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County of Lake
State of Indiana

2014 003773

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

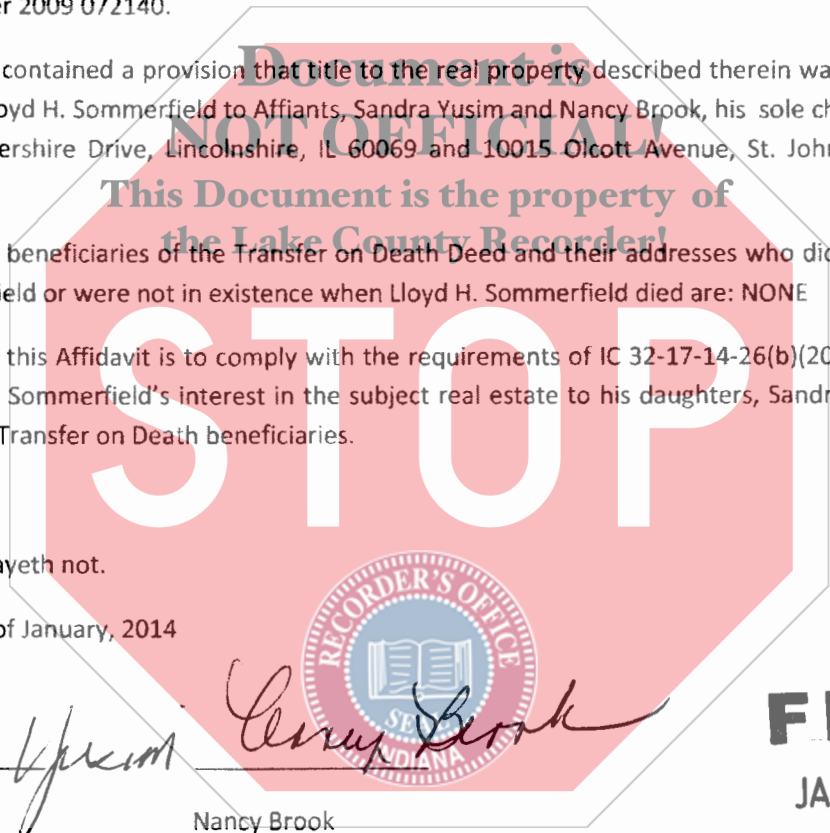
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MICHAEL B. TOWN
RECORDER

TRANSFER ON DEATH AFFIDAVIT

Now comes Sandra Yusim and Nancy Brook, being first duly sworn upon oath, who depose and say:

1. That Lloyd H. Sommerfield died on July 2, 2012, and his death certificate is attached hereto as Exhibit A and made a part hereof.
2. At the time of his death, Lloyd H. Sommerfield was the owner of the real estate commonly known as 11306 Valley Drive, St. John, IN 46373, and as legally described on Exhibit B attached hereto and made a part hereof.
3. That on October 13, 2009, Lloyd H. Sommerfield executed that certain Transfer on Death (quit claim) Deed that was recorded with the Recorder's Office in Lake County, Indiana on October 27, 2009 as Document Number 2009 072140.
4. That said Deed contained a provision that title to the real property described therein was to transfer on the death of Lloyd H. Sommerfield to Affiants, Sandra Yusim and Nancy Brook, his sole children, who reside at 529 Rivershire Drive, Lincolnshire, IL 60069 and 10015 Olcott Avenue, St. John, IN 46373, respectively.
5. The designated beneficiaries of the Transfer on Death Deed and their addresses who did not survive Lloyd H, Sommerfield or were not in existence when Lloyd H. Sommerfield died are: NONE
6. The purpose of this Affidavit is to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death Lloyd H. Sommerfield's interest in the subject real estate to his daughters, Sandra Yusim and Nancy Brook, the Transfer on Death beneficiaries.



Further Affiants sayeth not.

Dated this 9th day of January, 2014

Sandra Yusim
Sandra Yusim

Nancy Brook
Nancy Brook

FILED

JAN 17 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Fidelity-Scher. 920134176

FIDELITY
TITLE COMPANY

92013-4176

* 19⁰⁰
FN
SP

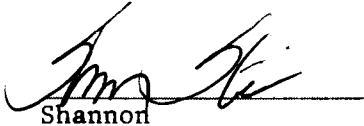
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County of Lake)

State of Indiana)

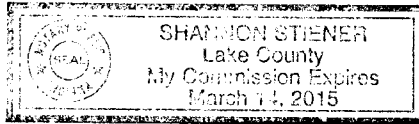
Shannon

Before me, the undersigned, **Stiener**, a Notary Public in and for said County and State, this 9th day of January, 2014 came Sandra Yusim and Nancy Brook, and acknowledged the execution of the foregoing instrument. Witness my hand and official seal.



Shannon Stiener, Notary Public

My Commission expires 3-14-15



A resident of Lake County, IN

I affirm under penalties of perjury that I have taken reasonable care to redact each social security number in this document unless required by law.

Allan L. Yusim

This instrument prepared by Allan L. Yusim, 8 Oxford Drive, Lincolnshire, IL 60069, tele no. 224.216.9700, at the specific request of Affiants and is based solely on information supplied by Affiants and without examination for accuracy. The preparer assumes no liability for any errors, inaccuracies or omissions in this instrument resulting from the information provided. The parties accept this disclaimer by the Affiants' execution of this instrument.

