

TRANSFER ON DEATH AFFIDAVIT

DONNA NOOJIN BENNETT, known as **DONNA NOOJIN-BENNETT**, upon personal knowledge and belief, makes these statements.

1. **DOROTHY WYROZUMSKI** (Owner) died on August 21, 2015, (a certified copy of the Owner's death certificate is attached as Exhibit A) owning an interest in the following described real estate:

That part of Lot 16 lying East of a straight line drawn from a point on the South line of said Lot 16, said point being 115.75 feet West of the Southeast corner of said lot to a point on the Northerly line of said lot 16, said point being 15.75 feet Southwesterly of the most Northerly point of Lot 16, in Bohling's Shawnee Trails Addition, Unit No. 1, in the Town of Schererville, as per plat thereof recorded in Plat Book 36 page 61, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 404 Pontiac Road, Schererville, Indiana 46375.

Parcel No.: 45-11-16-128-009.000-036

2. On November 3, 2011, Owner signed a Transfer on Death Deed transferring, on Owner's death, Owner's interest in real estate described above which document was recorded on November 15, 2011 in the Office of the Recorder of Lake County, Indiana, as Instrument No. 064024.

3. The name and address of the designated beneficiary in the Transfer on Death Deed who survives the Owner or is in existence at Owner's death is:

Donna Noojin Bennett, known as Donna Noojin-Bennett
236 Fernwood Street
Hammond, IN 46324

4. 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.

AFFIRMED UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

Dated this 8th day of October, 2015.

Donna Noojin-Bennett
DONNA NOOJIN-BENNETT

NO SALES DISCLOSURE NEEDED

FILED

Approved Assessor's Office

Page 1 of 2

M-E
\$71.00
\$74.50
NON-COM

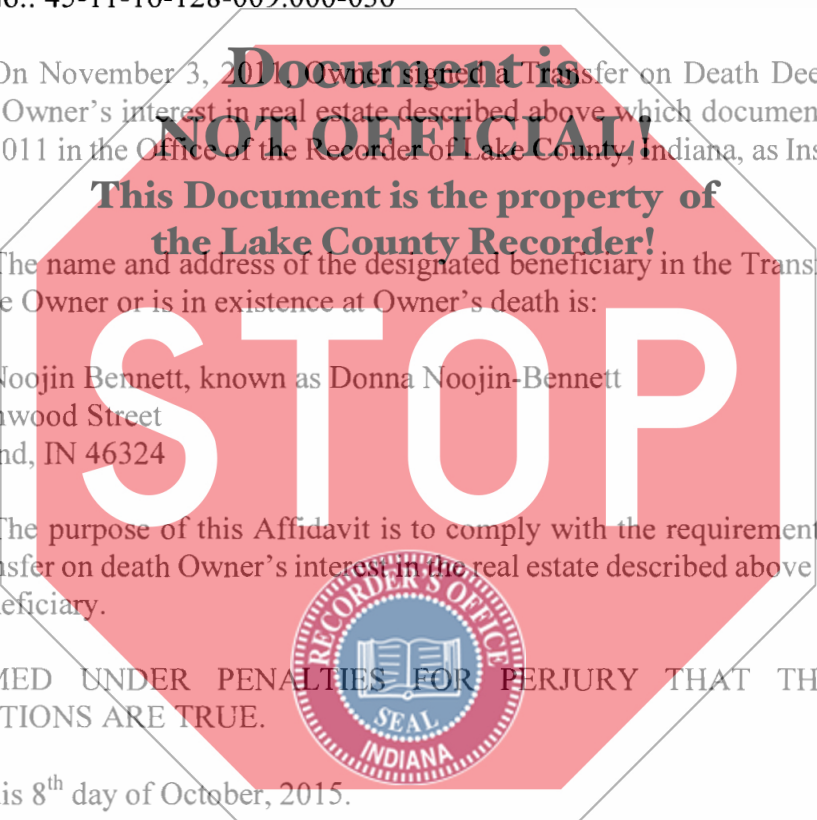
04835

OCT 13 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

2015 069456

STATE OF INDIANA
LAKE COUNTY
OFFICE OF THE
RECORDER
2015 OCT 13 AM 8:37
DONNA E. NOOJIN
RECORDER



3

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared DONNA NOOJIN-BENNETT, and acknowledged her execution of the foregoing Transfer on Death Affidavit as her voluntary act and deed.

