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TRANSFER ON DEATH AFFIDAVIT

2013 056236

STATE OF INDIANA)
COUNTY OF LAKE)

TAX I.D. NO. 45-02-24-379-009.000-023

CAROL HAYNES AND VERONICA TOKARZ, being first duly sworn upon oath, depose and say:

- 1. That MARION SMIGIEL a/k/a MARIAN SMIGIEL, died on the 10th day of October, 2012 at St. Margaret Mercy Healthcare Center, Lake County, Indiana.
2. That at the time of her death, she held fee simple interest in the following described real estate: Lot No. Twenty-nine (29) and the North 8 feet of Lot No. Thirty (30) in Block No. Four (4), as marked and laid down on the recorded plat of Parkside Addition in the City of Hammond, Lake County, Indiana as the same appears of record in Plat Book 16, page 25, in the Recorder's Office of Lake County, Indiana.
3. That there was a Transfer on Death Deed dated 12-28-10 and recorded 12-30-10 as Document No. 2010-077602 with Transferees (primary beneficiaries) at time of death being Carol Haynes and Veronica Tokarz.
4. The Surviving Beneficiaries are: Carol Haynes, 2424 Venice Dr., Schererville, In 46375 and Veronica Tokarz, 881 Knottingham Dr., Ottawa, IL 61350.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JUL 3 11 33 AM '13

FURTHER, Affiants saith naught.

Carol Haynes
CAROL HAYNES

Veronica Tokarz
VERONICA TOKARZ

Subscribed and sworn to before me, a Notary Public this 25th day of July, 2013.

[Signature], Notary Public

My Commission Expires: 5/10/17
County of Residence: Lake IN

DARLEEN S. BIRCHEL
Lake County
My Commission Expires
May 10, 2017

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.

[Signature]
Signature of Preparer

COMMUNITY TITLE COMPANY
FILE NO 134407

[Signature]
Name of Preparer

\$15
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1 Ref

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 953445. No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

FILED
JUL 29 2013

PEGGY HOLINGAKATONA
LAKE COUNTY AUDITOR

14021



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003162

EDR No 00000284086

State No

1. Decedent's Legal Name (First, Middle, Last) MARIAN SMIGIEL
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 04:33 PM
4. Date Of Death (Month/Day/Year) 10/10/2012
5. Social Security Number
6a. Age - Yrs 84
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 08/18/1928
8. Birthplace (City and State or Foreign Country) UNAVAILABLE, BE
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
11. Facility Name (If Not Institution, Give Street and Number) ST MARGARET MERCY HEALTHCARE CENTERS-HAMMOND
12. City Or Town, State, And Zip Code HAMMOND, IN, 46320
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation MACHINIST
17. Kind Of Business/Industry CHAIN MANUFACTURER
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town HAMMOND
18c. Street And Number 4029 GROVER AVENUE
18d. Apt. No.
18e. Zip Code 46327
18f. Inside City Limits?
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Father's Name (First, Middle, Last) IGNACE SMIGIEL
23. Mother's Name (First, Middle, Last) VERONIKA SMIGIEL
23a. Mother's Maiden Last Name PUCHALA
24. Informant's Name CAROL HAYNES
24a. Relationship To Decedent DAUGHTER
24b. Mailing Address (Street And Number, City, State, Zip Code) 2424 VENICE DRIVE, SCHERERVILLE, IN 46375
25. Place Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ST JOSEPH CEMETERY
25c. Location - City, Town, And State HAMMOND, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME, INC (HAMMOND), 4404 CAMERON AVE, HAMMOND, IN 46327
27a. Funeral Home License Number. FH83002835
27b. Signature Of Indiana Funeral Service Licensee: KEITH D. ANTHONY, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD01011911
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.
Immediate Cause (Final Disease Or Condition Resulting In Death)
A. ACUTE ON CHRONIC RESPIRATORY FAILURE
B. ACUTE COPD EXACERBATION
C. MULTI VESSEL CORONARY ARTERY DISEASE
D. ACUTE CORONARY SYNDROME
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
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:
41. Signature, Of Person Certifying Cause Of Death: FITHUN L ZEKARIAS, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: FITHUN L ZEKARIAS, 5454 HOHMANN AVE, HAMMOND, IN 46320
44. License Number 01068138A
45. Date Certified 10/12/2012
46. Additional Funeral Service Provider.
47. *Akas:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): OCT 12 2012