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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 052753

2013 JUL 18 AM 10: 37

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA    )  
                                  ) SS:  
COUNTY OF LAKE    )

**TRANSFER ON DEATH AFFIDAVIT**

DAVID A. GRUBBS, being first duly sworn, upon his oath states as follows:

1. Mary Jane Bukovac executed her Transfer on Death Deed to David A. Grubbs dated November 5, 2012 and recorded on November 7, 2012 as Document No. 2012-078881.

2. The real estate described in said Transfer on Death Deed was as follows:

LOT 21, GREENHILL RANCHES, ANNEX NO. 2, AS MARKED AND LAID DOWN IN PLAT BOOK 28, PAGE 89, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA. PROPERTY ADDRESS: 10620 PORTER STREET, CROWN POINT, INDIANA TAX I.D. NO.: 45-15-01-426-008.000-041

3. Mary Jane Bukovac died a resident of Lake County, Indiana, on February 12, 2013. A certified copy of her death certificate is attached to this Affidavit and made a part hereof by reference.

4. David A. Grubbs was the sole beneficiary designated in said Transfer on Death Deed. His address is 10773 Makeever Drive, DeMotte, Indiana 46310. He is a resident of Newton County, Indiana.

5. He makes this TOD Affidavit pursuant to the provisions of the applicable Indiana Code section, IC32-17-14-26.

IN WITNESS WHEREOF, David A. Grubbs has signed his name, this 5th day of JULY, 2013.

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**FILED**

JUL 15 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

*David A. Grubbs*  
\_\_\_\_\_  
DAVID A. GRUBBS      1 rec

**13696**

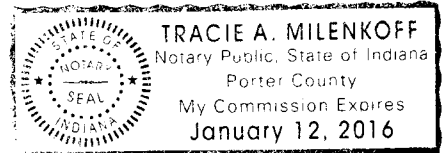
COMMUNITY TITLE COMPANY  
FILE NO L134337

Subscribed and sworn to before me, a Notary Public in and for Lake County, Indiana, this 5th day of JULY, 2013, by David A. Grubbs.

Notary's signature: *Tracie A. Milenkoff*  
Printed: TRACIE A. MILENKOFF, Notary Public

My Commission Expires:  
01/12/2016

Notary Residence: PORTER County, Indiana.



This instrument prepared by James R. Bielefeld, Attorney, 100 S. Main Street, Crown Point, Indiana 46307.

I hereby certify that I have taken due care to redact any social security numbers contained in the foregoing instrument, except where required by law.

*James R. Bielefeld*  
James R. Bielefeld, Attorney at Law



OFFICE of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2013025448

DATE ISSUED: February 22, 2013

DECEDENT INFORMATION

STATE FILE DATE: February 21, 2013

NAME: MARY JANE BUKOVAC

DATE OF DEATH: February 12, 2013

SEX: FEMALE

AGE: 069 YEARS

DATE OF BIRTH: September 15, 1943

SSN: [REDACTED]

BIRTHPLACE: EAST CHICAGO, INDIANA, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: LAKE WALES MEDICAL CENTER

LOCATION OF DEATH: LAKE WALES, POLK COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SPOUSE: NONE

RESIDENCE: 10620 PORTER STREET, CROWN POINT, INDIANA 46307, UNITED STATES

COUNTY: LAKE

OCCUPATION, INDUSTRY: CUSTODIAN, SCHOOL

RACE:  White

Black or African American

Asian Indian

Chinese

Filipino

Native Hawaiian

American Indian or Alaskan Native--Tribe:

Japanese

Korean

Vietnamese

Guamanian or Chamorro

Samoan

Other Pacific Isl:

Other Asian:

Other:

Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: HARRY F GRUBBS

MOTHER: KETURAH BOGANWRIGHT

INFORMANT: DAVID GRUBBS

RELATIONSHIP TO DECEDENT: EXECUTOR

INFORMANT'S ADDRESS: 10773 MAKEEVER DRIVE, DEMOTTE, INDIANA 46310, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: J L LOCKE CREMATION SERVICES  
DAVENPORT, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: KEVIN BLACKMON, F058054

FUNERAL FACILITY: CREMATION SERVICES OF MID FLORIDA F041385  
122 STATE STREET, DAVENPORT, FLORIDA 33837

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

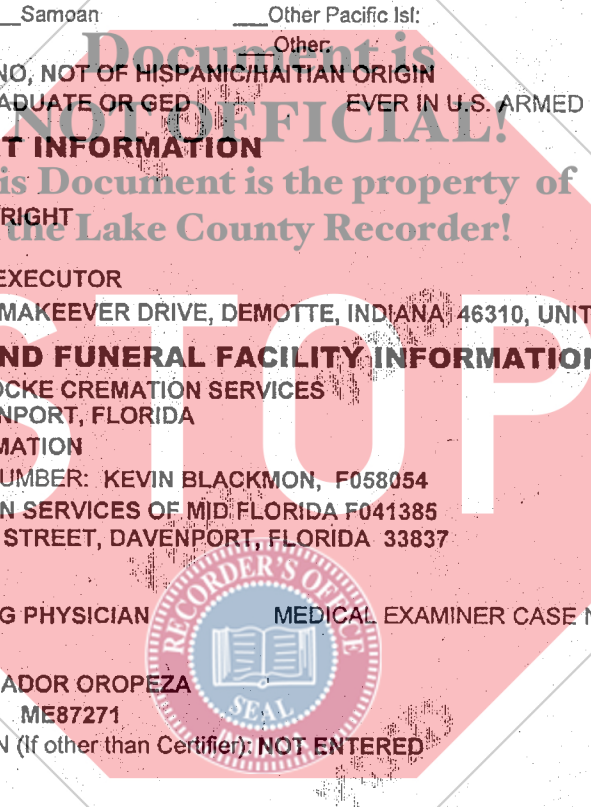
MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 2132

CERTIFIER'S NAME: OSCAR AMADOR OROPEZA

CERTIFIER'S LICENSE NUMBER: ME87271

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



*[Handwritten Signature]*

State Registrar

REQ: 2013564876

WARNING:

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DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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