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## TRANSFER ON DEATH AFFIDAVIT

Walter Bell Jr., upon personal knowledge and belief, makes these statements.

1. Walter Bell "Owner" died August 28, 2015 (a certified copy of the Owner's death certificate is attached as Exhibit A) owning at death an interest in the following described real estate:

Lots 11 and 12 in Block 5 in Grand Calumet Addition to Gary, as per plat thereof, recorded in Plat Book 16 page 5 in the Office of the Recorder of lake County, IN.

2. On May 31<sup>st</sup> 2012, Owner signed a Transfer on Death Deed transferring, on Owner's death, Owner's interest in the real estate described above which document was recorded June 1, 2012 in the office of the Recorder of Lake County, Indiana as Document No. 2012 036762.

3. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who did not survive Owner or were not in existence when Owner died are:

None

4. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who survive the Owner or are in existence at Owner's death are:

Walter Bell Jr. 5245 West 3<sup>rd</sup> Place Gary, IN 46406  
Cynthia D. Robinson 4729 East 6<sup>th</sup> Avenue Gary, IN 46403

5. The purpose of this Affidavit is to comply with the requirements of IC 32-17-4-26(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 2<sup>nd</sup> day of October, 2015.

**FILED**

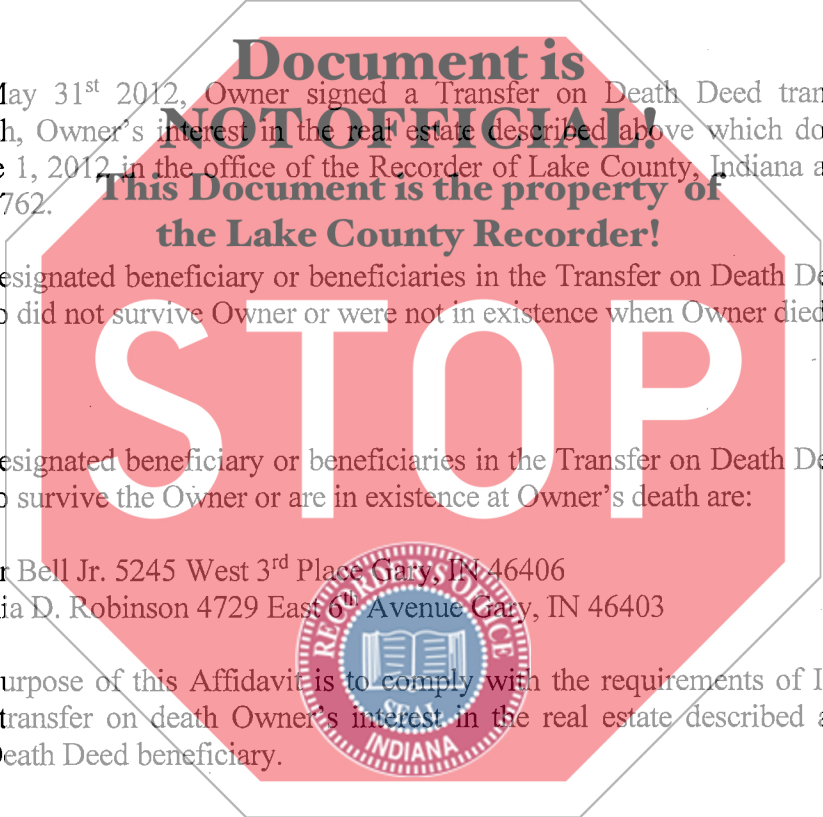
OCT 14 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

*Walter Bell Jr.*  
Walter Bell Jr.

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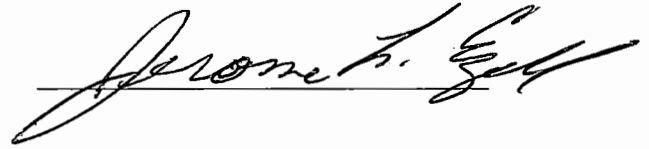
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2015 OCT 14 PM 3:43

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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.



