2014 051291

2014 AUG 26 AM 11: 12

CHICAMICHAELABOERDANN IT /3 REGORDER

TRANSFER ON DEATH AFFIDAVIT

Comes now Laurie A. Phernetton, being duly sworn upon her oath, and states as follows:

She is the adult daughter of Denis J. Klein, a/k/a Denis Klein, (the "decedent"), who died on the 7th day of July, 2013, while domiciled in Lake County, Indiana. A certified death certificate is attached.

2. On the 21st day of September, 2012, Denis J. Klein, executed a Transfer on Death Deed, which was recorded on December 7, 2012, document number, 2012 086519, naming his two children, Laurie A. Phernetton and Mark Klein as the beneficiaries of the property located at 1739 Aspen Drive; Crown Point, Indiana and further described as follows:

The East ½ of Lot 38 in Prairie View, Unit 1, and addition to the City if Crown Point, as per plat

The East ½ of Lot 38 in Fraine View, Unit 1, and addition to the City if Crown Full, as per plan thereof recorded in Plat Book 82 page 20 in the office of the Recorder of Lake County, Indiana.

45-16-09-033-021-000-042

3. Laurie Phernetton and Mark Klein are the only children of Denis Klein. Laurie Phernetton resides at 49 ×1 w 400 FN LAKE RD. Fig. and Mark Klein resides at 35 N. Linda; Hobart, Indiana.

The gross value of the estate of the decedent, Denis Klein as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate tax. The decedent's estate was not subject to Indiana Inheritance Tax.

The purpose of this affidavit is to comply with the requirements of I.C. 32-17-14-26(b)(20) to transfer on death the owner's interest in the real estate described above to the transfer on OFFICIAL: death deed beneficiaries.

Affirmed under penalties of perjury that the foregoing representations are true nt is the property of

the Lake County Recorder Plannetton

LAURIE A. PHERNETTON

STATE OF INDIANA) COUNTY OF LAKE

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Laurie A. Phernetton and she being first duly sworn by me upon her oath, states that the facts alleged in the foregoing instrument are true. Signed and sealed this 27 day of october, 2013.

County of Residence: **Commission Expires:**



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 document prepared by: H. Jonathon Costas, Atty, Burke Costanza & Carberry LLP, 156 Washington Street, Valparaiso, IN 46383. (219) 548-7300.

FILED AUG 2 2 2014

PEGGY HOLINGA KAT LAKE COUNTY AUDI

03775

This is to certify that this is a true and exact copy of the original instrument. CHICAGO TITLE INSURANCE CO.

Indiana Division By Carol Webl

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No.

