

STATE OF INDIANA
LAKE COUNTY
AFFIDAVIT FOR TRANSFER ON DEATH OF REAL ESTATE

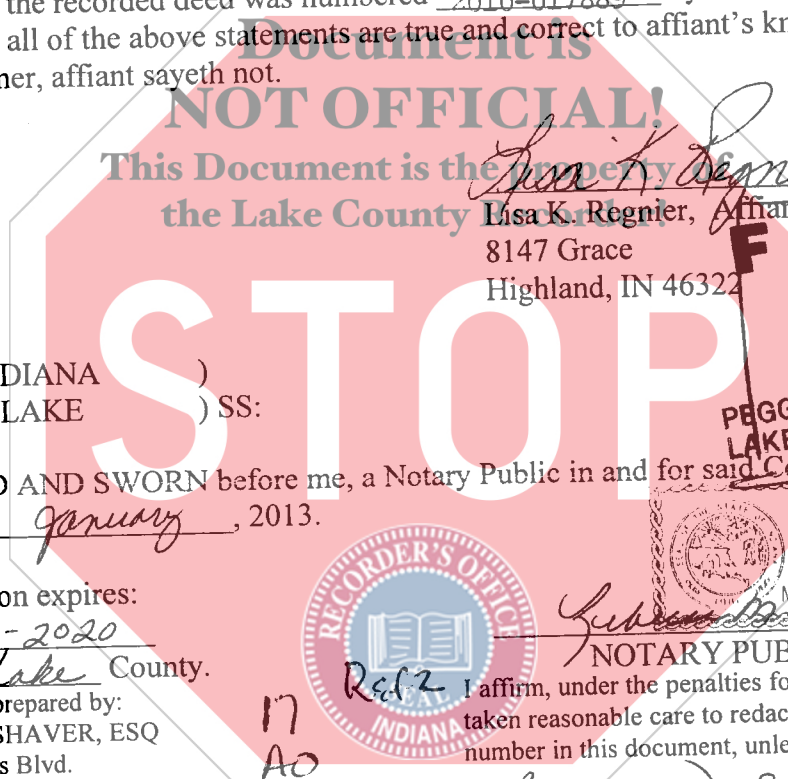
Comes now, Lisa K. Regnier and assistant to IC 13-1-1-26 (20) states the following:

1. That on March 29, 2010, Michael J. Ledna, hereafter known as decedent filed Transfer on Death Deed with the Lake County Recorder.
2. That said document referred to the following real estate:

Lot Twelve (12), Block Two (2), Greenwood 2nd Addition to Munster, as shown in Plat Book 30, page 69, in Lake County, Indiana.
Commonly known as: 8000 Greenwood, Munster, IN 46321
Parcel No. 45-07-18-454-017.000-027
3. That Michael J. Ledna died on November 8, 2012. (Certified copy of death certificate attached)
4. That said deed transferred the above referenced real property to Timothy M. Ledna (an undivided 1/2 interest) and Lisa Kay Regnier (an undivided 1/2 interest) who were living at the time of decedent's death and are living at the date of signing this affidavit.
5. That no other beneficiaries were named on said deed; that Timothy M. Ledna and Lisa Kay Regnier are the only beneficiaries.
6. That the recorded deed was numbered 2010-017889 by the Lake County Recorder.
7. That all of the above statements are true and correct to affiant's knowledge.
8. Further, affiant sayeth not.

LAKE COUNTY RECORDER
MIKE BROWN
2013 FEB 12 09:36

STATE OF INDIANA
LAKE COUNTY
FILED OR RECORD
2013 FEB 4 AM 8:51



Lisa K. Regnier
Lisa K. Regnier, Affiant
8147 Grace
Highland, IN 46322

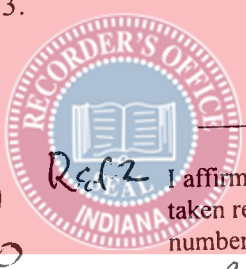
FILED
FEB 04 2013
20808
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
COUNTY OF LAKE) SS:

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 11th day of January, 2013.

My Commission expires: 10-23-2020

Resident of Lake County.
This instrument prepared by:
BARBARA M. SHAVER, ESQ
9013 Indianapolis Blvd.
Highland, IN 46322
219/838-9200



Barbara M. Shaver
NOTARY PUBLIC
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.

