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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 062389

2015 SEP 10 PM 12:44

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:

MICHAEL B. BROWN
RECORDER

TRANSFER ON DEATH SURVIVORSHIP AFFIDAVIT

Thomas C. Parada, Jr., being first duly sworn upon his oath, deposes and says:

- 1. That he is the son of **Thomas C. Parada**, and is personally aware of the facts attested to in this affidavit.
- 2. On May 19, 2014, **Thomas C. Parada** executed a Transfer on Death Deed transferring to **Thomas C. Parada, Jr.**, on the death of **Thomas C. Parada** the Owner's interest in the following described real estate, located in Lake County, Indiana, to-wit:

SEE ATTACHED SHEET FOR LEGAL DESCRIPTION

3. Such Transfer on Death Deed was recorded on **May 19, 2014** in the Office of the Recorder of Lake County, Indiana, as Document No. **2014 028521**.

4. That **Thomas C. Parada** died on **September 24, 2014**, owning an interest in the above described real estate. A certified copy of the death certificate of **Thomas C. Parada** is attached to this Affidavit.

5. **Thomas C. Parada, Jr.** survived **Thomas C. Parada**. The beneficiaries' name and address is:

Thomas C. Parada, Jr., 9535 Joliet Street, St. John, IN 46373

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.



Thomas C. Parada Jr.
Thomas C. Parada, Jr.

Subscribed and sworn to before me, a Notary Public in and for said County and State, personally appeared **Thomas C. Parada, Jr.** and acknowledged the execution of the foregoing affidavit, this 4th day of September, 2015.

SEP 10 2015

My Commission Expires: July 13, 2019



John E. Petalas
JOHN E. PETALAS
Notary Public
Donna Dyer
DONNA DYER
Resident of Lake County, IN

Approved Assessor's Office
NO SALES DISCLOSURE NEEDED

MAIL TAX BILLS TO: Thomas C. Parada, Jr.
9535 Joliet Street, St. John, IN 46373
TAX KEY NO(S): 45-11-33-152-006.000-035
GRANTEE(S) ADDRESS: 9535 Joliet Street, St. John, IN 46373

THIS INSTRUMENT PREPARED BY: Douglas R. Kvachkoff #5575-56
Attorney at Law, 325 N. Main Street, Crown Point, IN 46307
Phone No. (219)662-2977

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.

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

Bobbie Kvachkoff
Bobbie Kvachkoff

1 Red Truck #
24139
\$16.00

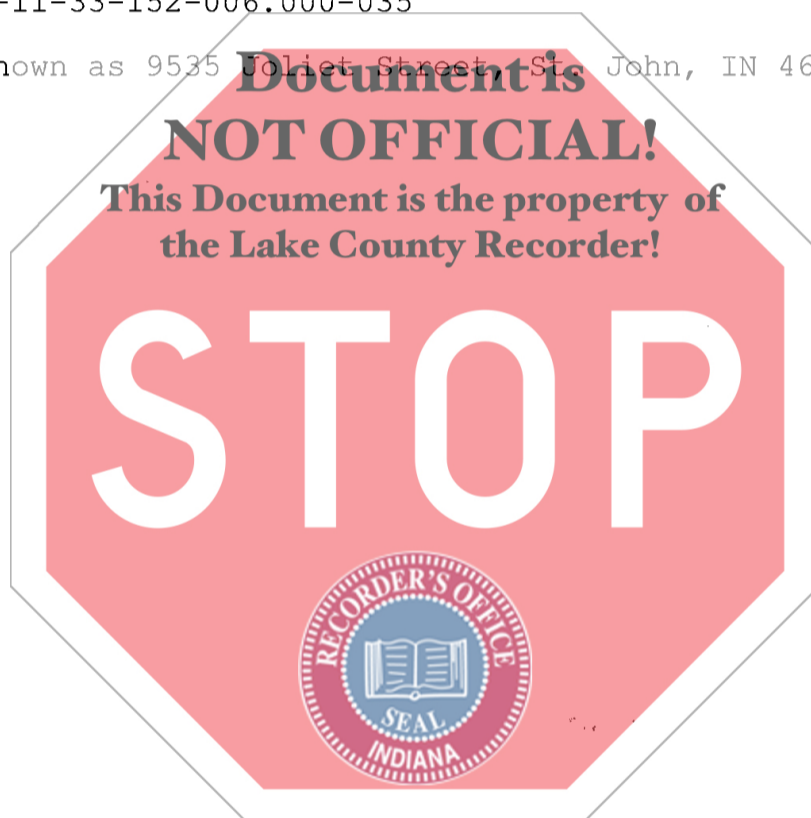
04255

LEGAL DESCRIPTION

A part of the Northwest Quarter of Section 33, Township 35 North, Range 9 West of the 2nd P.M., described as commencing at the intersection of the South line of the alley - running South of Lots 10 to 15 in Keilman's Addition to St. John, Lake County, Indiana, with the center line of the road in St. John, known as Joliet St., thence Northeasterly along the South line of said alley to its intersection with the right of way of the Chicago, Indiana and Southern Railroad, thence South along said Railroad right of way to the center line of said Joliet Street, thence Northwesterly on said center line of said Joliet Street, to the place of beginning, in the Town of St. John, Lake County, Indiana.

Key No. 45-11-33-152-006.000-035

Commonly known as 9535 Joliet Street, St. John, IN 46373





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No.

30667

Local No 003051

EDR No 000000406614

State No

1. Decedent's Legal Name (First, Middle, Last) THOMAS C PARADA SR
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 17:04
4. Date Of Death (Month/Day/Year) 09/24/2014
5. Social Security Number
6a. Age - Yrs 98
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 05/04/1916
8. Birthplace (City and State or Foreign Country) CHICAGO, IL
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) ST MARGARET MERCY HEALTHCARE CENTERS-DYER
12. City Or Town, State, And Zip Code DYER, IN, 46311
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation MANAGER
17. Kind Of Business/Industry ILLINOIS INSTITUTE OF TECHNOLOGY
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town ST. JOHN
18c. Street And Number 9535 JOLIET
18d. Apt. No.
18e. Zip Code 46373
18f. Inside City Limits?
19. Decedent's Education 8TH GRADE OR LESS
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Father's Name (First, Middle, Last) JOSEPH PARADA
23. Mother's Name (First, Middle, Last) ANNA UNKNOWN
23a. Mother's Maiden Last Name UNKNOWN
24. Informant's Name THOMAS C PARADA JR
24a. Relationship To Decedent SON
24b. Mailing Address (Street And Number, City, State, Zip Code) 9535 JOLIET, ST. JOHN, IN 46373
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) KELLY CARROLL CREMATORY
25c. Location - City, Town, And State GARY, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319
27a. Funeral Home License Number: FH10600026
27b. Signature Of Indiana Funeral Service Licensee: RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD08700086
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. CARDIOMYOPATHY
B. CARDIAC ARREST
C.
D.
Cause Of Death (See Instructions And Examples)
Approximate Interval: Onset To Death SEVERAL MONTHS
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 TWO DAYS
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?
30. Were Autopsy Findings Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Name Of Death Certifier
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?
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:
41. Signature, Of Person Certifying Cause Of Death: TRILOK PRADUMNA PATHAK, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One):
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: TRILOK PRADUMNA PATHAK, 5454 HOHMAN AVE, HAMMOND, IN 46320
44. License Number: 01054411A
45. Date Certified: 09/30/2014
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): OCT 01 2014



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
OCT 01 2014

RAISED SEAL AFFIXED