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STATE OF INDIA LAKE COUNTY FILED FOR RECORD

2013 051388

STATE OF INDIANA )
) SS:

2013 JUL 16 AM IO: 12 PARCEL I.D. 45-13-05-379-002.000-018 MICHAEL B. BKUWN RECORDER

COUNTY OF LAKE

## **TRANSFER ON DEATH AFFIDAVIT**

David W. Forehand and Nancy S. Hart, Upon personal knowledge and belief, makes these statements.

Ann Forehand, (Owner) died February 2, 2013 (a certified copy of the Owner's death certificate
is attached as Exhibit A) owning an interest in the following described real estate:

(Description)

Lot Numbered Twenty (20), except the South 49 feet by parallel lines, Unit 4, in Barrington Ridge, a Planned Unit Development, as per plat thereof, recorded in Plat Book 75, page 64 in the Office of the Recorder of Lake County, Indiana.

- On October 31, 2009, Owner signed a Transfer on Death Deed transferring on Owner's
   The Document is the property
   death, Owner's interest in the real estate described above which document was recorded

   November 2, 2009 in the Office of the Recorder of Lake County, Indiana as Document Number 2009 072990.
- 3. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who did not survive the Owner or were not in existence when Owner died are:
  NONE
- 4. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who survive the Owner or are in existence at Owner's death are:

Nancy S. Hart, 1330 Lincoln Street, Hobart, IN 46342

David W. Forehand, 3705 Raspberry Lane, Nineveh, IN 46164

FINAL ACCEPTANCE FOR TRANSFER

PEGGY HOLINGA KATONA AKE COUNTY AUDITOR

13-6323 HOLD FOR MERIDIAN TITLE CORP

MI

004260

5. The purpose of this Affidavit is to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death Owner's interest in the real estate described above to the Transfer on Death Deed beneficiary.

AFFIRMED UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE

TRUE.

Dated this 304h day of

DAVID-W. FOREHAND, Affiant

, 2013.

NANCY S. HART, Affiant

STATE OF INDIANA, COUNTY OF BARTHOLOMEW

Before me, a notary public in and for said county and state residing in Lake County, Indiana, personally appeared DAVID W. FOREHAND 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 2041x day of

رور 2013.

Notary Public

My Commission Expires: NOTARY PUBLIC

Sharon K. Shrader Commission Expires: 4-24-20:

Commission Expires: 4-24-2016
Resident-Bartholomew Co.

(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, Attorney at Law

THIS INSTRUMENT WAS PREPARED BY:

ERVIN C. CARSTENSEN, Attorney at Law, I.D. 3141-45

503 Main Street, Hobart, IN 46342

J.	the purpose of this Amdavit is to co	mply with the requirements of IC 32-17-14-26(b)(20) to
	transfer on death Owner's interest in	n the real estate described above to the Transfer on Death
	Deed beneficiary.	
TRUE.		ERJURY THAT THE FOREGOING REPRESENTATIONS ARE
	Dated this day of	2013.
		Ce D Hat
DAVID	W. FOREHAND, Affiant	NANCY S. HART, Affiant
persona foregol contain	ally appeared ing document, and who, having been d	said county and state residing in Lake County, Indiana, NANCY S. HART, and acknowledged the execution of the uly sworn, stated that the representations therein ment is the property  S. Junday of
		(printed name of notary)
	I affirm, under the penalties reasonable care to redact earthis document, unless requirements.  ERVIN C. CARSTENSEN,	WHITE SOUTH
THIS INS	TRUMENT WAS PREPARED BY:	ERVIN C. CARSTENSEN, Attorney at Law, I.D. 3141-45 503 Main Street, Hobart, IN 46342

