

STATE OF INDIANA )  
COUNTY OF LAKE )

SS:

RE: CECILIA B. MACKEY, DEC.  
PARCEL I.D. 451306202017,000018

**TRANSFER ON DEATH AFFIDAVIT**

James J. Mackey, upon personal knowledge and belief, makes these statements.

1. Affiant is the son of Cecilia B. Mackey who died February 18, 2013 while residing in Hobart, Lake County, Indiana. Copy of her death certificate is attached as Exhibit A.

2. That Cecilia B. Mackey was the owner of the following described real estate.

See attached Exhibit B for legal description.

Said real estate was commonly known as 421 W. 10<sup>th</sup> Street, Hobart, IN 46342.

3. On April 20, 2010, Cecilia B. Mackey signed a transfer on death deed transferring on her death, her interest in the real estate described in Exhibit B which document was recorded on April 21, 2010, in the Office of the Recorder of Lake County, Indiana, as document number 2010023184.

4. All of the designated beneficiaries in the transfer on death deed survived Cecilia B. Mackey.

5. The designated beneficiaries who survived are; James J. Mackey, 400 W. 10<sup>th</sup> Street, Hobart, IN 46342; Terry Mackey, 1961 East River Parkway, Minneapolis, MN 55414 and Errol Mackey, 220 Spruce Mesta Drive, Durango, CO 81301.

6. The purpose of this affidavit is to comply with the requirements of I.C. 32-17-14 to transfer on death owner (Cecilia B. Mackey's) interest in the real estate described above to the transfer on death deed beneficiaries in the respective interest shown of said deed. This is:

- James J. Mackey - 40%
- Terry Mackey - 30%
- Errol Mackey - 30%

AFFIRMED UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

Dated this 4<sup>th</sup> day of March, 2013.

*James J. Mackey*  
\_\_\_\_\_  
JAMES J. MACKEY

**FILED**

MAR 06 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



AMOUNT \$ 19-  
 CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
 CHECK # 6792  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON-COM \_\_\_\_\_  
 CLERK CH