THIS INSTRUMENT WAS PREPARED BY Jerome L. Ezell, LAWYER, Jerome L. Ezell Attorney at Law 209 South Main St. Kouts, IN 46347 AT THE SPECIFIC REQUEST OF AFFIANT OR BENEFICIARY AND IS BASED SOLELY ON INFORMATION SUPPLIED BY ONE OR MORE OF THOSE PARTIES AND WITHOUT EXAMINATION FOR ACCURACY. THIS PREPARER ASSUMES NO LIABILITY FOR ANY ERRORS, INACCURACY OR OMISSIONS IN THIS INSTRUMENT RESULTING FROM THE INFORMATION PROVIDED. THE PARTIES ACCEPT THIS DISCLAIMER AFFIANT'S EXECUTION OF THIS DOCUMENT OR BENEFICIARY'S ACCEPTANCE.





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 000391

EDR No 000000466848

State No

1. Decedent's Legal Name (First, Middle, Last) WALTER BELL		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 01:45 PM	4. Date Of Death (Month/Day/Year) 08/28/2015	
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5. Social Security Number	6a. Age - Yrs 91	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) 02/15/1924	8. Birthplace (City and State or Foreign Country) SIKESTON, MO
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9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	10. If Death Occurred In A Hospital: <input checked="" 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 type="checkbox"/> Other (Specify)
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11. Facility Name (If Not Institution, Give Street and Number) METHODIST HOSPITAL NORTHLAKE	
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12. City Or Town, State, And Zip Code GARY, IN, 46402	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
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15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation POSTAL WORKER	17. Kind Of Business/Industry POST OFFICE
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18. Residence - State INDIANA	18a. County LAKE	18b. City Or Town GARY
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18c. Street And Number 5245 WEST 3RD PLACE	18d. Apt. No.	18e. Zip Code 46406	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA	20. Decedent Of Hispanic Origin NOT HISPANIC	21. Decedent's Race Black or African American
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22. Father's Name (First, Middle, Last) ROBERT BELL SR	23. Mother's Name (First, Middle, Last) MAGOLIA BELL	23a. Mother's Maiden Last Name WELLS
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24. Informant's Name WALTER BELL JR	25. Date, Address, Street, City, State, Zip Code SON OF 5245 WEST 3RD PLACE, GARY, IN 46406
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25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) OAK HILL CEMETERY	25c. Location - City, Town, And State. GARY, IN
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408	27a. Funeral Home License Number FH10500021
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27b. Signature Of Indiana Funeral Service Licensee: ANTHONY HOLMES, BY ELECTRONIC SIGNATURE	27c. License Number (Of Licensee) FD21200018
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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
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Immediate Cause (Final Disease Or Condition Resulting In Death) A. ASYSTOLE Due to (Or As A Consequence Of):	MINUTES
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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. CARDIOPULMONARY FAILURE Due to (Or As A Consequence Of):	DAYS
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C. SYSTEMIC INFLAMMATORY RESPONSE SYNDROME Due to (Or As A Consequence Of):	DAYS
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D. SEPTIC SHOCK Due to (Or As A Consequence Of):	DAYS
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Part II, Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Within 1 Year) ACUTE RENAL FAILURE CEREBRAL VASCULAR ACCIDENT	29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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"/> Unknown If Pregnant Within The Past 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
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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 type="checkbox"/> No
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38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
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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)
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41. Signature, Of Person Certifying Cause Of Death: ALBERT REYNOLDS, BY ELECTRONIC SIGNATURE	42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ALBERT REYNOLDS, 600 W. GRANT ST., GARY, IN 46402	44. License Number 01051168A	45. Date Certified 09/02/2015
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46. Additional Funeral Service Provider	47. *Akas:
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48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE	49. For Registrar Only - Date Filed (Month/Day/Year): SEP 03 2015
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