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000		EDR No 000000305206				State No 005517						
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name	e (If female)		2. Sex	3. Time	e Of Death		of Death (Month/Day/Year)		
ANN M FOREHAND			RADEMAKEI	R		FEM	ALE 03	:00 AM		02/02/2013		
5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 M	onth 6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Mo	nth/Day/Year) 8	Birthplace (Cit	y and State o	or Foreign Country)		
0.0 12 001.	Months	Days	Hours	Minutes		05/04/1	925	CHICAGO,	IL			
9. Ever in U.S. Armed Forces?   10. If Death Occurred In A Hospital:   10a. If Death Occurred Somewhere Other Than A Hospital   Hospice Facility   Decedent's Home   Nursing Home/Long-term Care Facility												
☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify)												
11. Facility Name (If Not Institution, Give Street and Number) ST MARY MEDICAL CENTER INC												
12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death												
HODART IN 100 10								☐ Married ☐		ut Separated Divorced		
HOBART, IN, 46342  15. Surviving Spouse's Name	Last Name						Midowed Never Married Unknown  17. Kind Of Business/Industry					
			(1. 11119) 6110 111414611	Lactivalio		io. Deced	one o oscar Occupa	ation	17. Killa	Of Business/Muustry		
18. Residence - State	10-					HOMEN	MAKER		HOME			
16. Residence - State	18a.	County		18b. City Or Tov	vn							
INDIANA 18c. Street And Number	LAK	E		HOBART								
16C. Street And Number							18d. Apt. No.	18e. Zip	Code	18f. Inside City Limits?		
1687 LINCOLN STREET								46	342	⊠ Yes □ No		
19. Decedent's Education HIGH SCHOOL GRADUATE OF		). Decedent Of Hi	spanic Origin	21. 🖸	ecedent's	Race	the Property of the Control of the C		1	<del> </del>		
COMPLETED		OT HISPAN	IIC	White	e							
22. Father's Name (First, Middle, Last)				23. Mother's Name (	First, Midd	e, Last)		23a. i	23a. Mother's Maiden Last Name			
JOHN RADEMAKER				JENNIE RADI	EMAKE	:D		DVK	STRA			
24. Informant's Name		24a. Relationsh		24b. Mailing Address			City, State, Zip Co	de)	SINA			
NANCY HART		DAUGHTE	R	1330 LINCOLN STREET, HOBART, IN 46342								
07- M-4			25. Place	e Of Disposition								
25a. Method Of Disposition  ☑ Burial ☐ Cremation ☐ Donation ☐ Ento		ace Of Disposition	(Name Of Cemetery, Crer	matory, Other Place)	25c, Lo	cation - City	, Town, And State					
Removal From State			Docui	ment	is							
Other (Specify):  26. Was Coroner Contacted?  27. N	CALU ame And Complete		CEMETERY		MER	RILLVIL	LE, IN		270 Eupo	eral Home License Number:		
☐ Yes ☒ No					IA				Z/a. Fulle	erai i lome Licerise Number.		
27b. Signature Of Indiana Funeral Service Licen.		L HOME, H	OBART CHAPEL	, 600 W OLD	RIDGE		DBART, IN 4		FH830	03069		
JAMES J. KRAUSE, BY ELECT	RONIC SIG	NATURE	ocument	is the p	rope		7c. <b>Lic</b> ense Numbe D01006463	r (Of Licensee):				
		tho	Cause Of Death (See					\		Approximate		
<ol> <li>Part I. Enter The <u>Chain Of Events</u> - Dis Such As Cardiac Arrest, Respiratory Arrest,</li> </ol>	Or Ventricular Fi	or Complications Ibrillation Withou	<ul> <li>That Directly Caused 1</li> <li>Showing The Etiology. I</li> </ul>	ne Death. Do Not I Do Not Abbreviate.	enter Tern Enter Onl	nnal Event y One Cau	s se On			Interval: Onset To Death		
A Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Conditi	nn Dagydling In D	) and b)	CONCECTIVE LIEA	T FAIL LIDE ISSUE	TANO							
inimediate Cause (Final Disease Of Conditi	on Resulting in L	realn) A	. CONGESTIVE HEAF	RT FAILURE ISCHE	Due to (Or As	A Consequence	On:			YEARS		
Sequentially List Conditions, If Any, Leadin	g To The Cause I	Listed On B	. CARDIAC ARRYTHI	MIA  Due to (Or As A Consequence)			. 00:		2 YEARS			
Line A. Enter The Underlying Cause (Disea The Events Resulting In Death) Last	se Or Injury That	Initiated	. RENAL INSUFFICIE	NCV	Due to (Or As	A Consequence	: 01).			DECENT		
			. KLNAL INSOFFICIE	NC1	Due to (Or As	A Consequence	on);			RECENT		
		D					,					
Part II. Enter Other Significant Conditions Contribu	ting to Death But	Not Resulting In T	he Underlying Cause Givin	In Part I			Performed?	☐ Yes	⊠ No			
NO 31. Did Tobacoo Use Contribute To Death?	32. If Fema	ale:			30. vvere	Autopsy Fil	nding Available To		ause Of Deal	th? ☐ Yes ☐ No		
Yes Probably No Unknown	Not Pregn	ant Within Past Year	Pregnant At Time Of Death	Not Pregnant, But Pregna	ant Within 42 D	ays Of Death			Accident	Pending Investigation		
34. Date Of Injury (Month/Day/Year)	Not Pregn 35. Time (			Of Injury (E.G., Dece			Suicide Story			Initiana Ad Michiga		
, ,					,401101	10, 001131140	Alon Oite, Restaura	m, Wooded Alex	·	Injury At Work?  ☐ Yes ☐ No		
38. Location Of Injury - State	38a. City O	r Town	38b. Stre	eet & Number			/. /	38c. Apt. N		I. Zip Code		
			PRINCIPAL CONTRA	ABOVE IS A TEN	E AND C	MPLETE		,		•		
39. Describe How Injury Occurred			A STATE OF THE PARTY OF THE PAR	THE RESIDENCE OF THE PARTY OF T	ONFILE	WITH THE	40. If Transport	ation Injury, <u>S</u> pe	cify:	······································		
			LANE COUNTS HEAD	1M MELANTI SICIAT			Driver/Operator	Passenger Pe	destrian Oth	er (Specify)		
41. Signature, Of Person Certifying Cause Of De MARK OREN CARTER, BY ELE	ath:	SIGNATUR	<b>X</b>	months for the date	. 1 de		tifier (Check Only					
43. Name, Address And Zip Code Of Person Cen	ifying Cause Of De	eath:		to vo A	HJ	LAI Cei	tifying Physician 44. Licens	Coroner se Number		leath Officer Date Certified		
MARK OREN CARTER , 164 BF	SACKEN DE	WY HORA	RT IN 46342			<u>;</u>	01000	150		00/04/0040		
46. Additional Funeral Service Provider:		, 11007	131, 114 70042				010364 47. *Aka			02/04/2013		
48. Signature of Local Health Officer:						49 For D-	gistrar Only - Dat	e Filed /M==# "	)au/Vaari			
SUSAN W. BEST, VIA ELECTRO	ONIC SIGNA	TURE	Contracting to the set and the set of the se		. призначений ба		grouper Offity - Dat	FEB 04 2	- ,			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY 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.