STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2014 005283

2014 JAN 29 AM 10: 35

MICHAEL B. BROWN RECORDER

STATE OF INDIANA

IN RE: DORIS G. FULKA, DECEASED

COUNTY OF PORTER)

AFFIDAVIT OF SURVIVORSHIP FOR TRANSFER ON DEATH DEED

Comes now ALAN A. MANNS, being duly sworn upon his oath, and states as follows:

- 1. That ALAN A. MANNS resides at 851 Vail Court, Valparaiso, Indiana, 46383.
- 2. That ALAN A. MANNS is the adult nephew of DORIS G. FULKA, who died on August 9, 2013, at the St. Anthony Hospice, Crown Point, Indiana. (See the attached certified death certificate for DORIS G. FULKA.)
- 3. That a Transfer On Death Quitclaim Deed was recorded on May 16, 2012, as Document No. 2012-033469 for the real estate commonly known as 434 N. Raymond Avenue, Griffith, Indiana, 46319. Said real estate is located in Lake County, Indiana, and is more particularly described as follows:

Lot 4, in Woodlawn Third Addition, to the Town of Griffith, as per Plat thereof, recorded in Plat Book 29 Page 44, in the Office of the Recorder of Lake County, Indiana

Property Address 434 N. Raymond Street, Griffith, IN 46319

Par st Number 45-07-34-006,000-006 ent is the property of

) SS:

4. That ALAN A. MANNS is the sole designated beneficiary of said deed, and this affidavit is recorded pursuant to the Transfer On Death Property Act for Indiana, IC 32-17-14-26(b)(20), to vest fee simple title of said real

estate in Aban A. Manns.

ALAN A. MANNS

JAN 23 2014

PEGGY HOLINGA KATONA

010337

1305193



STATE OF_	Indiana)		
) SS:		
COUNTY OF	Lake)		

Before me, a Notary Public in and for said County and State, personally appeared ALAN A. MANNS, who acknowledged the execution of the foregoing Affidavit and acknowledged his execution of it as his voluntary act and deed for the uses and purposes stated in it.

WITNESS my hand and Notarial Seal, this 23rdday of October, 2013.

MY COMMISSION EXPIRES:

Notary Public: Resident County:



Document is

NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

This Instrument Prepared By: Attorney Alicia Gloyeske, 2401 Beech St., Suite E, Valparaiso, Indiana 46383 (219)464-9224

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.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1

