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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 016055

2013 MAR -1 AM 11:01

MICHAEL B. DUDY
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

TRANSFER ON DEATH AFFIDAVIT OF SURVIVORSHIP

On the 21 day of Feb., 2013, before me personally appeared TRACY OPAT, to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 8331 Castle Drive, Munster, IN 46321. <<GRANTEE'S ADDRESS
2. At the time of his death, Michael A. Smich was the owner of the following described real estate:

The North 20 feet of Lot 38 and the South 20 feet of Lot 39, Block 6, in West Park Addition to the City of Whiting, as per plat thereof recorded in the Office of the Recorder of Lake County, Indiana.

Key No.: 45-03-07-182-003.000-023

Property Address: 2007 Superior Avenue, Whiting, IN 46394

3. Prior to his death, Michael A. Smich executed a Transfer on Death Warranty Deed which named Tracy Opat as the beneficiary of said real estate and provided that said property pass to Tracy Opat upon his death. *Topatd. 10/24/12 rec. as Doc. #2012-077461 on 11/1/12. Transferee address: 2113 Castle Dr. Munster, IN 46321*

4. The Transfer on Death Declaration made October 24, 2012, and recorded November 1, 2012, was never amended nor revoked and was in full force and effect at the time of Michael A. Smich's death.

5. MICHAEL A. SMICH died on January 20, 2013. A certified copy of the death certificate of Michael Smich is attached hereto as "EXHIBIT A".

6. Upon the death of Michael A. Smich on January 20 2013, Tracy Opat became the owner of the above described real estate.

7. Further Affiant saith not.

Tracy Opat

TRACY OPAT

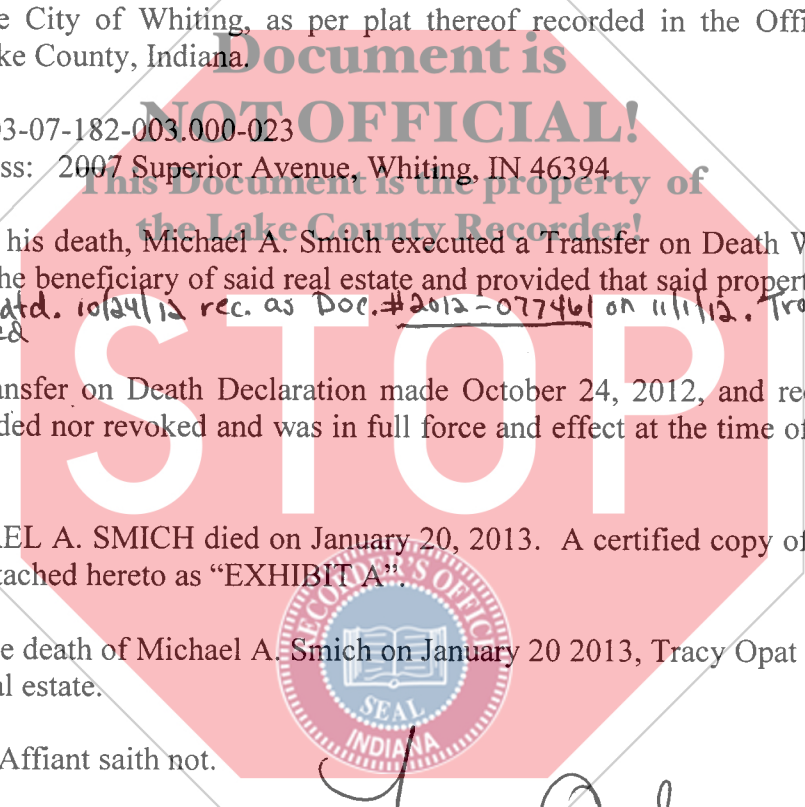
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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

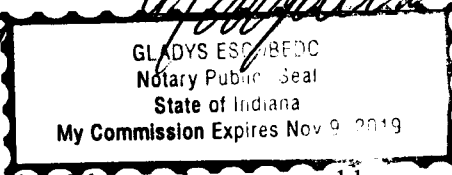
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 21 day of February, 2013, personally appeared TRACY OPAT and acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 11.9.2019

