219/838-9200

AFFIDAVIT FOR TRANSFER ON DEATH OF REAL ESTATE

		THE STATE OF AM	1 9: 35	
Comes now, Lisa K., Reg	nier and outstant to IC	13207314526 (20) s	tates the following	ž :
Comes now, Dish 1.13°	ALDS.11	MARGINET C	KIOWR	
1. That on March 29, 20	10 Michael I Ledna, l	nereafter known as x	ecedent filed	11
1. That on March 29, 20	I -l County Decorde	T.	10	
Transfer on Death Deed with the	Lake County Records	l agtata:	\ 	3 ∂
2. That said document re	eferred to the following	great estate.	ω	7 2
				MIKE BROWN
Lot Twelve (12), Block	Γwo (2), Greenwood 2'	nd Addition to Muns	ter, as snownan	82 <
Plat Book 30, page 69, it	n Lake County, Indiana	l .		으 쮸
Commonly known as: 80	100 Greenwood, Muns	ter, IN 46321	2	
Parcel No. 45-07-18-454	017 000-027	,	/09	- Q
Parcel No. 45-07-18-434	-017.000-027		18	COUNTY RECORD MIKE BROWN
3. That Michael J. Ledn	1' 1 Mariamban Q	2012 (Certified co	ny of death dertific	
3. That Michael J. Ledn	a died on November 6,	, 2012. (Certified 66)	py or womm	
attached		1 140	Timothy M Ledn	Ja (an
attached 4. That said deed transf	erred the above referen	ced real property to	I lillouity ivi. Lean	time
divided 1/2 interest) and Lisa I	Cav Regnier (an undivi	ded ½ interest) who	were living at the	time
a t t t 1 - t - t - m d ama livris	na at the date at SIUIIIII	o mis amuavii.	/	2
of decedent's death and are five 5. That no other benefic	ciaries were named on	said deed; that Timo	thy M. Ledn iz and	Hisa H
	ainming			
C The Alban managed day	ad was numbered 201	0 017000 by the	Lake County Rec	order.
7. That all of the above	statements are true and	correct to affiant's	knowledge.	윘offi,
7. That all of the above	statements are true and	It is	A	20 E
8. Further, affiant sayet	h not.	CTATE	\neg ()	연호되/
	OT OFFI	CAL.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ ₹ /
This I	Document is the	of the office of	5	P
		Just 1) april	nav	\rightarrow
the	e Lake County B	lisa K. Regnier, An	rant	
	8	147 Grace		/b ₀ \
	F	Highland, IN 46322		10808
			FEB 0 4 2013	108
				Liver
STATE OF INDIANA	aa		GGY HOLINGA KA	TONE
COUNTY OF LAKE	SS:	PE	GGY HOLINGA KA)
	1 0 N N	ablic in and for said	County and State	this
SUBSCRIBED AND SWORN	before me, a Notary P	ublic in and for said	Control of the contro	కేవలేజిల <i>్ళ</i>
11th day of ganuary	_, 2013.		OFFICIAL SEAL REBECCA M. DYKS	STRA 🦎
	THOUR'S		NOTARY PUBLIC - IN LAKE COUNTY	DIANA 👸
My Commission expires:			My Comm Expires Oct	23. 2020 🛞
10-23-2020		2 Lubert	GEORGE STORES	<u> </u>
Resident of Lake County.	العِيار ا	/NOTARY P	UBLIC	
This instrument prepared by:	V CJ: ← Tat	firm, under the penalties	s for perjury, that I ha	ive with
BARBARA M. SHAVER, ESQ	WOLANAtak	en reasonable care to re-	dact each Social Secu	uny
9013 Indianapolis Blvd.	Ao	nber in this document, u		
Highland, IN 46322		And me	Shaves)	
219/838-9200	CS	Juna a de la companya dela companya dela companya dela companya de la companya dela companya de la companya de		1