Local No	002666	<u> </u>		EDR No 000	00033	7649	2. Sex	State	No ime Of De	ath [4. Date Of	Death (Month/Day/Year)
, .	die, casti				_		FEMA	ME (08:32 F	эм	O	8/09/2013
DORIS G FULKA 5. Social Security Number 6a. Age	- Yrs 6b, Unde	er 1 Year	6c, Under 1 A	HARTILIU:	y Ge. Under 1	Hour 7. Date						Foreign Country)
8			Days	Hours	Minutes	h Occurred Som	05/19/19			EWOO	D, IL	
1	0. If Death Occurred			atient 🔲 Dead on Am		Facility 🔲 🕻	Decedent's Hon			Long-term	Care Facility	
11. Facility Name (If Not Institution, C ST ANTHONY HOSPICE												
12. City Or Town, State, And Zip Cod			, ,		13. 0	ounty Of Death			1			Separated Divorced
CROWN POINT, IN, 463	07			15a. (If Wife)Give Ma	LAK	E	I 18 Decede	nt's Usual Occ		Midowed		Married Unknown F Business/Industry
15. Surviving Spouse's Name				128. (II ANIB) CIAG MIS	(CRI) CHALLANIO							
18. Residence - State		18a.	County	<u> </u>	18b. City	Or Town	HOMEM	AKER			OWN H	JME
INDIANA		LAK	F		GRIFF	TH	;					•
18c. Street And Number		[DAIN	<u>-</u>		10		· T	18d. Apt. No.		18e. Zip C	eboc	18f. Inside City Limits?
434 NORTH RAYMOND	STREET									463	19	⊠ Yes □ No
19. Decedent's Education HIGH SCHOOL GRADUA	ATE OR GED	. 1	. Decedent Of I	dispanic Origin		21. Decedent	s Race					
COMPLETED 22. Father's Name (First, Middle, Last)		N	OT HISPA	NIC	23. Mother's	White Name (First, Mid	ide, Last)			23a. M	other's Maid	en Last Name
	,									DETE	RSON	
JOHN HARTILIUS 24, Informant's Name			24a, Relations	ship To Decedent		INE HART Address (Street		City, State, Zip	Code)	ILCIE	NOON	
ALAN MANNS	·-··		NEPHEW			COURT,	VALPARA	USO, IN 4	6383			
25a. Method Of Disposition		25b, Pla	ce Of Dispositio	n (Name Of Cemetery,	Place Of Dispositi Crematory, Other	Place) 25c. I	Location - City,	Town, And Sta	ate			· · · · · · · · · · · · · · · · · · ·
☐ Burial ☑ Cremation ☐ Donation☐ Removal From State	n 🗌 Entombment			Doct	ume	nt i	S					
Other (Specify): 28. Was Coroner Contacted?	27 Name And	,	ELCREST B Address Of Fu	CREMATORY neral Facility		VAL	PARAISC	D/IN			27a. Fune	ral Home License Number
☐ Yes ⊠ No	}		/				ATM	INI des	202		FH8300	16821
27h Signature Of Indiana Fungral Se	rvice Licensee:			ME INC, 104 RC			27	c. License Nu	upar (Ot r	lcenzee):	11110300	10021
MARTIN L. MOELLER,				Cause Of Death (\$	See Instruction:	s And Example	65)	00101956	1			Approximate
28. Part I. Enter The Chain Of Ev Such As Cardiac Arrest, Respirat	rents - Diseases, I	njuries, C tricular Fi	or Complication brillation Withou	is - That Directly Caus lut Showing The Etiolo	sed The Death. I ogy. Do Not Abbi	o Not Enter Ta eviate. Enter O	aminal Events Inly One Caus	On	THIS	SATR	NE COF	To Death
A Line. Add Additinal Lines if Ne Immediate Cause (Final Disease	cessary.			A. END STAGE LY			•	TH	FREC	ORID OI	N FILE V	VITH THE PARTMENT
Hitheriste Canse (Litter Disease	Of CONCINENT NO.	nung (i) e	, double			Due to (O	r As A Consequence	OF LAINL				_
Sequentially List Conditions, If A Line A. Enter The Underlying Ca	use (Disease Or Ir	e Cause ! njury That	Listed On Initiated	В		Due to (O	As A Consequence	Off .	A	UG 1	2 201	3
The Events Resulting in Death) i.	ast			C		Divisito (O	V As A Consequence	OÚ.		1,00-11		
				D					Sec. 10) (See	× 00
