STATE OF INDIANA

COUNTY OF LAKE

SS:

2015 031531

STATE OF PENAMA. LAKE COUNTY FILED FOR PECORD

2015 MAY 21 AM 11: 29

TRANSFER ON DEATH SURVIVORSHIP AFFIDAVIT MICHAEL B. BROWN RECORDER

Cynthia L. Williams, being first duly sworn upon her oath, deposes and says:

- 1. That sne is the daughter of the Patricia Donna Brewer, and is personally aware of the facts attested to in this affidavit.
- 2. On August 26, 2014, Patricia Donna Brewer executed a Transfer on Death Deed transferring to $Cynthia\ L$. Williams and Linda S. Toth, on the death of Patricia Donna Brewer, the Owner's interest in the following described real estate, located in Lake County, Indiana, to-wit:

Lot Sixteen (16), Block Three (3), Lincoln Gardens, as shown in Plat Book 33, page 100, in Lake County, Indiana.

Commonly known as 3600 W. 80th Avenue, Merrillville, IN 46410

- Such Transfer on Death Deed was recorded on August 27, 2014 in the Office of the Recorder of Lake County, Indiana, as Document No. 2014 051663.
- 4. That Patricia Donna Brewer died on April 15, 2015, owning an interest in the above-described real estate. A certified copy of the death certificate of Patricia Donna Brewer is attached to this Affidavit.
- 5. Cynthia L. Williams and Linda S. Toth survived Patricia Donna Brewer. The beneficiaries' names and addresses are: Cynthia L. Williams, 2101 44th Street, Highland, IN 46322 Linda S. Toth, 3600 W. 80th Avenue, Merrillville, IN 46410
- 6. This Affidavit is made, executed and recorded to comply with the requirements of I.C. 32-17-14-26(b)(20) to transfer on death the Owner's interest in the above-described real estate.

AFFIANT FURTHER SAYETH NOT.

Cynthia D. Williams

Subscribed and sworn to before me, a Notary Public in and for said County and State, personally appeared Cynthia L. Williams and acknowledged the execution of the foregoing affidavit, this _ day of May, 2015.

My Commission Expires:

BOBBIE S KVACHKOFF
Notary Public, State of Indiana
Lake County
Commission # 659782
My Commission Expires My Commission Expire October 27, 2022

Kvacnka tobble Resident of Lake County, MAY 2 1 2015

MAIL TAX BILLS TO: Cynthia L. Williams and Linda SAKE COUNTY AUDITOR

TAX KEY NO(S): 45-12-19-252-027.000-030

GRANTEE(S) ADDRESS: 3600 W. Coth TAX KEY NO(S): 45-12-19-252-027.000-030

GRANTEE(S) ADDRESS: 3600 W. 80th Avenue, Merrillville, IN 46410

THIS INSTRUMENT PREPARED BY: Douglas R. Kvachkoff #5575-56

This is a law. 325 N. Main Street, Crown Point, IN 46307 Attorney at Law, 325 N. Main Street, Crown Point, IN 46307 (219)662-2977 File No. N/A

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.

INDIANA TITLE NETWORK COMPANY 325 N. MAIN STREET CROWN POINT, IN 46307 1

Bodoie Kvochkoff non-com \$15.00

ITN OK#

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No.