Barbara M. Shaver, 9013 Indianapolis Blvd., Highland, IN 46322 8000 Greenwood, Munster, Indiana 46321 MAR 0 4 2013 Return to; Send Tax Bills to:

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 382

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1 Decedent's Legal Nam	ocal No		3492		(EDR	No 000			36				0495		
. Secondaria Legal Italii	nd tritist, which	ANG. LESI)					1a Maiden Nar	ne (irrei	male)		2 Sex		3 Time	Of Death	4 Dat	e Of Death (Month/Day/Year)
MICHAEL J LED 5 Social Security Number		. Yrs	6b Under 1	Vaar	6c Under 1 A	lonth	6d Under 1 Day	1 60 1	Under 1 Hour	1.7 Date	MA of Birth (Mo			15 AM	S and Sta	11/08/2012 te or Foreign Country)
						-		-			•	•			-	te or voreign country)
9 Ever in U.S. Armed Fo		0 10 If Deal	Months th Occurred in	A Hosp	Days		Hours	Minut 10a	ites If Death Occu	rred Som	03/11/1 ewhere Othe			CHICAGO,	<u>, IL</u>	
☑ Yes ☐ No ☐ Ur	nknown [☐ Inpatie	nl 🔲 Emerg	ency De		atieni	Dead on Arriva	. 🗆 н	lospice Facility Other (Specify)		Decedent's Ho			Home/Long-ter	m Care Fa	acity
11 Facility Name (If Not 8000 GREENWO				r)												
12 City Or Town, State,									13 County C	Of Death				14 Mantal St	atus At Tir	ne Of Death
MUNSTER, IN, 4	16321								LAKE					☐ Marned ☐ ☑ Widowed		But Separated Divorced
15 Surviving Spouse's N						15 a	(If Wife)Give Maide	en Last N			16 Deced	dent's Us	ual Occupa	tion		nd Of Business/Industry
											CI COTI	DICIA	k)		CTEE	•1
18 Residence - State				18a (County	l	***************************************	18	Bb. City Or Tov	wn	ELECT	RICIA	N		STEE	:L
INDIANA				LAKE	=			MI	UNSTER							
18c Street And Number		*		<u> </u>					ONOTEN			18d. /	Apt No	18e Zip	Code	18f Inside City Limits?
8000 GREENWO	VA GOC	ENUE												46	321	⊠ Yes □ No
19 Decedent's Educatio				20	Decedent Of I	lispani	c Origin		21 0)ecadent	s Race	1		40	JE 1	
HIGH SCHOOL	GKADU	AIEC	IK GED	NC	OT HISPA	NIC			White	е						
22 Father's Name (First,	Middle, Las	t)				<u> </u>		23 M	other's Name (die, Last)			23a	Mother's I	fälden Last Name
MIKAHIL LEDNA	4							ANN	NE LEDNA	Α.				DUE	DAS	
24 Informant's Name					24a Relations	hip Ta	Decedent		Mailing Addres		And Number	City St	ate Zip Co		<u> </u>	
TIMOTHY M LEG	DNA				SON			8000	0 GREEN	WOO	D AVEN	UE, M	UNST	R, IN 463	321	
25a Method Of Disposition	on		T	25b Plac	e Of Dispositio	n (Nar	25 Pte ne Of Cemetery, C		isposition (Other Place)	25c	Location - Cit	y, Town.	And State			
⊠ Bunai ☐ Cremation	Donati	on 🔲 En					,,,,					,				
Removal From State Other (Specify)				CALU	MET PAR	K C	METERY		2011	ME	RILLVII	LLE. II	N			
26. Was Coroner Contac	ted?	ļ	Name And C	omplete	Address Of Fu	neral F	acility								27a F	funeral Home License Number
⊠ yes □ No		ML	JNSTER.			Z FL	INERAL HO	ME, II	NCMUN	STER	, 9445 C	ALUN	1ET AV	E,	FH8	3002916
27b Signature Of Indian LARRY D. ANTH	na Funeral Si HONY	ervice Lici	ensee FCTRON	IIC/SI	GNATUR	F				-			nse Numbe 01447	r (Of Licensee)	I.	
