

TRANSFER ON DEATH AFFIDAVIT

2015 059130

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The undersigned beneficiary, being duly sworn on his oath states as follows:

aka Betty J. Sams

That Betty Sams, ("Owner") died on November 25, 2014, (death certificate attached as Exhibit A) as a resident of Lake County, Indiana, owning interest in residential real estate legally described as:

Lot 34 in Clearwater Cove, a planned Unit Development, as per plat thereof, recorded in Plat book 92, page 52, in the Office of the Recorder of Lake County, Indiana

Subject to all taxes, liens, encumbrances, easements, covenants and restrictions of record. Commonly known as: 895 Clearwater Cove East, Crown Point, Indiana 46307

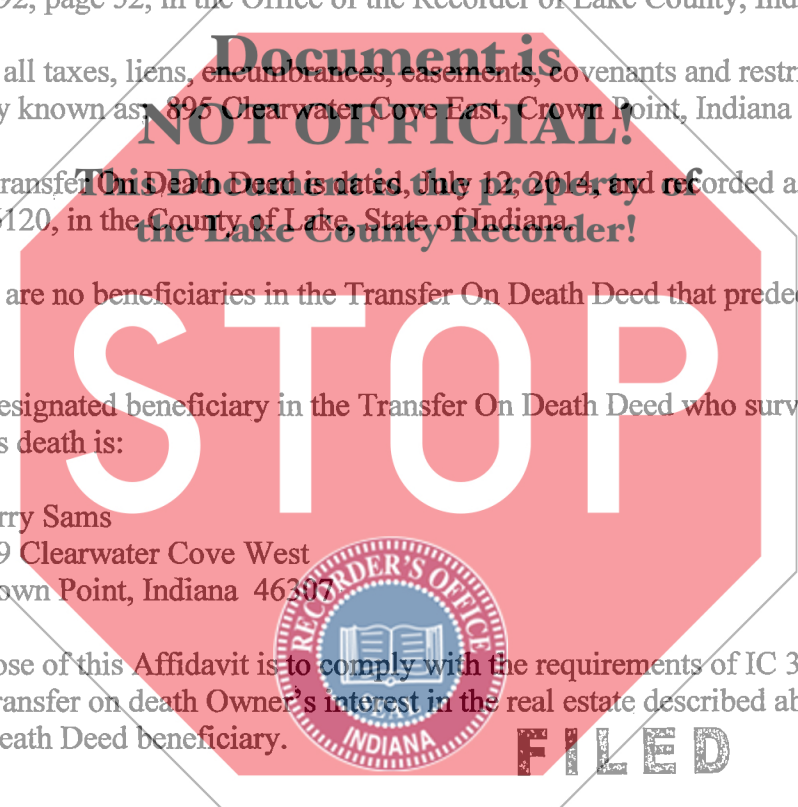
That the Transfer On Death Deed is dated July 12, 2014, and recorded as Deed #2014 046120, in the County of Lake, State of Indiana.

That there are no beneficiaries in the Transfer On Death Deed that predeceased the Owner.

That the designated beneficiary in the Transfer On Death Deed who survives the Owner at Owner's death is:

Larry Sams
839 Clearwater Cove West
Crown Point, Indiana 46307

That the purpose of this Affidavit is to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death Owner's interest in the real estate described above to the Transfer on Death Deed beneficiary.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. CROWN
RECORDER
2015 SEP -1 11 9:43

2015 056430

Dated this 17 day of August, 2015.

SEP 01 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Larry Sams
Larry Sams, Affiant Beneficiary

LARRY SAM
Affiant Beneficiary, Printed

Note: This document is being
Re-Recorded to show me

Page 1 of 2 aka

LIBERTY TITLE & ESCROW

18Y15001047

MAIL TAX:

839 CLEARWATER COVE WEST
CROWN POINT, IN 46307

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. CROWN
RECORDER
2015 AUG 19 10:11
AUG 19 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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NOV-2014

State of Indiana
County of Lake, SS:

I, the undersigned, notary public in and for said Lake County, Indiana, do certify that LARRY SAMS, presented before me personally and subscribed to the foregoing instrument and swore on his oath to the foregoing Affidavit.