*hub*

12

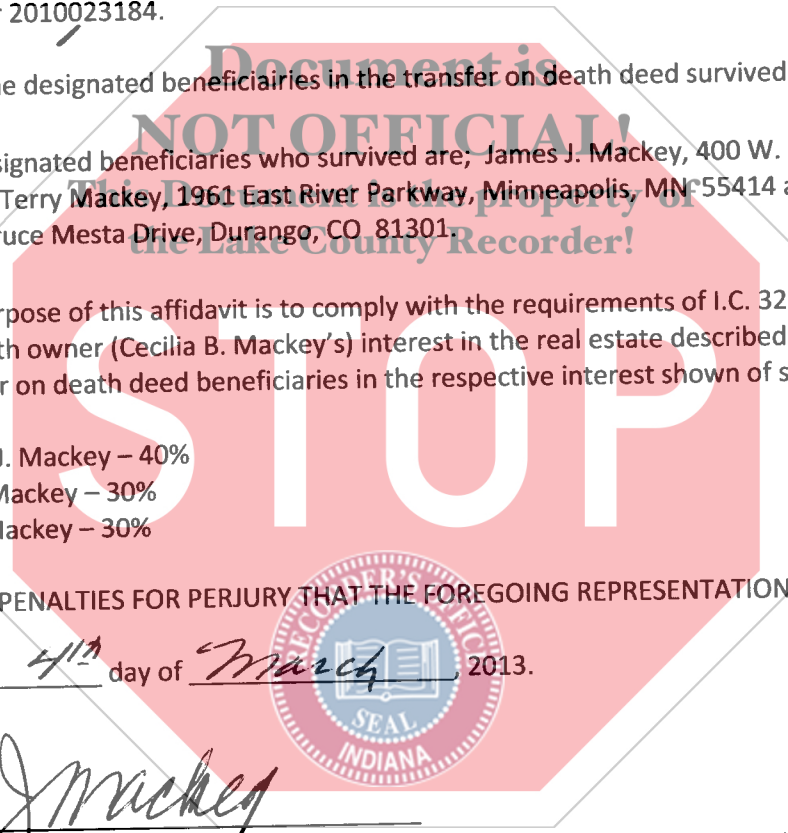
*F*

2013 017536

MICHAEL E. ...  
RECORDER

2013 MAR -8 AM 9:30

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

EX A

Local No 000214

EDR No 000000308283

State No 008553

1. Decedent's Legal Name (First, Middle, Last) <b>CECILIA BRIDGETTA MACKEY</b>				1a. Maiden Name (If female) <b>BRZYCKI</b>		2. Sex <b>FEMALE</b>		3. Time Of Death <b>09:05 PM</b>		4. Date Of Death (Month/Day/Year) <b>02/18/2013</b>	
5. Social Security Number <b>310-22-0729</b>		6a. Age - Yrs <b>103</b>		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) <b>10/12/1909</b>				8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>							
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 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 checked="" 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) <b>VNA HOSPICE CENTER</b>											
12. City Or Town, State, And Zip Code <b>VALPARAISO, IN, 46383</b>						13. County Of Death <b>PORTER</b>			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 <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>HOBART</b>					
18c. Street And Number <b>421 W. 10TH STREET</b>						18d. Apt. No.		18e. Zip Code <b>46342</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>JOSEPH BRZYCKI</b>						23. Mother's Name (First, Middle, Last) <b>JARURGA BRZYCKI</b>			23a. Mother's Maiden Last Name <b>MOZUREK</b>		
24. Informant's Name <b>JAMES J MACKEY</b>			24a. Relationship To Decedent <b>SON</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>400 WEST 10TH STREET, HOBART, IN 46342</b>					
25. Place Of Disposition											
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) <b>KELLY-CARROLL CREMATION SERVICES</b>			25c. Location - City, Town, And State <b>GARY, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS FUNERAL HOME, 701 E. 7TH ST., HOBART, IN 46342</b>						27a. Funeral Home License Number: <b>FH83002380</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES E. BURNS, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20700059</b>					
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. <b>ACUTE CEREBROVASCULAR ACCIDENT WITH HEMIPARESIS AND INABILITY TO SWALLOW</b>										<b>TWO WEEKS</b>	
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											
B. <b>ASPIRATION PNEUMONIA</b>										<b>DAYS</b>	
Due to (Or As A Consequence Of):											
C. <b>CHRONIC KIDNEY DISEASE</b>										<b>YEARS</b>	
Due to (Or As A Consequence Of):											
D. <b>CONGESTIVE HEART FAILURE, CAUSE UNKNOWN TO ME, POSSIBLY AGE RELATED LEFT VENTRICULAR DIASTOLIC DYSFUNCTION</b>										<b>YEARS</b>	
Due to (Or As A Consequence Of):											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>ADVANCED AGE</b>						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 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: <b>MICHAEL CARL WEISS, BY ELECTRONIC SIGNATURE</b>						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: <b>MICHAEL CARL WEISS, 2404 VALPARAISO STREET, VALPARAISO, IN 46383</b>						44. License Number <b>01030965A</b>		45. Date Certified <b>02/20/2013</b>			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: <b>MARIA L STAMP, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>FEB 20 2013</b>					
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>											

EX. B

Lot No. One (1), except the South 330 feet thereof, in Block No. Two (2), as marked and laid down on the recorded plat of Hobart Farms Addition, in the City of Hobart, Lake County, Indiana, as the same appears of record in Plat Book 17, page 10, in the Recorder's Office of Lake County, Indiana.

EXCEPTING THEREFROM:

The East 200 feet of North 100 feet of South 430 feet of Lot One (1), Block Two (2), Hobart Farms Addition, in the City of Hobart, as shown in Plat Book 17, page 10, in Lake County, Indiana.

