

6. The name and address of each designated beneficiary who survived the owner's death or was in existence on the date of owner's death is:
- a. DALE C. WALSH, 82 Gingerwood Court, Valparaiso IN 46385
adult friend, one half interest as tenant in common
 - b. GERRY N. WALSH, 111 Garner Cove, Georgetown, TX 78633
adult friend, one half interest as tenant in common
7. The name of each designated beneficiary who did not survive the owner's death or was not in existence on the date of the owner's death is:

NONE

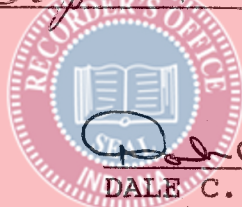
8. All beneficiaries named in the TOD deed survived the owner.
9. The purpose of this Affidavit is to comply with IC 32-17-14-26 (b) (20) and to set forth the present ownership of title to the above described real estate pursuant to the beneficiary designation in said TOD deed.

The present owners and title held are:

DALE C. WALSH and GERRY N. WALSH, in equal shares as tenants in common

10. This Affidavit shall be recorded in the Recorder's Office of Lake County, Indiana, and presented to the Auditor of said County for appropriate entering for taxation.
11. All of the facts set forth herein are true and correct as this Affiant is informed and verily believes.

Dated this 9th day of April, 2014.

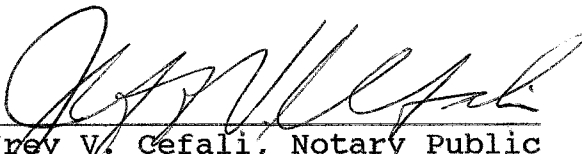


DALE C. WALSH
82 Gingerwood Court
Valparaiso IN 46385



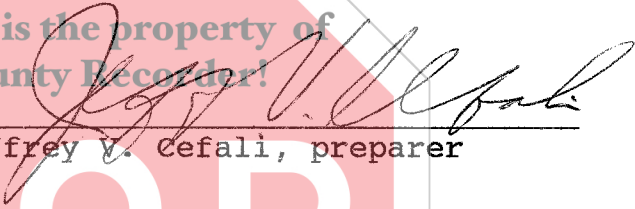
STATE OF INDIANA)
COUNTY OF PORTER) SS:

Before me, the undersigned Notary Public, personally appeared DALE C. WALSH on this 9th day of APRIL, 2014, and being first duly sworn upon oath states that the above facts are true and accurate and acknowledged the execution of the above Affidavit to be his voluntary act and deed. Witness my hand and Notarial Seal.


Jeffrey V. Cefali, Notary Public
My Commission expires 1-26-17
Resident of Porter County

I affirm under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document unless required by law. This document prepared and affirmation made by Jeffrey V. Cefali, Attorney at Law.

Document is NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!


Jeffrey V. Cefali, preparer

Prepared by:
Jeffrey V. Cefali
Attorney at Law
17 Main Street
Hobart IN 46342
(219)942-2920



Attachments: Death certificate of owner



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 12513

Local No 000803

EDR No 00000374287

State No 011353

1. Decedent's Legal Name (First, Middle, Last) THELMA CAROL HICKMAN			1a. Maiden Name (If female) BROWN			2. Sex FEMALE	3. Time Of Death 06:57 PM	4. Date Of Death (Month/Day/Year) 03/10/2014	
5. Social Security Number [REDACTED]		6a. Age - Yrs 74	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) 07/30/1939		8. Birthplace (City and State or Foreign Country) GARY, 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) 6143 GRAND BOULEVARD									
12. City Or Town, State, And Zip Code HOBART, IN, 46342					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 TEACHER		17. Kind Of Business/Industry EDUCATION
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HOBART			18c. Street And Number 6143 GRAND BOULEVARD
18d. Apt. No.				18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) FOREST BROWN					23. Mother's Name (First, Middle, Last) JANE BROWN			23a. Mother's Maiden Last Name UNAVAILABLE	
24. Informant's Name DALE WALSH			24a. Relationship To Decedent FRIEND		24b. Mailing Address (Street And Number, City, State, Zip Code) 82 GINGERWOOD COURT, VALPARAISO, IN 46385				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) ANGELCREST CEMETERY			25c. Location - City, Town, And State VALPARAISO, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342					27a. Funeral Home License Number: FH83003069		
27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE									27c. License Number (Of Licensee): FD01006463
28. Part I. Enter The <u>Chain Of Events</u> - 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. PANCREATIC CANCER Due to (Or As A Consequence Of) MONTHS 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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" 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 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			
41. Signature, Of Person Certifying Cause Of Death: RUPESH J. SHAH, 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: RUPESH J. SHAH, 202 E 86TH PLACE, MERRILLVILLE, IN 46411						44. License Number 02002106A		45. Date Certified 03/13/2014	
46. Additional Funeral Service Provider:						47. *Aka:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 13 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



RAISED SEAL AFFIXED