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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 086473

2012 DEC -7 AM 10: 38

WILLIAM S. BAUMAN
RECORDER

TRANSFER ON DEATH AFFIDAVIT

JAMES J. MITCH, being first duly sworn, makes the following statements:

1. On October 8, 2012, **JUNE D. MITCH** (the "Owner") signed a Transfer on Death Deed transferring to **JAMES J. MITCH** (the "Primary Beneficiary"), on the Owner's death, the Owner's interest in the following described real estate in Lake County, Indiana:

Lot 6 in Utopia Subdivision Unit No. 1, as per plat thereof, recorded in Plat Book 34, Page 96, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 13501 Parrish Avenue, Cedar Lake, Indiana 46303.
KEY NO. 45-15-28-281.003.000-014

2. Said Transfer on Death Deed was recorded on October 9, 2012, in the Office of the Recorder of Lake County, Indiana, as Document No. 2011-070366 and rerecorded on November 26, 2012, as Document No. 2012 083147.

3. The Owner died on October 23, 2012, owning a fee simple interest in the above-described real estate. A certified copy of the Owner's death certificate is attached hereto as Exhibit "A."

4. The Primary Beneficiary survived the Owner, and the name and address of the Primary Beneficiary is James J. Mitch at 13501 Parrish Avenue, Cedar Lake, Indiana 46303.

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 November 28, 2012

James J. Mitch

JAMES J. MITCH

STATE OF INDIANA)

) SS:

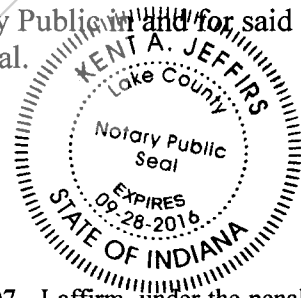
COUNTY OF LAKE)

Subscribed and sworn to by **JAMES J. MITCH** before me, a Notary Public in and for said County and State, on November 28, 2012. Witness my hand and notarial seal.

FILED
DEC 07 2012

Kent A. Jeffirs

Kent A. Jeffirs, Notary Public



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2008
RW

Prepared by Kent A. Jeffirs, Attorney at Law, 104 W. Clark St., Crown Point, IN 46307. I affirm, under the penalties of perjury, I have taken reasonable care to redact each Social Security number on this document, unless required by law.

28179



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003312

EDR No 00000286263

State No 047221

Form containing fields for decedent information (JUNE D MITCH), date of death (10/23/2012), cause of death (FAILURE TO THRIVE), and certifying physician (RUPESH J. SHAH). Includes a large 'STOP' watermark and a red 'A' stamp.