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2014 008363

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 FEB 12 PM 1:50

MICHAEL D. BROWN
RECORDER

Return To:

Mail Tax Bills To:
Jacquelyn R. Cooper
PO Box 497
Crown Point, IN 46307

Jacquelyn R. Cooper
PO Box 497
Crown Point, IN 46307

TRANSFER ON DEATH AFFIDAVIT

Jacquelyn R. Cooper, upon personal knowledge and belief, makes these statements:

1. **Lila L. Cooper** died November 9, 2013, owning an interest in the following described real estate in Lake County, Indiana:

Parcel 1:

The South 110 feet of the North 1,416 feet of the following described tract: The Northwest Quarter of the Northeast Quarter, and the North Half of the Southwest Quarter of the Northeast Quarter, all in Section 26, Township 34 North, Range 8 West of the 2nd P.M. containing 3.335 acres, more or less, in Lake County, Indiana.

Parcel 2:

Lot 2, in Eagle Point Subdivision, as per plat thereof, recorded in Plat Book 53, page 37, in the Office of the Recorder of Lake County, Indiana.

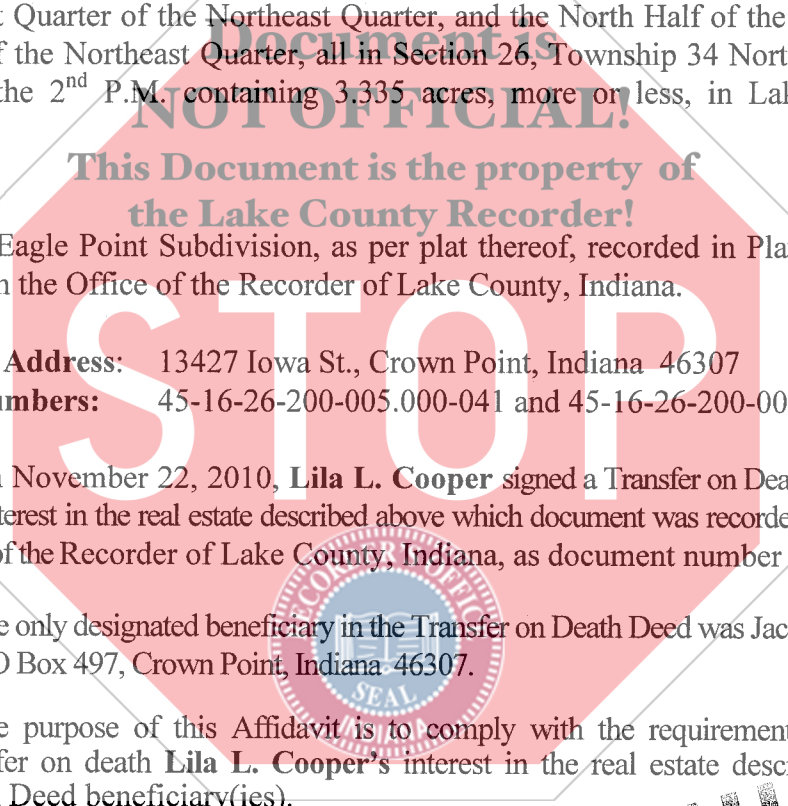
Common Address: 13427 Iowa St., Crown Point, Indiana 46307

Parcel Numbers: 45-16-26-200-005.000-041 and 45-16-26-200-006.000-041

2. On November 22, 2010, **Lila L. Cooper** signed a Transfer on Death Deed transferring, on her death, her interest in the real estate described above which document was recorded on **November 22, 2010**, in the Office of the Recorder of Lake County, Indiana, as document number 2010 068535.

3. The only designated beneficiary in the Transfer on Death Deed was Jacquelyn R. Cooper, whose address is PO Box 497, Crown Point, Indiana 46307.

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



FILED

FEB 12 2014

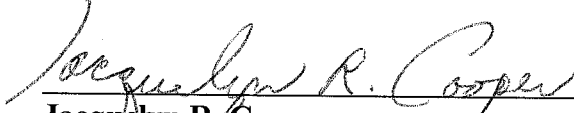
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

20842

\$15.00
M-Z
CASH

5. The estate of **Lila L. Cooper**, deceased, was not subject to federal estate tax.

In Witness Whereof, **Jacquelyn R. Cooper** has executed this instrument this 12 day of February, 2014.



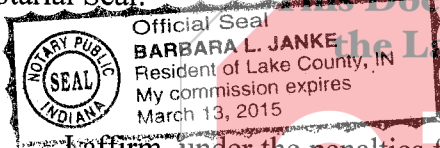
Jacquelyn R. Cooper


STATE OF INDIANA)
)
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 12th day of February, 2014, personally appeared **Jacquelyn R. Cooper**, and acknowledged her execution of the foregoing Transfer on Death Deed as her voluntary act and deed.

WITNESS MY HAND AND SEAL.

Notarial Seal:





Barbara L. Janke, Notary Public
Resident of Lake County, Indiana

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.



This Instrument Prepared By: James W. Martin, Attorney at Law, 8585 Broadway, Suite 660, Merrillville, Indiana 46410, (219) 769-3760, at the specific request of the owner or the owner's representatives and is based solely on information supplied by one or more of those parties and without examination for accuracy. This preparer assumes no liability for any errors, inaccuracy or omissions in this instrument resulting from the information provided. The parties accept this disclaimer by the owner's execution of this document.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 00929

Local No 003698

EDR No 00000352643

State No 051903

1. Decedent's Legal Name (First, Middle, Last) LILA L COOPER				1a. Maiden Name (If female) UTPADEL		2. Sex FEMALE	3. Time Of Death 07:30 PM	4. Date Of Death (Month/Day/Year) 11/09/2013	
5. Social Security Number [REDACTED]	6a. Age - Yrs 90	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 05/16/1923		8. Birthplace (City and State or Foreign Country) LEROY, IN	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) WITTENBERG LUTHERAN VILLAGE									
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307				13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town CROWN POINT				
18c. Street And Number 13427 IOWA STREET				18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 (First, Middle, Last) WALTER FRED UTPATEL				23. Mother's Name (First, Middle, Last) BERTHA UTPATEL			23a. Mother's Maiden Last Name FULLER		
24. Informant's Name JACQUELYN R COOPER			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 13427 IOWA STREET, CROWN POINT, IN 46307				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) GEISEN CREMATION CENTRE			25c. Location - City, Town, And State CROWN POINT, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307					27a. Funeral Home License Number: FH10700031		
27b. Signature Of Indiana Funeral Service Licensee: LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD09000013					
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. CEREBROVASCULAR ACCIDENT			Due to (Or As A Consequence Of)		
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last				B.			Due to (Or As A Consequence Of)		
				C.			Due to (Or As A Consequence Of)		
				D.			Due to (Or As A Consequence Of)		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):			
41. Signature, Of Person Certifying Cause Of Death: RAJARAJESWARI MAJETY, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: RAJARAJESWARI MAJETY, 2050 N. MAIN STREET SUITE F, CROWN POINT, IN 46307						44. License Number 01055426A		45. Date Certified 11/13/2013	
46. Additional Funeral Service Provider:						47. *Age:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV 14 2013			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									