				/	I his I	Cat	se Of Death (Se				perty	7 01				Approximate
26. Part I Enter The Such As Cardiac Arre A Line Add Additina	est. Respira	itory Arre	st, Or Ventric	uries, O cular Fit	r Complication orillation Withou	ns - Th	at Directly Caused owing The Etiology	d The D	eath Do Not of Abbreviate	Enter O	rminal Even nly One Cau	use On				Interval Onset To Death
Immediate Cause (Fi	inal Disease	Or Cond	dition Resulti	ng In D	eath)	A <u>c</u>	DEMENTIA			Dies to JO	As A Cormequer				-	SUBACUTE
Sequentially List Con	addione If A	Any tene	ting To The (?simal	reted On	В. (HRONIC WEIGH	IT LOSS	S							CHRONIC
Line A Enter The Ur	nderlying C	ause (Dis								Due to (Ca	As A Consequen	of Of				
The Events Resulting	, Dosini)					С _С	CACHEXIA			Due to (O	As A Consequen	ce Ofj	81171/4			SUBACUTE
							CARDIORESIRAT						19857	11.		ACUTE
Part II Enter Other Signif	ficant Condit	tions Cont	nbuting to De	ath But N	Not Resulting In	The U	ndertying Cause Gi	vin in Pa	art i		as An Autops			Yes		
COMFORT CARE UND				If Fema	12					30 W	ere Autopsy F		vailable To Mannier Or	Complete The I	Cause Of	Death? Yes No
Yes Probably				Not Pregn	art Wilhin Past tear		regnant At "ime Of Death					⊠	Natural 🔲	Homicide 🔲		Pending Investigation
34 Date Of Injury (Mont				Not Pregn	ant But Pregnant 43 Of Injury	Deys Fo			known * Pregnant A					Could Not Be E ant, Wooded Ar		di :: 37 Injury At Work?
	·						25.07			1						Yes No
38 Location Of Injury - S	State		38a	City O	Town		386	Street &	Number (38c Apt	No	38d Zip Code
39 Describe How injury	Occurred							s_{EA}	L			100	If Transpor	tation Injury Sc	Decify Pedestran (Other (Specify)
41 Signature, Of Perso SAKET SINHA ,	Certifying	Cause Of	Death	NAT'	IDE		V. (I)	//DIA	Manne				Check Only	One)		—
43 Name, Address And	Zip Code O	Person (Certifying Cau	se Of De	ath .	\		-4111			⊠c	ertifying	Physician 44 Licer	Coron	er	Heath Officer 45 Date Certified
SAKET SINHA	8300 B	ROAL	T2 YAW	ΈD	MERRIII	VILL	F IN 46410	.3006	<u> </u>		_		01066	ngna		11/09/2012
46 Additional Funeral S	ervice Provi	der			INITE INITE	VILL	L, 114 404 10	-3000					47 *Aki			11/09/2012
48 Signature of Local H	leaith Officer	· · · · · · · · · · · · · · · · · · ·									49. For F	Registrar	Only - Da	ite Filed (Month	n/Day/Yea	r)
SUSAN W BES	T, VIA E	LECT	RONIC S	IGNA								-	, ,,	NOV 13		
					AMEN	DMEN	IT TO CERTIFICA	ATE OF	DEATH (EN	TRY OR	ORIGINAL)					

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

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No O Decedent's Legal Name (First, Middle,			_	EDR No 0000	OULU	<u> </u>			<u> No U4</u>		2.2
= · · · ·	Last)			1a. Maiden Nam	ne (If female)		2. Sex	3. Ti	me Of Deat	h 4. Dat	te Of Death (Month/Day/Year)
IICHAEL J LEDNA							MAL		08:15 A		11/08/2012
Social Security Number 6a. Age - Y	rs 6b. Under	1 Year 60	c. Under 1 M	onth 6d. Under 1 Day	6e. Under 1	Hour 7. Date	e of Birth (Mon	th/Day/Year)	8. Birthpla	ce (City and Sta	te or Foreign Country)
8497 90	Months	D	ays	Hours	Minutes		03/11/19	22	CHICA	GO, IL	
	f Death Occurred		<u> </u>		10a. If Deat	n Occurred Son	newhere Other	Than A Hospita	ı		acility
				tient 🔲 Dead on Arrival	☐ Hospice		Decedent's Hon	ne 🔲 Nurs	ing Home/Li	ong-term Care Fa	aciity
			— - Cupa	den 🖸 bedd on i i i i i	Uther (S	Decity)			-		
Facility Name (If Not Institution, Give	IUE	ei)									Of Dooth
2. City Or Town, State, And Zip Code					13. C	ounty Of Death				rital Status At Tir	me Of Death d, But Separated Divorced
HINOTED IN 40004					LAK	F				dowed Named	lever Married Unknown
IUNSTER, IN, 46321 5. Surviving Spouse's Name				15a. (If Wife)Give Maide		<u>-</u>	16. Decede	ent's Usual Occ	upation	17. Ki	ind Of Business/Industry
·								10141		OTE	-,
		1 42 2			18b. City	Or Town	ELECTR	ICIAN		STE	
8. Residence - State		18a. Co	unty		IOD. CITY	OI TOWN					
NDIANA		LAKE			MUNS	TER		401 4 4 11-		9a Zin Codo	18f. Inside City Limits?