51251

Local No 00133	E	DR No 000000443728					State No 018966 2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Year)							
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (If female)								4. Date Of Death (Month/Day/Year)			
PATRICIA D BREWER 5 Social Security Number 6a Age - Yrs 6b				r 1 Day 6e	6e. Under 1 Hour 7. Date			MALE 10:35 A fonth/Day/Year) 8. Birtho		AM 04/15 hplace (City and State or Foreign		04/15/2015		
						i Daic						, rotolgit obality,		
79 Mon		Days pital	Hours		nutes a. If Death Occu	rred Som	04/29/ ewhere Other			MMOND), IN			
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Security Decedent's Home Nursing Home/Long-term Care Facility Deter (Specify)											ty			
11 Facility Name (If Not Institution, Give Street and RILEY HOSPICE CENTER	Number)	_	_		_									
12 City Or Town, State, And Zip Code					13. County Of Death 14. Marital Status At Time Of Death									
MUNSTER, IN, 46321				LAKE					Married Widowed	Married Married, But Separated Divorced Midowed Never Married Unknown				
15 Surviving Spouse's Name			15a. (If Wife)G	ive Maiden Las			16. Dece	dent's Usual Oc	cupation	tion 17. Kind Of Business/Industry				
						HOMEMAKER				HOME				
18. Residence - State	18a	County			18b. City Or Tov									
INDIANA	LAKE				MERRILLV									
18c Street And Number								18d. Apt. No	э.	18e. Zip (Code	18f. Inside City Limits?		
3600 WEST 80TH AVENUE								464	410	⊠ Yes □ No				
19. Decedent's Education	20	Decedent Of His	panic Origin		21. D	ecedent's	s Race							
9TH - 12TH GRADE; NO DIPLOMA	c v			nite										
22 Father's Name (First, Middle, Last)			23	23 Mother's Name (First, Middle			e, Last)			23a. Mother's Maiden Last Name				
ALBERT LEE				EL	ELSIE LEE						FAZEKAS			
24 Informant's Name	24a. Relationshi	p To Decedent	24t	24b. Mailing Address (Street And Number, City, State, Zip Code)										
CYNTHIA WILLIAMS	<u>R</u>		0 <u>1 44TH S</u>	TREE	T <u>, HIGH</u>	LAND, IN	4632	2						
25. Place Of Disposition 25a. Method Of Disposition 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Location - City, Town, And State														
☐ Burial ☑ Cremation ☐ Donation ☐ Entombment														
□ Removal From State □ Other (Specify) NW INDIANA CREMATION SVS CROWN POINT, IN														
26. Was Coroner Contacted? 27 Name And Complete Address Of Funeral Facility 27 Innered Home License Number:														
□ Yes ☑ NO BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307 FH83002445														
27b Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS , BY ELECTRONIC SIGNATURE 27c. License Number (Of Licensee): FD20700059														
Cause Of Death (See Instructions And Examples)									Approximate					
28 Part Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Interval: Onset Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On To Death														
A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CANCER OF LUNG AND LIVER AND BREAST 3 WEEKS											3 WEEKS			
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CANCER OF LUNG AND LIVER AND BREAST Due to (Or As A Consequence Of) 3 WEEKS														
Sequentially List Conditions, If Any, Leading To Line A Enter The Underlying Cause (Disease)	Due to (Or As				As A Consequence Of)									
The Events Resulting In Death) Last					As A Consequence Of									
		D				Due to (or	As A Consequer	ice Oij						
Part II Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The				Underlying Cause Givin In Part I 29 Wa				as An Autopsy Performed?						
SMOKING							re Autopsy	· ·	ailable To Complete The Cause Of Death?					
31 Did Tobacoo Use Contribute To Death? 32 If Female			Pregnant At Tim	ne Of Death	Vot Pregnant, But Ptegn	ant Within 42	2 Days Of Death	33. Manne	or Of Dea	ath:	Acadent [Pending Investigation		
Yes Probably No Unknown	☐ Not Pregr	nant Within Pasi Year Inant, But Pregnant 43 Oay Of Injury	rs To 1 year Before		RUE COPY Unknown It Pregnant Me ON FILE WI	OF Printer	Year 1	Suicide	Co	uld Not Be De	etermined			
34 Date Of Injury (Month/Day/Year)	35. Time (Of Injury	:.AKE C	DUNTY HE	ALTH DEP	RTM	eme Constr	uction Site, Res	taurant,	Wooded Area	a) 37	Injury At Work? ☐ Yes ☐ No		
38 Location Of Injury - State	38a. City C	r Town		38b. Street	& Number	7				38c. Apt. N	lo. 38	d. Zip Code		
		1		APR	2 1 2015	1	- 1							
39. Describe How Injury Occurred							_	40. If Train	sportation	on Injury, Spe	ecify:	has (Caranta)		
			ک	wam u	But	40.			rator L	MOT	VALI	UNLESS		
41. Signature, Of Person Certifying Cause Of Death: VINAY K.P. REDDY, BY ELECTRONIC SIGNATURE AKE COUNTY HEALTH OFFICE: 42. Cortifier (Check Only One) Certifying Physician Coroner Heath Officer												Heath Officer		
43. Name, Address And Zip Code Of Person Certifying	ng Cause Of D	eath:						44 1	icense l	Number	45	Date Certified		
VINAY K.P. REDDY_, 118 E 90TH)					5 6 23	1A		04/20/2015					
46. Additional Funeral Service Provider.								47.	'Akas:					
48. Signature of Local Health Officer: 49. For Registrar Only - Bate Filed (Month/Day/Year):										-				
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)														
					1			_	-		-			
									1					

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