Part II. Enter Other Significant Condition	ons Contributing to C	eath But	Not Resulting In	The Underlying Cause	Givin in Part I	7	as An Autopsy ere Autopsy Fir	resonned/	KEC GIVE	Yes	图 20 No	PER DA
31. Did Tobacco Use Contribute To D	eath? 3	2. If Fema						33. Marine				
☐ Yes ☐ Probably ☐ No 🖾 U	nkmowo I	_		Pregnant At Time Of Dad Days To 1 year Better Death	Unforown If P	regneral Within The Pa	sat Years	Suicide	☐ Could	Not Be De	etermined	Pending Investigation
34. Date Of Injury (Month/Doy/Year)		5. Time (Of injury	36.	Place Of Injury (E.	G., Decedent's I	Home, Construc	tion Site, Resi	laurant, W	looded Area		Injury At Work?
38. Location Of Injury - State	3	Ba. City C	or Town	386	. Street & Numbe				V	38c. Apt. N		i, Zip Code
				2					A			
39. Describe How Injury Occurred								40. If Tran	sportation retor Pea	Injury, Spe	ecify: edealrian 🔲 Ot	ner (Specify)
41, Signature, Of Person Cartifying C	Cause Of Death:			E	JEAL.	.122		rtifier (Check (
KATHRYN HENKLE MUI	LLIGAN , BY Person Certifying C	ELEC'	I RONIC S	IGNATURE	ANAIDY	III	⊠ Ce	rtifying Physici 44. L	an [icense Nu	_ Coroner mber		Heath Officer Date Certified
KATHRYN HENKLE MU	•			SUITE 102, D	YER, IN 46	3.1.1			52342/	A		08/12/2013
46. Additional Funeral Service Provid	er:							47.	*Akas:			
48. Signature of Local Health Officer:		CICN	ATHOR				49. For Re	gistrar Only		JG 12		
SUSAN W. BEST, VIA E	LECTRONIC	SIGNA	ATUKE	DMENT TO CERTIFIC	CATE OF DEAT	H (ENTRY OR	ORIGINAL)		Al	JG 12		
	·····									-		
				i, under the p easonable car								
				r in this docu						-	•	
State Form 53395 ATTENTION E	STATE: The Social	I Security	# is being req	uested by this state ag	gency in order to	pursue respon	sibility. Disclo	osure is volun	tary and	there will t	be no penal	y for refusal.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No OC	2666	ED	DR No 0000	00337649		State No		
Decedent's Legal Name (First, Middle, La	ist)		1a. Maiden Name	(If female)	2. Sex	3. Time O	f Death	4. Date Of Death (Month/Day/Year)
DORIS G FULKA			HARTILIUS		FEMA		2 PM	08/09/2013 and State or Foreign Country)
Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Mont	h 6d. Under 1 Day	6e. Under 1 Hour 7. Da	ate of Birth (Mont			
86	Months	Days	Hours	Minutes 10a. If Death Occurred So	05/19/19:		DMEWOO	D, IL
_	eath Occurred in A Hosp			☑ Hospice Facility ☐		e Nursing H	ome/Long-term	Care Facility
	atient Emergency De	epartment Outpatier	nt LI Dead on Arrival	Other (Specify)				
11. Facility Name (If Not Institution, Give St ST ANTHONY HOSPICE-CR								
12. City Or Town, State, And Zip Code						is At Time Of Death Married, But Separated Divorced		
CROWN POINT IN 46307							☐ Never Married ☐ Unknown	
15. Surviving Spouse's Name		15	a. (If Wife)Give Maiden	Last Name	16. Deceder	nt's Usual Occupation	n	17. Kind Of Business/Industry
	•				HOMEMA	AKER		OWN HOME
18. Residence - State	18a. (County:		18b. City Or Town				
INDIANA	LAKE	Ē		GRIFFITH		164 Ast No.	18e. Zip Co	ode 18f. Inside City Limits?
18c. Street And Number		^				18d. Apt. No.	10e. zip Ci	✓ Yes □ No
434 NORTH RAYMOND STR							463	
19. Decedent's Education HIGH SCHOOL GRADUATE		Decedent Of Hispa	anic Origin	21. Deceder	nt's Race			
COMPLETED	NC	T HISPANIC	<u> </u>	White	iddle I set)	. <u>.</u>	23a Mc	other's Maiden Last Name
22. Father's Name (First, Middle, Last)								
JOHN HARTILIUS						RSON		
