SEND TAX BILLS TO: 2863 Greene St., Lake Station, IN 46405

STATE OF INDIANA

COUNTY OF LAKE

(2015 067331

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 SEP 30 AH 9: 56

MICHAEL B. BROWN RECORDER

TRANSFER ON DEATH DEED BENEFICIARY AFFIDAVIT

Comes now Deborah A. Pantell, and upon being duly sworn does attest and say:

- 1. That the affiant was the daughter of Dorothy Smith, deceased.
- 2. That Dorothy Smith was the owner of real property located in Lake County, Indiana, more particularly described

Lots 8 and 9 in Block 18 in Second Subdivision to East Gary, as per plat thereof recorded in Plat Book 7, Page 25, in the Recorder's Office of Lake County. Indiana. This Document is the property of

Commonly known as the Co2863 Greene St. Lake Station, IN 46405 45-09-18-460-007.000-021 Parcel Number:

45-09-18-460-008.000-021

- 3. That Dorothy Smith executed and recorded a Transfer on Death Deed to Quit Claim upon her death the aforementioned property to her children, Deborah A. Pantell of 2431 Chestnut St., Portage, IN 46368, Dennis A. Smith of 3181 Cooley St., Portage, IN 46368, Diane A. Chappo of 5676 Butteroup Ave., Portage, IN 46368, and Fred E. Smith, III of P.O. Box 222, Pikeville, TN 37367, on September 11, 2013, Pecorde a 9 16/2013 as instrument rumber 2013-06/7607
- That Dorothy Smith died on the 18th day of February, 2015. 4.
- 5. That Deborah A. Pantell Dennis A. Smith, Diane A. Chappo and Fred E. Smith, III became the fee simple owners of the property at the death of Dorothy Smith.

I affirm under the penalties for perjury that the foregoing statements are true.

Deborah A. Pantell

STATE OF INDIANA

)SS: **COUNTY of LAKE**

Subscribed and sworn to before me this day of June, 2015. SEP 16 2015

JOHN E. PETALAS I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social ECO HINTY AUDITOR number in this document, unless required by law.

My Commission

Shaupa M. Lange, Notary Public Resident of Lake County

SHAUNA M LANGE Lake County My Commission Expires April 10, 2022

04403

Prepared by: Law Offices of Patricia A. Rees, Shauna M. Lange, Esq. 5341 Central Ave., Portage, IN 46368 (219) 947-1692. 101-