8c. Street And Number								18d. Apt. No.	. 1	8e. Zip Code	
000 GREENWOOD AVEN	NUE								į	46321	☑ Yes ☐ No
9. Decedent's Education			ecedent Of H	lispanic Origin		21. Deceden	t's Race				
IIGH SCHOOL GRADUAT	TE OR GED			NIC.	İ	\A/hita					
OMPLETED 2. Father's Name (First, Middle, Last)		INOT	r HISPAI	NIC		White Name (First, Mi	ddle, Last)			23a. Mother's	Maiden Last Name
z. rathers Name (FIRST, Middle, Last)						, ,	·				
NIKAHIL LEDNA					ANNE L	EDNA		City State 7:-	Code)	DUDAS	
4. Informant's Name		2	4a. Relations	ship To Decedent		Address (Stree					
IMOTHY M LEDNA		s	SON		8000 GR	REENWOO	D AVENU	JE, MUNS	STER, II	N 46321	
		OF Di	Of Disserbin	25. Pla n (Name Of Cemetery, C	ace Of Dispositi	on Place) 25c	Location - City	. Town, And St	ate		
5a. Method Of Disposition Burial Cremation Donation	☐ Entombment	25b. Place	Of Dispositio	II (Name Of Cemetery, Of	remaiory, Ouro	11,000,					
Removal From State							DDII I WII	I E INI			
Other (Sipecify):	107.11	CALUN	IET PAR	K CEMETERY	ume	ent ^{ME}	KILLWI	LE, IN		27a.	Funeral Home License Number
6. Was Coroner Contacted?	27. Name And	יוכרו פיע עולירו פיע		Z FUNERAL HO	ME INC	MUNSTE	R. 9445 C	ALUMET .	AVE.		
⊠ Yes □ No	MUNSTE	T & DZI/ R IN 46	321	2 PUNERAL HO		O.I.G.I.E.I	A				33002916
27b. Signature Of Indiana Funeral Serv	TIMO INO I E	1, 114 70	V - 1					7c. License Nu	mahar/Ofli	carigae):	
2/6. Signature Of Indiana Funeral Serv	ice Licensee:	1110 die	ALATUD.	r						0011300).	
ARRY D. ANTHONY , BY	/ ELECTRO	NIC SIG	NATUR	Cause Of Death (Se	ee Instruction	s And Examp	F	D010014			Approximate
ARRY D. ANTHONY , BY	/ ELECTRO		Complication	Cause Of Death (Se	d The Death	Do Not Enter 1	ies) CI	D010014			Approximate Interval: Onset To Death
ARRY D. ANTHONY, BY 28. Part I. Enter The <u>Chain Of Ever</u> Such As Cardiac Arrest, Respirator	LECTRO onts - Diseases, J ry Arrest, Or Veni		Complication	Cause Of Death (Se	d The Death	Do Not Enter 1	ies) CI	D010014			Interval: Onset To Death
ARRY D. ANTHONY, BY 28. Part I. Enter The Chain Of Ever Such As Cardiac Arrest, Respirator A Line. Add Additinal Lines If Nece	/ ELECTRO onts - Diseases, I or Arrest, Or Veni essary.	Injuries, Or tricular Fibr	Complication	Cause Of Death (Se	d The Death	Do Not Enter 1	ies) CI	D010014	47		Interval: Onset To Death
ARRY D. ANTHONY , BY 28. Part I. Enter The <u>Chain Of Ever</u> Such As Cardiac Arrest, Respirator	/ ELECTRO onts - Diseases, I or Arrest, Or Veni essary.	Injuries, Or tricular Fibr	Complication	Cause Of Death (Se ns - That Directly Cause out Showing The Etiolog	d The Death. I	Do Not Enter 1	ies) CI	D0100144	47 	TRIED TO FILE	Interval: Onset To Death SÜBACUTE
28. Part I. Enter The <u>Chain Of Ever</u> Such As Cardiac Arrest, Respirator A Line. Add Additinal Lines If Nece Immediate Cause (Final Disease O	Y ELECTRO nts - Diseases, I y Arrest, Or Ven ssary or Condition Resu	Injuries, Or tricular Fibro ulting In Dea	Complication Withouth)	Cause Of Death (Se ns - That Directly Cause out Showing The Etiolog	d The Death. I	Do Not Enter Treviate. Enter	ies) CI	D0100144	47	TRIED TO FILE	Interval: Onset To Death