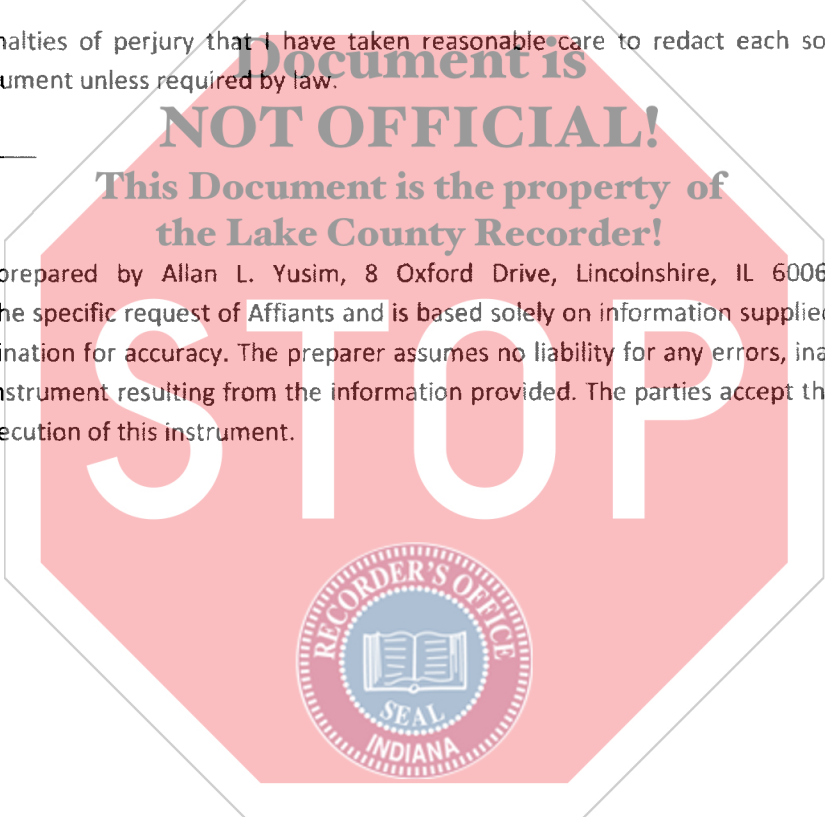


EXHIBIT A

(see attached)





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002104

EDR No 00000268065

State No 030277

Form containing personal information: 1. Decedent's Legal Name (LLOYD H SOMMERFIELD), 2. Sex (MALE), 3. Time Of Death (07:07 AM), 4. Date Of Death (07/02/2012), 5. Social Security Number, 6a. Age - Yrs (88), 7. Date of Birth (04/12/1924), 8. Birthplace (CHICAGO, IL), 11. Facility Name (ST ANTHONY HOSPICE-CROWN POINT), 12. City Or Town, State, And Zip Code (CROWN POINT, IN, 46307), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Widowed), 15. Surviving Spouse's Name, 16. Decedent's Usual Occupation (CUSTODIAN), 17. Kind Of Business/Industry (SOUTH HOLLAND LIBRARY), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (SAINT JOHN), 18c. Street And Number (11306 VALLEY DRIVE), 18d. Apt. No., 18e. Zip Code (46373), 18f. Inside City Limits? (Yes), 19. Decedent's Education (9TH - 12TH GRADE; NO DIPLOMA), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Father's Name (LOUIS SOMMERFIELD), 23. Mother's Name (MATILDA SOMMERFIELD), 23a. Mother's Maiden Last Name (FRANK), 24. Informant's Name (NANCY BROOK), 24a. Relationship To Decedent (DAUGHTER), 24b. Mailing Address (10015 OLCOTT, SAINT JOHN, IN 46373), 25. Place Of Disposition (ABRAHAM LINCOLN NATIONAL CEMETERY, ELWOOD, IL), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373), 27a. Funeral Home License Number (FH19900052), 27b. Signature Of Indiana Funeral Service Licensee (JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE), 27c. License Number (FD09200077), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (CARDIOPULMONARY ARREST, INFECTIVE ENDOCARDITIS, SEPSIS SYNDROME FROM INFECTIVE ENDOCARDITIS), 29. Was An Autopsy Performed? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female: (Not Pregnant), 33. Manner Of Death (Natural), 34. Date Of Injury (Month/Day/Year), 35. Time Of Injury, 36. Place Of Injury (Decedent's Home), 37. Injury At Work? (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 (Driver/Operator), 41. Signature, Of Person Certifying Cause Of Death (KRISTINE MARIE TEODORI, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (KRISTINE MARIE TEODORI, 2050 N MAIN ST SUITE F, CROWN POINT, IN 46307), 44. License Number (02002441A), 45. Date Certified (07/06/2012), 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) (JUL 11 2012)

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

EXHIBIT B

Part of Lot 41, Hunter's Run, Phase 4, a Planned Unit Development in the Town of St. John, Lake County, Indiana, as recorded in Plat Book 76 page 52, in the Office of the Recorder of Lake County, Indiana, more particularly described as follows: Beginning at the Northwest Corner of said Lot 41, thence South 87 degrees 53 minutes 39 seconds East, along the North line of said Lot 41, 134.83 feet to the Northeast corner of said Lot 41; thence South 24 degrees 36 minutes 24 seconds West, along the Easterly line of said Lot 41, 78.96 feet; thence North 65 degrees 23 minutes 38 seconds West, 120.16 feet to a point on a curve, thence Northeasterly along a curve concave to the West, having a radius of 60 feet, an arc distance of 27.96 feet, to the point of beginning, all in the Town of St. John, Lake County, Indiana.