EXCEPTING THEREFROM:

Part of Lot No. One (1) described as: Commencing at a point on the North line of said Lot 1, which is 100 feet West of the Northeast corner thereof; thence South parallel to the East line of said Lot 1, a distance of 192 feet; thence West and parallel to the South line of said Lot 1, a distance of 100 feet; thence North and parallel to the East line of said Lot 1, a distance of 194.47 feet to the North line of said Lot 1; thence East on the North line of said Lot 1, also being the South line of 10th Street, a distance of 100 feet to the point of beginning, in Block No. 2, as marked and laid down on the recorded plat of Hobart Farms Addition, in the City of Hobart, Lake County, Indiana, as the same appears of record in Plat Book 17, page 10, in the Recorder's Office of Lake County, Indiana.

EXCEPTING THEREFROM:

Part of Lot No. 1, described as: Commencing at the Northeast corner of said Lot 1; thence South on the East line of said Lot 1, a distance of 189.52 feet; thence West and parallel to the South line of said Lot 1, a distance of 100 feet; thence North and parallel to East line of said Lot 1; and distance of 192 feet to the North line of said Lot 1; thence East on the North line of said Lot 1; also being the South line of 10th Street, a distance of 100 feet to the point of beginning, in Block No. 2, as marked and laid down on the recorded plat of Hobart Farms Addition, in the City of Hobart, Lake County, Indiana, as the same appears of record in Plat Book 17, page 10, in the Recorder's Office of Lake County, Indiana.

STATE OF INDIANA, COUNTY OF LAKE SS:

Before me, a notary public in and for said county and state residing in LAKE County, Indiana, personally appeared JAMES J. MACKEY, and acknowledged the execution of the foregoing document, and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and notarial seal this 4th day of March, 2013.

My Commission Expires:

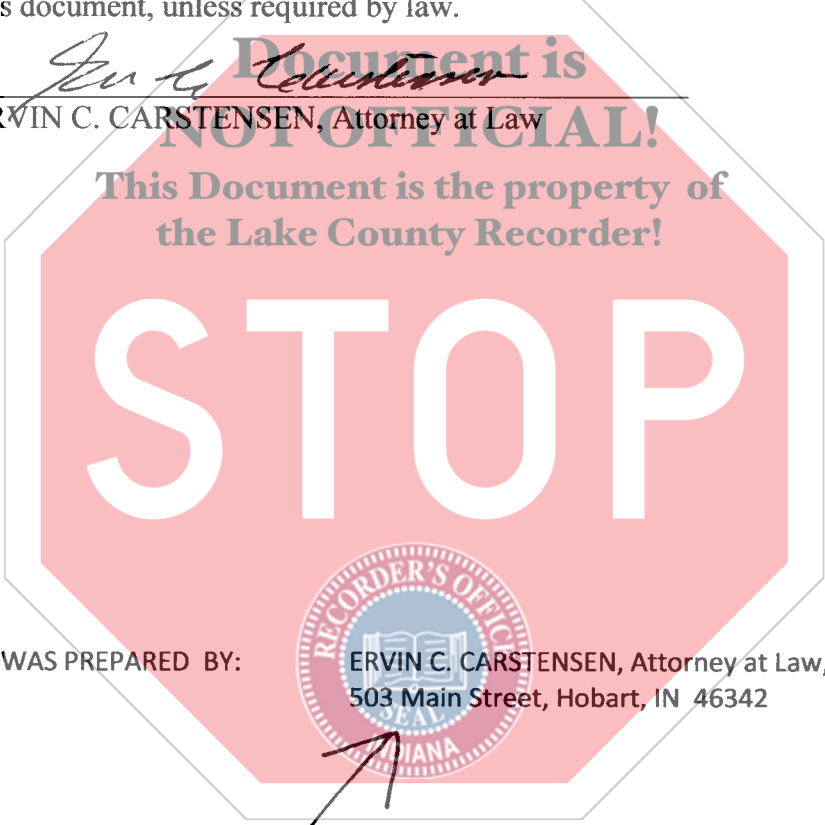
7-01-17

Ervin C. Carstensen  
ERVIN C. CARSTENSEN, Notary Public

(printed name of notary)

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.

Ervin C. Carstensen  
ERVIN C. CARSTENSEN, Attorney at Law



THIS INSTRUMENT WAS PREPARED BY:

ERVIN C. CARSTENSEN, Attorney at Law, I.D. 3141-45  
503 Main Street, Hobart, IN 46342