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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 080545

2014 DEC 18 PM 2:00

MICHAEL S. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

TRANSFER ON DEATH AFFIDAVIT

Vickie L. Walters, being first duly sworn, upon hers oath states as follows:

1. Deloris M. Harr executed her Transfer on Death Deed (called "Quit-Claim Deed" in the heading thereof) to herself TOD to Vickie L. Walters dated May 16, 2012 and recorded on May 17, 2012 as Document No. 2012 033301.

2. The real estate described in said Transfer on Death Deed was as follows:

The East 1/2 of Lot 156 in Prairie View Unit 3, an Addition to City of Crown Point, as per plat thereof, recorded in Plat Book 88, page 59, in the office of the Recorder of Lake County, Indiana.

**Address of the East 1/2 of this duplex property: 1651 Fir Avenue, Crown Point, Indiana ;
Parcel No. 45-16-09-254-016.000-042**

3. Deloris M. Harr died a resident of Lake County, Indiana, on November 16, 2013. A certified copy of her death certificate is attached to this Affidavit and made a part hereof by reference.

4. Vickie L. Walters was the sole beneficiary designated in said Transfer on Death Deed. Her address is 1647 Fir Avenue, Crown Point, Indiana 46307. She is a resident of Lake County, Indiana.

5. She makes this TOD Affidavit pursuant to the provisions of the applicable Indiana Code section, IC32-17-14-26.

IN WITNESS WHEREOF, Vickie L. Walters has signed her name, this 3rd day of December, 2014.

Vickie L. Walters

VICKIE L. WALTERS

FILED

DEC 18 2014

**PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR**

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

05741

By: *mh*

\$16
CS

REF
A

Subscribed and sworn to before me, a Notary Public in and for Lake County, Indiana, this 3rd Day of December, 2014.
by David A. Grubbs.

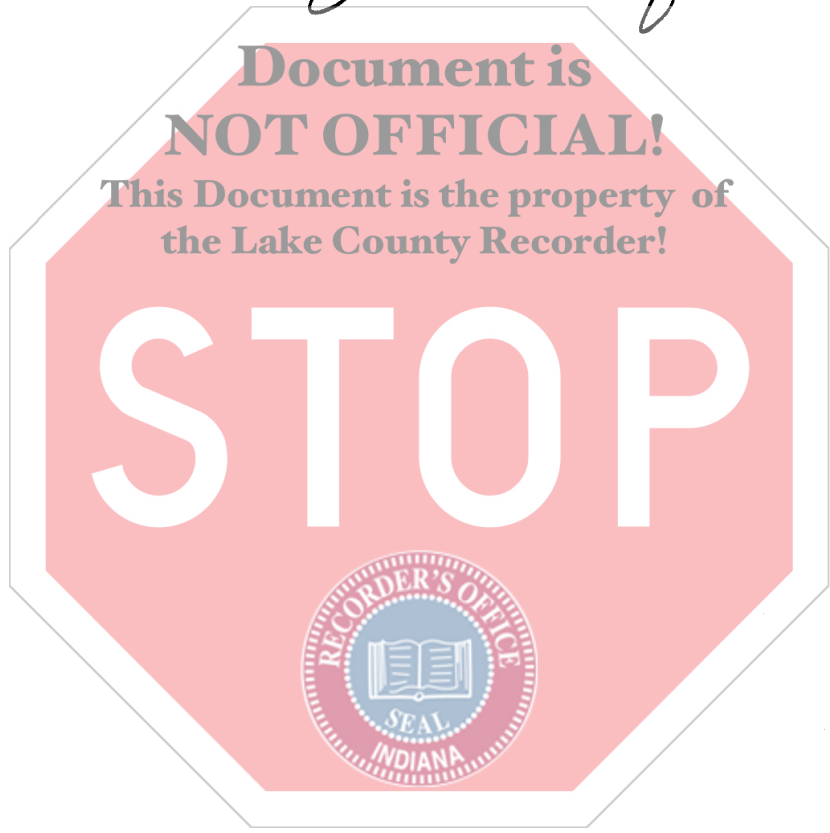
Notary's signature: *James R. Bielefeld*
Printed: James R. Bielefeld, Notary Public

My Commission Expires:
May 1, 2015.
Notary Residence: Lake County, Indiana.

This instrument prepared by James R. Bielefeld, Attorney, 100 S. Main Street, Crown Point, Indiana 46307.

I hereby certify that I have taken due care to redact any social security numbers contained in the foregoing instrument, except where required by law.

James R. Bielefeld
James R. Bielefeld, Attorney at Law





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 01558

Local No 003777

EDR No 00000354026

State No 053087

1. Decedent's Legal Name (First, Middle, Last) DELORIS M HARR				1a. Maiden Name (If female) FULTZ		2. Sex FEMALE	3. Time Of Death 02:35 AM	4. Date Of Death (Month/Day/Year) 11/16/2013		
5. Social Security Number [REDACTED]	6a. Age - Yrs 78	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) 04/28/1935		8. Birthplace (City and State or Foreign Country) MOREHEAD, KY		
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 checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEDICAL CENTER OF 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 <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 HOME		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town CROWN POINT			18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 1651 FIR AVENUE			19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) FRED HARRISON FULTZ				23. Mother's Name (First, Middle, Last) FLORENCE BELL			23a. Mother's Maiden Last Name CONN			
24. Informant's Name VICKIE WALTERS			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1651 FIR AVENUE, CROWN POINT, IN 46307					
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307					27a. Funeral Home License Number: FH83002445			
27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20700059				
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. ACUTE RESPIRATORY FAILURE		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. ASPIRATION PNEUMONIA		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 DIABETES MELLITUS, HYPERTENSION, CEREBROVASCULAR DISEASE						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						27c. License Number (Of Licensee): FD20700059				
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		35. 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 <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: JOSEPH ANTHONY DEJOAN, 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: JOSEPH ANTHONY DEJOAN, 297 W. FRANCISCAN LANE, SUITE 104, CROWN POINT, IN 46307						44. License Number 01046269A		45. Date Certified 11/20/2013		
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): NOV 21 2013				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										