Expires: 4/10/22

FRAM



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000191 1. Decedent's Legal Name (First, Middle, Last)			DR No 000000433604			State No 008719 2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Year)			
OROTHY ANN SMITH	,		SPRINGMA	.N	FEI	MALE	03:40 PM		02/18/2015
Social Security Number 6a. Age - Yrs	6b. Under 1	Year 6c. Under 1 Mont		6e. Under 1 Hour	7. Date of Birth (N		8. Birthplace	(City and State	e or Foreign Country)
84	Months	Days	Hours	Minutes 10a, If Death Occur	09/21/		HOBAR	T, IN	
Yes ⊠ No ☐ Unknown ☐ Inpat		ncy Department Outpatier	nt Dead on Arriva		Decedent's		rsing Home/Long	g-term Care Fa	cility
Facility Name (If Not Institution, Give Stre IA HOSPICE CENTER	eet and Number)								
t. City Or Town, State, And Zip Code ALPARAISO, IN, 46383			13. County Of Death PORTER			M ⊠ ∨		Marrial Status At Time Of Death Married ☐ Married, But Separated ☐ Divor Widowed ☐ Never Married ☐ Unknow	
Surviving Spouse's Name		15	a. (If Wife)Give Maid	en Last Name	16. Dec	edent's Usual Oc	ccupation	17. Kin	nd Of Business/Industry
Residence - State		18a. County	-	18b. City Or Tow		MAKER		HOM	<u> </u>
	•	AKE .		LAKE STAT	ION.				
DIANA Street And Number		-AVE	•	LAKE STAT	ON	18d. Apt. N	o. 18e.	Zip Code	18f. Inside City Limit
63 GREENE STREET								46405	⊠ Yes □ No
Decedent's Education		20. Decedent Of Hispa	anic Origin	21. 0	ecedent's Race			10-100	
H - 12TH GRADE; NO DIPI	LOMA	NOT HISPANIC	DUC	White	10				
Father's Name (First, Middle, Last)	_	N	OTO	23. Mother's Name (1	irst, Middle, Last)			23a, Mother's M	faiden Last Name
THONY SPRINGMAN Informant's Name		24à, Relationship	Torecedentner	MATILDA SPF 24b. Mailing Address	RINGMAN (Street And Numb	er, City, State, Zi		CHMIDT	
NNIS SMITH		SON the	Lake C	3181 COOLE	(STREET, E	PORTAGE,	IN 46368		
	RES FUNE	ELLY CARROLL mplete Address Of Funera RAL HOME, HO	al Facility		GARY, IN	HOBART, I 27c. License N FD010064	umber (Of Licen	FH83	uneral Home License Num
B. Part I. Enter The Chain Of Events -	Diseases, Injuri	ies, Or Complications -	That Directly Cause	ee Instructions And E	inter Terminal Eve	ents	03		Approximate interval: Onse
uch As Cardiac Arrest, Respiratory Arr Line. Add Additinal Lines If Necessan nmediate Cause (Final Disease Or Cor	y			y. Do Not Abbreviate, IAL DISEASE; ANURI			SEUSED HEM	ODIAI VSIS	To Death WEEKS
ilinediate Gause (Final Disease Of Gol	IOILIOTI RESULLING		SO	· · · · · · · · · · · · · · · · · · ·	Due to (Or As A Consequ	ence Oi);	JOED JIEW		
equentially List Conditions, If Any, Lea ine A. Enter The Underlying Cause (Di he Events Resulting In Death) Last	iding To The Ca isease Or Injury	2036 FISTER OIL	2	AND DIABETIC CHRO Y WITH PULMONARY	Due lo (Or As A Consequ	ence Oi):	SIDED HEADT	EAULIDE	YEARS YEARS
,		D.	WORD OBESI	SEAL	Due to (Or As A Consequ	ence Of):	SIDED HEART	TAILUILE	TEARO
t II. Enter Other Significant Conditions Con	tributing to Death	h But Not Resulting In The	Underlying Cause G	ivh In Part I A	29. Was An Autor 30. Were Autopsy	/ -	To Complete		
BETES MELLITUS, SYSTEMIC ARTE Did Tobacco Use Contribute To Death?		ENSION, MALIGNANTY Female:	COLONIC POLYP		So, Were Adiopsy		er Of Death:	- Cause Cr	Yes No
Yes ☐ Probably ☒ No ☐ Unknown		ot Pregnant Within Past Year ot Pregnant, But Pregnant 43 Days	•	Not Pregnant, But Pregn Unknown If Pregnant Wa		I	al ∐ Homicīde e ∏ Could Not		Pending Investigation
Date Of Injury (Month/Day/Year)		Time Of Injury		ace Of Injury (E.G., Dece					37. Injury At Work?
							1		Yes No
Location Of Injury - State	38a. (City Or Town	38b.	Street & Number			38c. /	Apt. No.	38d. Zip Code
Describe How Injury Occurred						40. If Trai	nsportation injur erator Passenger	y, Specify;	Other (Specify)
			=			Certifier (Check Certifying Physic		oroner .	☐ Heath Officer
Signature, Of Person Certifying Cause C	F Death:	NIC SIGNATURE							
<u>CHAEL CARL WEISS , BY</u>	ELECTRO				· _	44.	License Number	.	45. Date Certified
CHAEL CARL WEISS, BY Name, Address And Zip Code Of Person CHAEL CARL WEISS, 241	ELECTRO Certifying Cause	e Of Death:		D, IN 46383		010)30965A *Akas:		45. Date Certified 02/20/2015
Signature, Of Person Certifying Cause C CHAEL CARL WEISS , BY Name, Address And Zip Code Of Person CHAEL CARL WEISS , 24 Additional Funeral Service Provider. Signature of Local Health Officer:	ELECTRO Certifying Cause	e Of Death:		D, IN 46383	49. For	010)30965A *Akas:		02/20/2015
CHAEL CARL WEISS, BY Name, Address And Zip Code Of Person CHAEL CARL WEISS, 244 Additional Funeral Service Provider.	ELECTRO Certifying Cause 04 VALPAF	RAISO STREET, SNATURE	VALPARAISO	D, IN 46383		010 47. Registrar Only	30965A *Akas: - Date Filed (M		02/20/2015