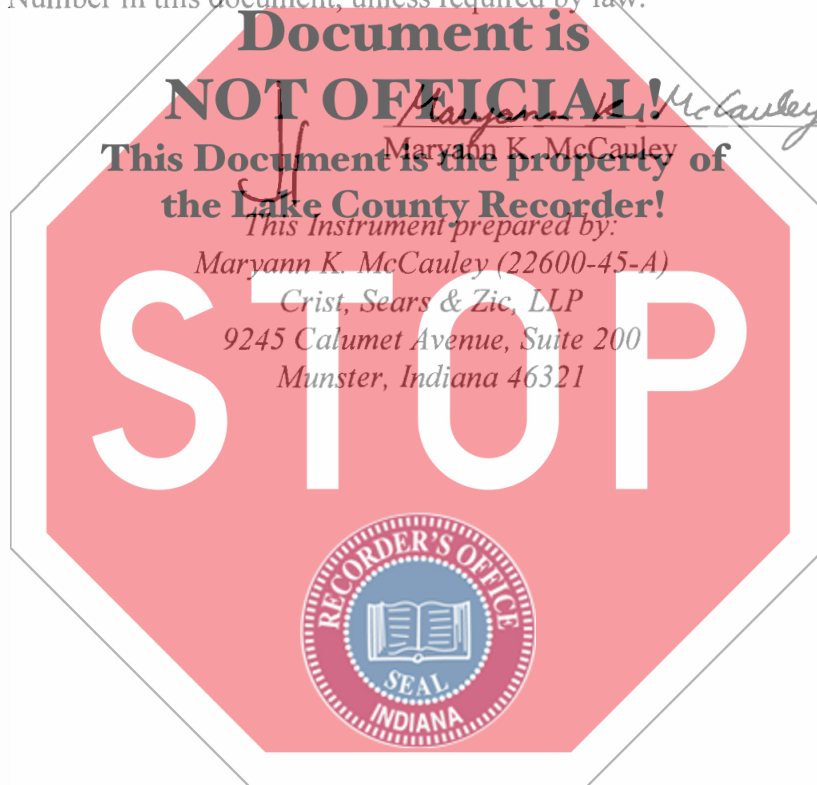
WITNESS my hand and notarial seal this 8th day of October, 2015.

Maryann K. McCauley

Maryann K. McCauley, Notary Public

My Commission Expires: 10/05/2016
Resident of Lake County

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 STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 62869

Local No 002785

EDR No 00000464986

State No 039684

1. Decedent's Legal Name (First, Middle, Last) DOROTHY M WYROZUMSKI				1a. Maiden Name (if female) CIPOWSKI		2. Sex FEMALE	3. Time Of Death 04:50 AM	4. Date Of Death (Month/Day/Year) 08/21/2015	
5. Social Security Number	6a. Age - Yrs 12	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)		8. Birthplace (City and State or Foreign Country) CALUMET CITY, IL	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Hospice Facility <input 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) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321				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 HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town SCHERERVILLE				
18c. Street And Number 404 PONTIAC ROAD						18d. Apt. No.	18e. Zip Code 46375	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) FELIX CIPOWSKI				23. Mother's Name (First, Middle, Last) GERTRUDE CIPOWSKI			23a. Mother's Maiden Last Name SZAFARCZYK		
24. Informant's Name DONNA NOOJIN-BENNETT			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 236 FERNWOOD STREET, HAMMOND, IN 46324				
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HOLY CROSS CEMETERY			25c. Location - City, Town, And State CALUMET CITY, IL				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME, INC. MUNSTER, IN 46321				27a. Funeral Home License Number: FH83002916			
27b. Signature Of Indiana Funeral Service Licensee: LARRY D. ANTHONY, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD61001447			
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.								Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. END STAGE RENAL DISEASE AND CONGESTIVE HEART FAILURE								11. YEARS	
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. _____	
C. _____								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 checked="" type="checkbox"/> Yes <input 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 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"/> Pregnant Or Pregnant Within The Past Year			30. Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			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 (i.e. Decedent's Home, Construction Site, Restaurant, Wooded Area)			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)			
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, 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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 01031582A		44. Date Certified 08/21/2015	
46. Additional Funeral Service Provider:						47. Aka:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) AUG 24 2015			

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

STOP

RECORDED & INDEXED
SEAL
INDIANA

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
AUG 24 2015

NOT VALID UNLESS