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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 051388

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

PARCEL I.D. 45-13-05-379-002.000-018
MICHAEL B. BROWN
RECORDER

TRANSFER ON DEATH AFFIDAVIT

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

1. 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:

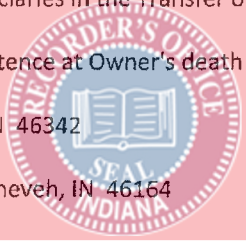
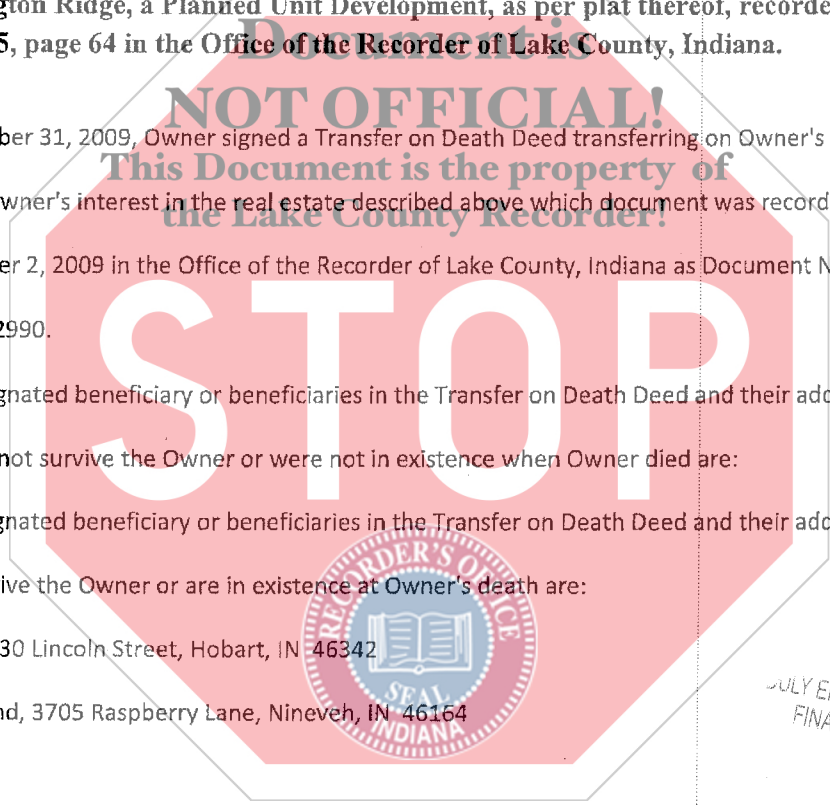
(Description)

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.

2. On October 31, 2009, Owner signed a Transfer on Death Deed transferring on Owner's 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



JULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUL 15 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

HOLD FOR MERIDIAN TITLE CORP

13-0323

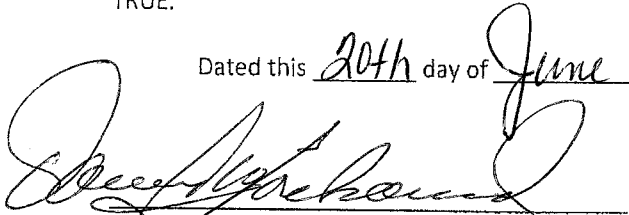
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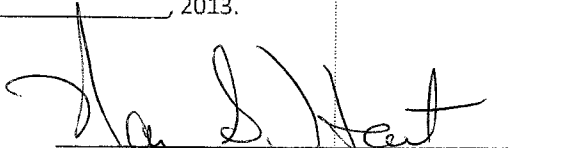
5. The purpose of this Affidavit is to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death Owner's interest in the real estate described above to the Transfer on Death Deed beneficiary.

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

Dated this 20th day of June, 2013.



DAVID W. FOREHAND, Affiant



NANCY S. HART, Affiant

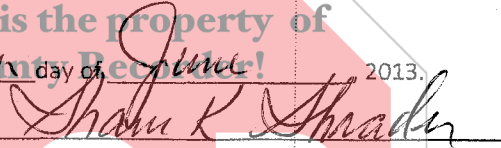
STATE OF INDIANA, COUNTY OF BARTHOLOMEW

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 20th day of June, 2013.



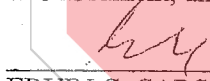
My Commission Expires:
NOTARY PUBLIC
Sharon K. Shrader
Commission Expires: 4-24-2016
Resident-Bartholomew Co.



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, Attorney at Law



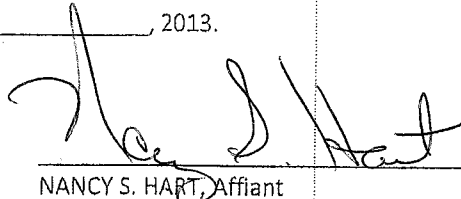
THIS INSTRUMENT WAS PREPARED BY: ERVIN C. CARSTENSEN, Attorney at Law, I.D. 3141-45
503 Main Street, Hobart, IN 46342

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 _____ day of _____, 2013.

DAVID W. FOREHAND, Affiant



NANCY S. HART, Affiant


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 NANCY S. HART, 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 21 day of June, 2013.

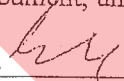
My Commission Expires:

7-19-14



Notary Public
LAURAT R. RASQUAS
(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





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000408

EDR No 00000305206

State No 005517

Form containing fields for decedent information (ANN M FOREHAND), social security number (315-12-8377), date of death (02/02/2013), cause of death (CONGESTIVE HEART FAILURE ISCHEMIC), certifier information (MARK OREN CARTER), and local health officer signature (SUSAN W. BEST).