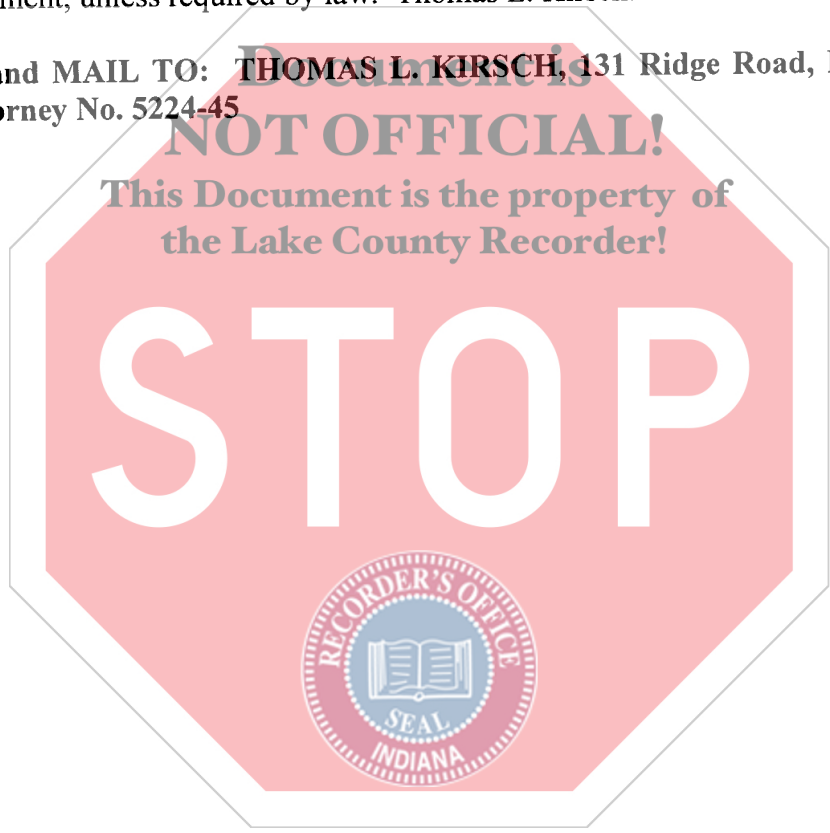


_____, Notary Public

Resident of LAKE County.

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. Thomas L. Kirsch.

PREPARED BY and MAIL TO: **THOMAS L. KIRSCH**, 131 Ridge Road, Munster, IN 46321; 219-836-1384; Attorney No. 5224-45





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

EXHIBIT A

Local No 000280

EDR No 000000303030

State No 003704

1. Decedent's Legal Name (First, Middle, Last) MICHAEL SMICH				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 12:30 AM	4. Date Of Death (Month/Day/Year) 01/20/2013		
5. Social Security Number 339-50-2188		6a. Age - Yrs 58	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) 10/22/1954		8. Birthplace (City and State or Foreign Country) CHICAGO, IL	
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) MUNSTER COMMUNITY HOSPITAL									12. City Or Town, State, And Zip Code MUNSTER, IN, 46320	
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 MACHINIST	17. Kind Of Business/Industry TOOL AND DIE
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town WHITING		18d. Apt. No.	18e. Zip Code 46394	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 2007 SUPERIOR STREET		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) WILLIAM SMICH			23. Mother's Name (First, Middle, Last) ANNIE SMICH			23a. Mother's Maiden Last Name MCGARVY				
24. Informant's Name TRACY OPAT		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 8331 CASTLE DRIVE, MUNSTER, IN 46321						
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) HEIGHTS CREMATORY			25c. Location - City, Town, And State CHICAGO HEIGHTS, IL				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HOUSE OF ROBINSON FUNERAL DIRECTORS, 1900 WEST 15TH AVENUE, GARY, IN 46404					27a. Funeral Home License Number: FH19500007			
27b. Signature Of Indiana Funeral Service Licensee: PAUL ANTHONY ROBINSON, BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee): FD01017284			Cause Of Death (See Instructions And Examples)				
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.									Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>CHRONIC LYMPHOCYTIC LEUKEMIA</u> Due to (Or As A Consequence Of):									2 YEARS	
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. <u>FUNGAL SEPSIS</u> Due to (Or As A Consequence Of):										
C. <u>CORONARY ARTERY DISEASE</u> Due to (Or As A Consequence Of):										
D.										
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I NONE						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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input 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. Apt. No.		38c. Zip Code				
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)				
Signature, Of Person Certifying Cause Of Death: J S SARDESAI, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01029300A		
Name, Address And Zip Code Of Person Certifying Cause Of Death: NIRIN S SARDESAI, 9307 CALUMET AVENUE STE D 1, MUNSTER, IN 46321						45. Date Certified 01/24/2013		47. *Akas:		
48. Additional Funeral Service Provider: PLANET GREEN CREMATIONS INC						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 25 2013				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)				