24. Informant's Name		24a. Relationship						
ALAN MANNS		NEPHEW		851 VAIL COURT, e Of Disposition	VALPARA	150, 114 4030	<u>. </u>	
25a. Method Of Disposition		e Of Disposition (N	Name Of Cemetery, Cre	matory, Other Place) 25c	Location - City,	Town, And State		
☐ Burial ☑ Cremation ☐ Donation ☐ ☐ Removal From State	Entombment	/.						*
Other: (Specify):	ANGE 7. Name And Complete	LCREST CR	EMATORY	ment	LPARAISO	, IN	_ 	27a. Funeral Home License Number.
					ATR	\		EU0000001
☐ Yes ☒ No No 27b. Signature Of Indiana Funeral Service L	OELLER FUNE	RAL HOME	INC, 104 ROO	SEVELT ROAD, V	ALPARAIS	O, NN 46383 License Number (Of Licensee):	FH83006821
MARTIN L. MOELLER, BY E	LECTRONIC S	GNATURE	lement	ie the new	4	01019561		Approximate
28. Part I. Enter The Chain Of Events	- Diseases, Injuries, Or	Complications -	That Directly Caused	Instructions And Examp The Death, Do Not Enter T	erminal Events	OI.		Interval: Onset
Such As Cardiac Arrest, Respiratory Ar A Line. Add Additinal Lines If Necessal	rest, Or Ventricular Fib	rillation Without S	howing The Etiology.	Do Not Abbreviate. Enter	Only One Cause	THE DE	S IS A TRU	JE COF OF Death
Immediate Cause (Final Disease Or Co		eath) A.	END STAGE LYMPH	HOMA Due to (Or As A Consequence C	LAUF CO	JNTY HEA	LTH DEPARTMENT
		isted On B.				7 1		
Sequentially List Conditions, If Any, Le Line A. Enter The Underlying Cause (D.	ading To The Cause L Disease Or Injury That	ISLEG OIL		Due to (Or As A Consequence C	Or .	AUG 1	2 2013
The Events Resulting In Death) Last		C.		Due to (Or As A Consequence C	on ,		
		D.				6		But so
Part II. Enter Other Significant Conditions Co	ntributing to Death But N	lot Resulting In The	Underlying Cause Givin	1 in Part I 29. V	Vas An Autopsy P	e formed?	Yes	BALL OFFICER
31. Did Tobacoo Use Contribute To Death?	32. If Femal	0		30. V	Tota Adiopsy Find	33 Manner Or D	eath;	the same of the sa
31. Did Tobacco Use Contribute (o Death) ☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Not Pregna	nt Within Past Year		Not Pregnant, But Pregnant Within		Natural	omicide 🔲 A	ccident Pending Investigation
34. Date Of Injury (Month/Day/Year)	Not Pregna 35. Time O	nt, But Pregnant 43 Days 1 f Injury	To 1 year Before Death 36. Place	Unknown if Pregnant Within The P Of Injury (E.G., Decedent's	Home, Constructi			37. Injury At Work?
			E.O.					Yes No
38. Location Of Injury - State	38a. City Or	Town	38b. Str	eet & Number			38c. Apt. No	. 38d. Zip Code
							Canal	i6.:
39. Describe How Injury Occurred			E A	EAL SE		40. If Transportat	Passenger Ped	ary: lestrian Other (Specify)
41. Signature, Of Person Certifying Cause (Of Death:		Street !	DIANA		fier (Check Only Or		——————————————————————————————————————
KATHRYN HENKLE MULLIG 43. Name, Address And Zip Code Of Person	AN BY ELECT	RONIC SIGN	VATURE	umuu.		ifying Physician 44. License	☐ Coroner	Heath Officer 45. Date Certified
				D IN 40044	_/			08/12/2013
KATHRYN HENKLE MULLIG 46. Additional Funeral Service Provider:	AN , 919 MAIN	STREET, SI	UITE 102, DYE	R, IN 46311	<u></u>	0105234 47. *Akas:	2H	1 00/12/2013
					49 For Poo	istrar Only - Date	Filed (Month/D:	ay/Year):
SUSANIW REST VIA ELECTRONIC SIGNATURE AUG 12 2013								
000/114 44. DE01, 41/12220		AMENDME	NT TO CERTIFICAT	E OF DEATH (ENTRY OF	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.