

2012 086473

2012 DEC -7 AM 10: 38

MAN

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.

STATE OF INDIANA

SS:

COUNTY OF LAKE

Subscribed and sworn by JAMES J. MITCH before me, a Notary Public with land for, said

County and State, on No contract 28, 2012. Witness my hand and notarial seal.

Notary Public

Notary Publ

28179

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 0		EDI	R No 000		03	2. Se		No UZ	<u> 1722'</u>	Date Of Death (Month/Day/Ye
JUNE D MITCH			CLADE							
5. Social Security Number 6a. Age - Yrs	6b. Under 1 Ye	ar 6c. Under 1 Month	GLADE 6d. Under 1 Day	6e. Under 1 Hour	7. Date		/IALE onth/Day/Year⟩	10:00 PI 8. Birthpla		10/23/2012 State or Foreign Country)
83	Months	Days	Hours	Minutes	1 4			OAK F	PARK, IL	
	eath Occurred In A H	•		10a. If Death Occ		ewhere Othe Decedent's H	•	al	ong-term Can	a Socility
		y Department Outpatient	Dead on Arriva	Other (Specify			J.144	ally Homerce	ong-term can	eradily
 Facility Name (If Not Institution, Give State of NORT) 	HWESTERN	INDIANA								
12. City Or Town, State, And Zip Code				13. County	Of Death			i i		Time Of Death
CROWN POINT, IN, 46307				LAKE				☐ Ma		ried, But Separated Divor Never Married Unknow
5. Surviving Spouse's Name		15a.	(If Wife)Give Maide	n Last Name		16. Deced	dent's Usual Occ	cupation	17.	Kind Of Business/Industry
9 Bosidoses Ctata						HOMEN	/AKER		ON	/N HOME
8. Residence - State	188	a. County		18b. City Or To	WΠ					
NDIANA Bc. Street And Number	LAI	KE		CEDAR LA	KE		701 4 1 1			
							18d. Apt. No.	18	e. Zip Code	18f. Inside City Limits
3501 PARISH AVENUE 9. Decedent's Education		20. Decedent Of Hispania	c Origin	1 24 6	\#-				46303	☑ Yes ☐ No
	ĺ		c Origin		ecedent's	Race				
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IMED CARL OLADE						•		1	ZOG. INIOUTEI	s waiden Last Hame
LMER CARL GLADE I. Informant's Name	***	24a. Relationship To	Decedent	JANE FRANC 24b. Mailing Address			City. State. Zip (HICKEY	
AMES J MITCH		SON		13501 PARIS			-	•	303	
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Burial Cremation Donation E	ntombment 250. Fi	ace Of Disposition (Nam	ne Of Cemetery, Cre	matory, Other Place)	25c. Lo	cation - City,	Town, And Stat	te		
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3. Was Coroner Contacted? 27 ☐ Yes ☑ No PF 7b. Signature Of Indiana Funeral Service Lice	Name And Complete	te Address Of Funeral Fa	acility			R, CROV	VN POINT	ber (Of Licen	07 FH8	Funeral Home License Number 33001261
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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.