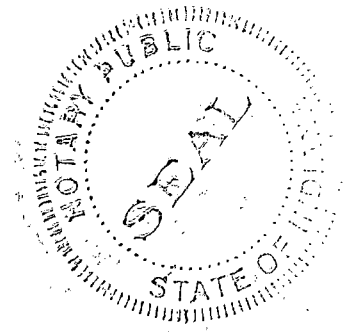
Witness my hand and notary seal this 17 day of August, 2015.

Notary Public: Ananda Colby
Ananda Colby
(Printed name of Notary)

My Commission expires: 6-26-16

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.

Susan Kozlowski
RECORDER'S OFFICE
SEAL
INDIANA



Prepared by: Susan Kozlowski, PO Box 906, Crown Point, IN 46307 AT THE SPECIFIC REQUEST OF THE BENEFICIARY AND IS BASED SOLELY ON INFORMATION SUPPLIED BY THE BENEFICIARY AND WITHOUT EXAMINATION FOR ACCURACY. THIS PREPARER ASSUMES NO LIABILITY FOR ANY ERRORS, INACCURACY OR OMISSIONS IN THIS INSTRUMENT RELUTING FROM THE INFORMATION PROVIDED. THE BENEFICIARY ACCEPTS THIS DISCLAIMER BY EXECUTION OF THIS DOCUMENT.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 36106

Local No 003737

EDR No 000000417232

State No 053506

1. Decedent's Legal Name (First, Middle, Last) BETTY SAMS				1a. Maiden Name (if female) JONES		2. Sex FEMALE		3. Time Of Death 08:00 AM		4. Date Of Death (Month/Day/Year) 11/25/2014		
5. Social Security Number [REDACTED]		6a. Age - Yrs 62		6b. Under 1 Year Months: Days: Hours: Minutes:		6c. Under 1 Month Days: Hours: Minutes:		6d. Under 1 Day Hours: Minutes:		7. Date of Birth (Month/Day/Year) 05/25/1932		
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9. 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 type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Other (Specify) SON'S RESIDENCE						
11. Facility Name (If Not Institution, Give Street and Number) 839 CLEARWATER COVE EAST												
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 HAIRDRESSER		17. Kind Of Business/Industry BEAUTY		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT			18c. Apt. No.		18d. Zip Code 46307	
18e. 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) GENERAL FLOYD JONES				23. Mother's Name (First, Middle, Last) DORA JONES				23a. Mother's Maiden Last Name MIRACLE				
24. Informant's Name LARRY SAMS				24a. Relationship To Decedent SON				24b. Informant's Address (Street And Number, City, State, Zip Code) 895 CLEARWATER COVE EAST, 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"/> Remove From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS				25c. Location - City, Town, And State SCHERERVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307						27a. Funeral Home License Number. FH10700031				
27b. Signature Of Indiana Funeral Service Licensee: LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE						27c. License Number Of Licensee: FD09060013						
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. MALIGNANT NEOPLASIA OF URINARY BLADDER; UROTHELIAL CARCINOMA METASTATIC TO DEPARTMENT OF RETROPERITONEAL LYMPH NODES B. BILATERAL HYDROURETER; HYDRONEPHROSIS WITH ACUTE KIDNEY INJURE C. ANOREXIA-CACHEXIA SYNDROME D. CHRONIC KIDNEY DISEASE 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												
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (See Part I) CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH ATRIAL FIBRILLATION												
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												
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 type="checkbox"/> Not Pregnant Within 1st 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 42 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The 1st 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 checked="" 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: MICHAEL CARL WEISS, 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: MICHAEL CARL WEISS, 2404 VALPARAISO STREET, VALPARAISO, IN 46383						44. License Number 01030965A		45. Date Certified 11/28/2014				
46. Additional Funeral Service Provider:						47. *Atax:						
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): DEC 01 2014						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												
10-Type: Decedent's Home 49: 12/01/2014 10-Other:												



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
APPROXIMATE INTERVAL: ONE SEVEN MONTHS
DEC 01 2014
LAKE COUNTY HEALTH OFFICER

EXHIBIT A