26828

Local N	10 - 002	<u> 2</u> 75	ED	R No 0000		37_	2. Sex		o 0313	383 4. Date (Of Death (Month/Day/Year)
Decedent's Legal Name (First,	Middle, Last)			ia, maiden nam	e (ii ieiliaic)			0.7	.42 AM		07/07/2013
ENIS J KLEIN		6b. Under 1 Year	So Linder 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Month/Da		:13 AM Birthplace (C	ity and State	or Foreign Country)
Social Security Number 6a.	Age - Yrs	ob. Under i rear				-	07/23/1932	١,	CEDAR L	AKF IN	
Ever in U.S. Armed Forces?	80	Months th Occurred in A Ho	Days osoital:	Hours	Minutes 10a. If Death Occ		ewhere Other Than	A Hospital			
	1		Department Outpatien	• 🎵 Dead on Arrival	☐ Hospice Facilit	. —	ecedent's Home	☐ Nursing	Home/Long-te	rm Care Faci	ility
Yes No Unknown			Department Outpatien	- Bear of Films	Other (Specify						
Facility Name (If Not Institution 39 ASPEN DRIVE	on, Give Stree	et and Number)				010			14 Marital S	Status At Time	e Of Death
2. City Or Town, State, And Zip Code					13. County Of Death				☐ Married ☐ Married, But Separated ☐ Divorced		
ROWN POINT, IN, 46307					LAKE						
Surviving Spouse's Name	0001		15	 a. (If Wife)Give Maide 	n Last Name		16. Decedent's	Usual Occup	ation	17. Kind	1 Of Business/industry
							MAINTENA	NCE		AUTO	MANFACTURING
Residence - State		188	a. County		18b. City Or To	own					
		1.4	KE		CROWN P	TAIO					
IDIANA ic. Street And Number		LA	NE .				186	d. Apt. No.	18e. Z	Zip Code	18f. Inside City Limits
										46307 ⊠ Yes □ N	
739 ASPEN DRIVE			20. Decedent Of Hispa	anic Origin	21.	Decedent	's Race				
IGH SCHOOL GRA	DUATE (OR GED		_	\A/h-	ite					
OMPLETED 2. Father's Name (First, Middle, Last)			NOT HISPANIC	White 23. Mother's Name (First, Middle, Last)				23a. Mother's Maiden Last Name			
2. 1 Build 3 (4Biild (1 1134, Wildeld, Least)					ELIZADETH ZI EIN			FIEGLE			
ATHIAS KLEIN		24a Relationship	To Decedent	ELIZABETH KLEIN 24b. Mailing Address (Street And Number, City, Sta			State, Zip C				
I. Informant's Name				1739 ASPEN DRIVE, CROWN POINT, IN 46307						. <u></u>	
AURIE PHERNETTON DAUGHTER					Place Of Disposition Crematory, Other Place) 25c. Location - City, Town, And State						
Removal From State Other (Specify): Was Coroner Contacted? Yes No No Signature Of Indiana Funet EVIN KNAGA, BY E 28. Part I. Enter The Chain. Such As Cardiac Arrest, Rei A Line. Add Additinal Lines Immediate Cause (Final Dis Sequentially List Conditions Line A. Enter The Underlyir The Events Resulting In De Part II. Enter Other Significant C 10. Did Tobacoo Use Contribut Yes Probably No 14. Date Of Injury (Month/Day/	GCCTTAL Service LiELECTR Of Events - spiratory Arr If Necessar ease Or Co , If Any, Lei g Cause (D ath) Last onditions Co e To Death?	P. Name And Comp EISEN FUNI ROWN POIN censee: ONIC SIGNA Diseases, Injurier est, Or Ventricula y. ndition Resulting I ading To The Cau bisease Or Injury T	s, Or Complications - r Fibrillation Without In Death) A. Ise Listed On B. That Initiated C. But Not Resulting In The	al Facility TION & RECE Cause Of Death (St. That Directly Cause Showing The Etiolog CONGESTIVE HI	ee Instructions An d The Death Do N y Do Not Abbrevia EART FAILURE	Due to (29. V 29. V Pregnant Within The (Pas A Consequence Of Or As A Consequence Of Or	AU License Num 0 400000 THIS IS, RECOR COUNTY AU E COUNTY In manual Manner M	A TRUE C RD ON FILL HEALTH G 2 1 2 TO COMPILE TO COMPILE Homicide Could Not E	FH10 PY OF E WITH T DEPART O14 TH OFFIC Es ST he Cause Of I Accident Be Determine	2009 CER No Death? Yes N
88. Location Of Injury - State		38a. C	ity Or Town	38b.	Street & Number				38c. A	Apt. No.	38d. Zip Code
39. Describe How Injury Occur	red					9		40. If Trans	sportation injury	/, Specify:	Pib Unless
				Etz. 11	DIANA JUS					UI VA	LID UNLESS
11. Signature, Of Person Cert	fying Cause	Of Death:	ATURE	- Ini			42. Certif	ier (Check C ying Physicia	an L Co		☐ Heath Officer
YLE R MUNN , BY	ode Of Perso	n Certifying Cause	Of Death:				/		cense Number		45. Date Certified
				74 STE 235	VAI PARAISC) IN 46	6383	0103	31 582 A		07/08/2013
YLE R MUNN , 85	Provider:	IGHVVAT 0,	WIEDICAL FLA	E7, 01 L 200,	V, (L) / (10 (10 C)	,			Akas:		
							49. For Rea	istrar Only	- Date Filed (M	onth/Day/Yea	ar):
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE								• • •		09 2013	
SUSAN W. BEST, V	IA ELEC	I KUNIC SIC	ΛMENΩ	MENT TO CERTIFIC	CATE OF DEATH (ENTRY O	R ORIGINAL)				
			i affirm, u	nder the pena	ities for per	jury, th Socia	lat I have I Security		! ! !		
			Taken reas	onable care to this docume	ent, unless r	equire	d by law.		1		
			Hanner II				(1)		1		CHAL APPINE

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and AAS ED SEAL AFFIXED