FILED

Return to; Barbara M. Shaver, 9013 Indianapolis Blvd., Highland, IN 46322
Send Tax Bills to: 8000 Greenwood, Munster, Indiana 46321 **MAR 04 2013**

↑ PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
21382

1400.00
5300.00
CK
NON CONF
PP

This document is being re-recorded to add original death certificate. rd

3



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003492

EDR No 00000288736

State No 049543

1 Decedent's Legal Name (First, Middle, Last) MICHAEL J LEDNA				1a Maiden Name (if female)		2 Sex MALE	3 Time Of Death 08:15 AM	4 Date Of Death (Month/Day/Year) 11/08/2012		
5 Social Security Number ██████████ 8497		6a Age - Yrs 90	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) 03/11/1922		8 Birthplace (City and State or Foreign Country) CHICAGO, IL	
9 Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) 8000 GREENWOOD AVENUE										
12 City Or Town, State, And Zip Code MUNSTER, IN, 46321					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 ELECTRICIAN		17 Kind Of Business/Industry STEEL		
18 Residence - State INDIANA			18a County LAKE		18b City Or Town MUNSTER					
18c Street And Number 8000 GREENWOOD AVENUE						18d Apt No	18e Zip Code 46321	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) MIKAHIL LEDNA				23 Mother's Name (First, Middle, Last) ANNE LEDNA			23a Mother's Maiden Last Name DUDAS			
24 Informant's Name TIMOTHY M LEDNA			24a Relationship To Decedent SON		24b Mailing Address (Street And Number, City, State, Zip Code) 8000 GREENWOOD AVENUE, MUNSTER, IN 46321					
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) CALUMET PARK CEMETERY			25c Location - City, Town, And State MERRILLVILLE, IN				
26 Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME, INC. - MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321					27a Funeral Home License Number FH83002916			
27b Signature Of Indiana Funeral Service Licensee LARRY D. ANTHONY, BY ELECTRONIC SIGNATURE						27c License Number (Of Licensee) FD01001447				
28 Cause Of Death (See Instructions And Examples)										Approximate Interval Onset To Death
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)										SUBACUTE
A DEMENTIA 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										CHRONIC
B CHRONIC WEIGHT LOSS Due to (Or As A Consequence Of)										
C CACHEXIA Due to (Or As A Consequence Of)										SUBACUTE
D CARDIORESPIRATORY FAILURE Due to (Or As A Consequence Of)										ACUTE
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				
COMFORT CARE UNDER HOSPICE SERVICE						30 Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
31 Did Terminal Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 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 SAKET SINHA, 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 SAKET SINHA, 8300 BROADWAY STE D, MERRILLVILLE, IN 46410-3006						44 License Number 01066090A		45 Date Certified 11/09/2012		
46 Additional Funeral Service Provider						47 *Axes				
48 Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49 For Registrar Only - Date Filed (Month/Day/Year) NOV 13 2012				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



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

Local No **003492**

EDR No **000000288736**

State No **049543**

1. Decedent's Legal Name (First, Middle, Last) MICHAEL J LEDNA			1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 08:15 AM	4. Date Of Death (Month/Day/Year) 11/08/2012				
5. Social Security Number 000-00-8497	6a. Age - Yrs 90	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) 03/11/1922		8. Birthplace (City and State or Foreign Country) CHICAGO, IL			
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) 8000 GREENWOOD AVENUE					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				
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation ELECTRICIAN		17. Kind Of Business/Industry STEEL				
15. Surviving Spouse's Name		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER		18d. Apt. No.	18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 8000 GREENWOOD AVENUE			19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		23a. Mother's Maiden Last Name DUDAS		
22. Father's Name (First, Middle, Last) MIKAHIL LEDNA			23. Mother's Name (First, Middle, Last) ANNE LEDNA			24b. Mailing Address (Street And Number, City, State, Zip Code) 8000 GREENWOOD AVENUE, MUNSTER, IN 46321					
24. Informant's Name TIMOTHY M LEDNA		24a. Relationship To Decedent SON		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) CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, IN									
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME, INC., MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321					27a. Funeral Home License Number: FH83002916				
27b. Signature Of Indiana Funeral Service Licensee: LARRY D. ANTHONY, BY ELECTRONIC SIGNATURE					27c. License Number (Of Licensee): FD01001447						
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. DEMENCIA		Due to (Or As A Consequence Of)	SUBACUTE
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. CHRONIC WEIGHT LOSS		Due to (Or As A Consequence Of)	CHRONIC
								C. CACHEXIA		Due to (Or As A Consequence Of)	SUBACUTE
								D. CARDIORESIRATORY FAILURE		Due to (Or As A Consequence Of)	ACUTE
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I											
COMFORT CARE UNDER HOSPICE SERVICE					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No						
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		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No						
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)			38a. City Or Town		38b. Street & Number	38c. Apt. No.	38d. Zip Code
38. Location Of Injury - State		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: SAKET SINHA, 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: SAKET SINHA, 8300 BROADWAY STE D, MERRILLVILLE, IN 46410-3006					44. License Number 01066090A		45. Date Certified 11/09/2012				
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): NOV 13 2012						

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)