNOWLEDGEMENT**

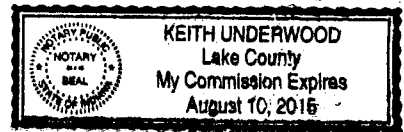
Before me, a Notary Public, personally appeared **Noreen Arduino**, known by me to be the person who, having been first duly sworn upon her oath, subscribed to and acknowledged execution of the foregoing Transfer of Death Deed Beneficiaries' Affidavit of Survivorship, on this 24<sup>th</sup> day November, 2012.

Keith Underwood  
Notary Public  
A Resident of LAKE County, INDIANA

My Commission Expires:  
Aug 10 2015

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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )



**ACKNOWLEDGEMENT**

Before me, a Notary Public, personally appeared **Lorrie Wartak**, known by me to be the person who, having been first duly sworn upon her oath, subscribed to and acknowledged execution of the foregoing Transfer of Death Deed Beneficiaries' Affidavit of Survivorship, on this 24<sup>th</sup> day November, 2012.

Keith Underwood  
Notary Public  
A Resident of LAKE County, INDIANA

My Commission Expires:  
Aug 10 2015

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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )



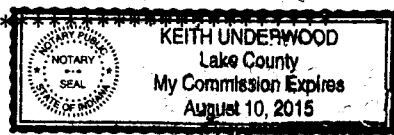
**ACKNOWLEDGEMENT**

Before me, a Notary Public, personally appeared **Clarice Szymoniak**, known by me to be the person who, having been first duly sworn upon her oath, subscribed to and acknowledged execution of the foregoing Transfer of Death Deed Beneficiaries' Affidavit of Survivorship, on this 24<sup>th</sup> day November, 2012.

Keith Underwood  
Notary Public  
A Resident of LAKE County, INDIANA

My Commission Expires:  
Aug 10 2015

STATE OF INDIANA  
COUNTY OF LAKE ) SS:

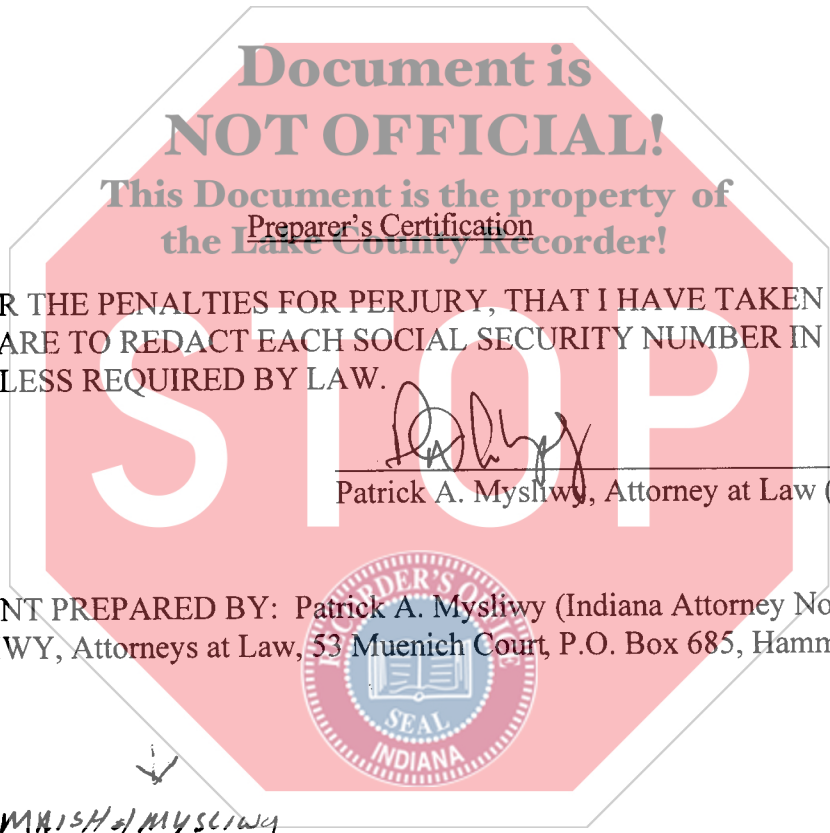


**ACKNOWLEDGEMENT**

Before me, a Notary Public, personally appeared **Allison Hendron**, known by me to be the person who, having been first duly sworn upon her oath, subscribed to and acknowledged execution of the foregoing Transfer of Death Deed Beneficiaries' Affidavit of Survivorship, on this 24<sup>th</sup> day November, 2012.

Keith Underwood  
Notary Public  
A Resident of LAKE County, INDIANA

My Commission Expires:  
Aug 10 2015



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.

Patrick A. Mysliwy  
Patrick A. Mysliwy, Attorney at Law (Preparer)

THIS INSTRUMENT PREPARED BY: Patrick A. Mysliwy (Indiana Attorney No. 10002-45) of MAISH & MYSLIWY, Attorneys at Law, 53 Muenich Court, P.O. Box 685, Hammond, Indiana 46320

RETURN MAIL TO: MAISH & MYSLIWY  
53 MUENICH CT.  
HAMMOND, IN 46320



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

Local No **003518**

EDR No **00000288575**

State No **049940**

1. Decedent's Legal Name (First, Middle, Last) <b>IRENE C HENDRON</b>				1a. Maiden Name (If female) <b>CHAPIN</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>06:10 PM</b>	4. Date Of Death (Month/Day/Year) <b>11/06/2012</b>		
5. Social Security Number <b>[REDACTED]</b>	6a. Age - Yrs <b>85</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>03/15/1927</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</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 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) <b>8090 PATTERSON COURT</b>										
12. City Or Town, State, And Zip Code <b>DYER, IN, 46311</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>SALES CLERK</b>		17. Kind Of Business/Industry <b>DEPARTMENT STORE</b>		
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>DYER</b>						
18c. Street And Number <b>8090 PATTERSON COURT</b>				18d. Apt. No.		18e. Zip Code <b>46311</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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>ANTON CHAPIN</b>				23. Mother's Name (First, Middle, Last) <b>EVA CHAPIN</b>			23a. Mother's Maiden Last Name <b>MILAS</b>			
24. Informant's Name <b>ALLISON KAPLAN</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4414 NORTH MALDEN APT 3N, CHICAGO, IL 60640</b>						
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>HERITAGE CREMATORY</b>			25c. Location - City, Town, And State <b>PORTAGE, IN</b>					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>ANTHONY &amp; DZIADOWICZ FUNERAL HOME, INC.-MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321</b>					27a. Funeral Home License Number: <b>FH83002916</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>KYLE J. KUTLIK, BY ELECTRONIC SIGNATURE</b>				27c. License Number (Of Licensee): <b>ED20800089</b>		27d. License Number (Of Licensee): <b>ED20800089</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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>CARDIOVASCULAR</u></b> <b>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>B. _____</b> <b>C. _____</b> <b>D. _____</b>										
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>ATRIAL FIBRILLATION</b>					29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input 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>PETER HERBERT NEALE, 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>PETER HERBERT NEALE, 16240 LOUIS AVENUE, SOUTH HOLLAND, IL 60473</b>				44. License Number <b>02002162A</b>		45. Date Certified <b>11/09/2012</b>				
46. Additional Funeral Service Provider: <b>SCHROEDER-LAUER FUNERAL HOME</b>				47. *Akas:						
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>NOV 13 2012</b>						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										