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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 083986

2014 DEC 30 PM 3:48

Please Mail Future Tax Statements to:

MICHAEL N. BROWN
RECORDER
PARCEL #45-03-24-327-006.000-023

Mr. Edward Skudney
3812 Grover Ave.
Hammond, IN 46327

STATE OF INDIANA) IN RE: DECEDENT,
) SS:
COUNTY OF LAKE) WALTER SKUDNEY

AFFIDAVIT OF DEATH
(Grantor of TOD Deed now Deceased)

FILED
DEC 30 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Comes now EDWARD SKUDNEY, who being duly sworn upon oath states as follows:

1. That I have personal knowledge of the assertions herein and my relationship to the decedent, WALTER SKUDNEY, is a son.
2. That WALTER SKUDNEY died March 4, 2014, a resident of Lake County, Indiana, as evidenced by a redacted copy of his death certificate attached hereto and made a part hereof, marked as Exhibit "A".
3. That prior to his demise, WALTER SKUDNEY, executed a Transfer on Death Deed on June 5, 2013 as to property commonly known as: 3812 Grover Avenue, Hammond, Indiana 46327, and legally described as follows:

LOT 28 IN POCHMAN'S CITY PARK ADDITION TO THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT

017492

AMOUNT \$ 18⁰⁰
 CASH _____ CHARGE _____
 CHECK # 45628, 45663
 OVERAGE _____
 COPY _____
 NON COM _____
 CLERK SS

my

ret

BOOK 4, PAGE 2, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

which was duly recorded on July 5, 2013 as Document #2013 048828 in the office of the Recorder of Lake County, Indiana.

4. That said transfer on death deed transferred title of his real estate to EDWARD SKUDNEY, the transfer on death beneficiary, said transfer to take effect upon the death of Grantor, WALTER SKUDNEY.
5. That the sole surviving TOD beneficiary is EDWARD SKUDNEY who resides at 3812 Grover Avenue, Hammond, Indiana 46327.
6. That by reason of the death of WALTER SKUDNEY, the real property commonly known as:3812 Groer Avenue, Hammond, Indiana 46327, and herein legally described, was by operation of law, transferred to beneficiary, EDWARD SKUDNEY.
7. That Affiant makes this Affidavit for the sole purpose of informing proper authorities of the death of the TOD Deed Grantor, WALTER SKUDNEY, and also for the purposes of perfecting the transfer of the real property to the transfer on death beneficiary, EDWARD SKUDNEY, in accordance with the terms of said Transfer on Death Deed and the Indiana Transfer on Death Property Act.

Affiant further sayeth not this 16th day of December, 2014.


EDWARD SKUDNEY, Affiant



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared EDWARD SKUDNEY, who acknowledged the execution of this instrument this 16th day of December, 2014.

Theresa L. Clements

NOTARY PUBLIC SIGNATURE



Theresa L. Clements
Notary Public, State of Indiana
Lake County
My Commission Expires: 07/07/2016

Document is NOT OFFICIAL!
THIS INSTRUMENT PREPARED BY:
WILLIAM J. CUNNINGHAM, ATTORNEY #3471-45
HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP
2637 45TH ST., HIGHLAND, IN 43622
PH: (219) 924-2427 FAX: (219) 924-2481

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.

William J. Cunningham
William J. Cunningham, Attorney



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 17619

Local No 000792

EDR No 00000373129

State No 011219

1. Decedent's Legal Name (First, Middle, Last) WALTER SKUDNEY				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 07:32 PM	4. Date Of Death (Month/Day/Year) 03/04/2014	
5. Social Security Number		6a. Age - Yrs 82	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) 07/11/1931		8. Birthplace (City and State or Foreign Country) DULUTH, MN
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) 3812 GROVER AVENUE									
12. City Or Town, State, And Zip Code HAMMOND, IN, 46327					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 WATER TREATMENT		17. Kind Of Business/Industry INLAND STEEL	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HAMMOND				
18c. Street And Number 3812 GROVER AVENUE						18d. Apt. No.	18e. Zip Code 46327	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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) NA				23. Mother's Name (First, Middle, Last) NA			23a. Mother's Maiden Last Name NA		
24. Informant's Name BRIAN T SKUDNEY			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 209 173RD PLACE, HAMMOND, IN 46324				
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) SOLAN PRUZIN CREMATORY			25c. Location - City, Town, And State SCHERERVILLE, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC, DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375					27a. Funeral Home License Number: FH10200037		
27b. Signature Of Indiana Funeral Service Licensee: PAUL P. GONZALEZ, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD21100035			
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. MYOCARDIAL INFARCTION Due to (Or As A Consequence Of):								Approximate Interval: Onset To Death HOURS	
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. HYPERTENSION Due to (Or As A Consequence Of):									
C. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT									
D.									
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 Maps 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 checked="" type="checkbox"/> Probably <input 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) LAKE COUNTY HEALTH OFFICER			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) NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: MARK FRANCIS KEVIN, 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: MARK FRANCIS KEVIN, 7905 CALUMET AVENUE, MUNSTER, IN 46321						44. License Number 01036785A		45. Date Certified 03/12/2014	
46. Additional Funeral Service Provider:						47. *Kas:			
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)									

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and required for estate purposes. RAISED SEAL APPLIED

EXHIBIT "A"