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ARRY D. ANTHONY, BY 28. Part I. Enter The Chain Of Ever Such As Cardiac Arrest, Respirator A Line. Add Additinal Lines If Nece Immediate Cause (Final Disease O Sequentially List Conditions, If Any Line A. Enter The Underlying Caus The Events Resulting In Death) Land	Y ELECTRO nts - Diseases, I y Arrest, Or Ven essary. or Condition Resu y, Leading To Th se (Disease Or Ir st	Injuries, Or tricular Fibri utting In Dea e Cause Lis	Complication Without the complex control of the control	Cause Of Death (St. cause	d The Death. JO Not Abb HT LOSS	Do Not Enter Treviate. Enter Due to Due to	erminal Eveni Only One Cal	D0100144 Is use On	47 	ng is il lath on fill i fint	Interval: Onset To Death SÜBACUTE CHRONIC
ARRY D. ANTHONY, BY 28. Part I. Enter The Chain Of Ever Such As Cardiac Arrest, Respirator A Line. Add Additinal Lines If Nece Immediate Cause (Final Disease O Sequentially List Conditions, If Any Line A. Enter The Underlying Caus The Events Resulting In Death) La	Y ELECTRO nts - Diseases, I y Arrest, Or Ven essary. or Condition Resu y, Leading To Th se (Disease Or Ir st	Injuries, Or tricular Fibri utting In Dea e Cause Lis	Complication Without the complex control of the control	Cause Of Death (St. cause	d The Death. JO Not Abb HT LOSS	Do Not Enter Treviate Enfer Due to Due to	erminal Eveni Only One Cal	Is use on the control of the control	47 410 OF UE DEPURITE	2012	Interval: Onset To Death SÜBACUTE CHRONIC SUBACUTE AC JTE
ARRY D. ANTHONY, BY 28. Part I. Enter The Chain Of Evers Such As Cardiac Arrest, Respirator A Line. Add Additinal Lines If Nece Immediate Cause (Final Disease Of Sequentially List Conditions, If Any Line A. Enter The Underlying Caus The Events Resulting In Death) Land Part II. Enter Other Significant Condition	Y ELECTRO nts - Diseases, I y Arrest, Or Ven essary. or Condition Resu y, Leading To The se (Disease Or In st	Injuries, Or tricular Fibri utting In Dea e Cause Lis	Complication Without the complex control of the control	Cause Of Death (St. cause	d The Death. JO Not Abb HT LOSS	Do Not Enter Treviate Enfer Due to Due to	erminal Eveni Only One Cal	See On Delivery Performed?	47 CTE OF UE DF P. CTIM	2012 ☐ Yes elet The Cause O	Interval: Onset To Death SÜBACUTE CHRONIC SUBACUTE ACUTE
28. Part I. Enter The <u>Chain Of Ever</u> Such As Cardiac Arrest, Respirator A Line. Add Additinal Lines If Nece Immediate Cause (Final Disease O Sequentially List Conditions, If Any Line A. Enter The Underlying Caus	Y ELECTRO Ints - Diseases, 1 Ty Arrest, Or Ven Person of Condition Results Ty Leading To The Se (Disease Or Ints The Condition of the Co	rijuries, Or tricular Fibrulting In Dea	Complication illation Without ath) sted On initiated	Cause Of Death (St ns - That Directly Cause out Showing The Etiolog A. DEMENTIA B. CHRONIC WEIGH C. CACHEXIA D. CARDIORESIRA The Underlying Cause G	d The Death. IV De Not Abb HT LOSS TORY FAILUR Bivin In Part I	Do Not Enter 1 reviate Enter Due to Due to 29 30 30	erminal Eveni Only One Cal A A Consequent CA A A Consequent OA A A Consequent Was An Autops	Is see On NO Y Performed?	47 CT OF UE NF POSTA T Complete Comp	2012 ☐ Yes ete The Cause O	Interval: Onset To Death SÜBACUTE CHRONIC SUBACUTE ACUTE No Properties Properties No
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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.