STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 070108

2015 OCT 15 PM 12: 34

MICHAEL B. BROWN RECORDER

Mail Tax Bills To: Alice A. Kuzemka 9807 Buchanan Street Crown Point, Indiana 46307

Return To: Alice A. Kuzemka 9807 Buchanan Street Crown Point, Indiana 46307

STATE OF INDIANA )
) SS:
COUNTY OF LAKE )

## TRANSFER ON DEATH BENEFICIARY AFFIDAVIT

ALICE A. KUZEMKA, of 9807 Buchanan Street, Crown Point, Indiana 46307, JAMES E. KUZEMKA, of 8954 North 500 West, Lake Village, Indiana 46349, and JANET M. KIRK, of 4 Timrick Drive, Munster, Indiana 46321, being first duly sworn upon his or her oath, states:

They are each the lower in fee simple of an undivided one-third share in the real estate located in Lake County, Indiana, described as follows:

Lot No. Eighteen (18), in Block No. Two (2), as marked and laid down on the recorded plat of Oak Heights Add. to Crown Point, a subdivision of the West half of Frac. S.W. quarter, Section 6, Twp. 34 N., R. 8 W. of the 2nd P.M., in Lake County, Indiana, as the same appears of record in Plat Book 27, page 86, in the Recorder's Office of Lake County, Indiana

Parcel Number: 45-16-06-303-019.000-041

Common Address: 10608 Lane Street, Crown Point, Indiana

Lot 15, in Block 2, Oak Heights Addition to Crown Point, as per plat thereof recorded in Plat Book 27, page 86, in the Office of the Recorder of Lake County, Indiana.

Parcel Number: 45-16-06-303-018:000-041

Common Address: N608 Lane Sweet Grewn Point, Indiana

Each of them acquired such title upon the death of Agnes M. Kuzemka who died on August 3, 2015, having executed and recorded a transfer on death deed, dated July 27, 2015, and recorded on July 28, 2015, as Instrument No. 2015 046932.

FILED

OCT 15 2015 of 3

**U4884** 

JOHN E. PETALAS LAKE COUNTY AUDITOR NO SALES DISCLOSURE NEEDED

oroved Assessor's Office

13th

Attached hereto is a certified copy of the decedent's death certificate certifying the death of Agnes M. Kuzemka.

The three above-named designated beneficiaries are the only surviving beneficiaries of the decedent, and there were no designated beneficiaries who did not survive the decedent.

Subscribed and sworn to before me, a Notary Public in and for said County and State, on

KELSEY M MADOLAK
Notary Public
State of Indiana
Lake County
My Commission expires
My county of residence.

My county of residence.

Subscribed and sworn to before me, a Notary Public in and for said County and State, on

OCHOCK

Subscribed and sworn to before me, a Notary Public in and for said County and State, on

KELSEY N RADOLAK Notary Public - Seal

State of Indiana
Lake County
My Commission Expires May 11, 2023

My commission expires:

My county of residence:

JANET M. KIRK

Subscribed and sworn to before me, a Notary Public in and for said County and State, on

0CH00e( 10, 2015.

Notary Public

helsey kac

Printed

My commission expires: My county of residence:

Document i

KELSEY N RADOLAK Notary Public - Seal State of Indiana Lake County

Lake County unission Expires May 11, 2023

This Document is the property of the Lake County Recorder!

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.

Alice Ann Kuzemka, Preparer

This instrument prepared by: Alice Ann Kuzemka Attorney #5419-45 9807 Buchanan Street Crown Point, Indiana 46307 219-663-9333 SEAL MOIANA

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 62260

Local No 002609						EDR No 000000462053					State No 036871					
Decedent's Legal Name (First, Middle, Last)							1a. Maiden Nam	(If female)		2. Sex					of Death (Month/Day/Year)	
AGNES MARIE KUZEMKA  5. Social Security Number   6a. Age - Yrs   6b. Under 1 Year					ar 6c. Under 1 Month		SABO 6d. Under 1 Day	6e. Under 1 Hour 7.		FEN ate of Birth (Mo	IALE onth/Day/Yea	01:25 PM ar)   8. Birthplace		08/03/2015 (City and State or Foreign Country)		
	83	,	Months		Days		Hours	Minutes		06/13/1	1932		AST CHI	CAGO. II	N	
9. Ever in U.S. Armed Force  ☐ Yes ☑ No ☐ Unkr	es? 10	). if Death	Occurred In	,			□ D44	☐ Hospice	Facility	Decedent's H	er Than A Hos	pital	Home/Long-ter			
11. Facility Name (If Not Institution, Give Street and Number)																
SPRINGMILL NURSING HOME  12. City Or Town, State, And Zip Code  13. County Of Death  14. Marital Status At Time Of Death																
MEDDILLVILLE IN 46440									LAKE				☐ Married [  ☑ Widowed		ut Separated Divorced	
MERRILLVILLE, IN, 46410  15. Surviving Spouse's Name					_	15a. (If Wife)Give Maiden			<u></u>	16. Dece	dent's Usual (	)ccupa			Of Business/Industry	
									HOMEMAKE		o		OWN H	OWN HOME		
18. Residence - State 18				18a.	8a. County			18b. City	18b. City Or Town							
INDIANA LAKE  18c. Street And Number					E	_			CROWN POINT			Nο	18e. Zig	Code	18f. Inside City Limits?	
10608 LANE STREET											744.74				☐ Yes ☒ No	
19. Decedent's Education 20. Decedent Of							ic Origin		21. Deceder	nt's Race			46	307		
SOME COLLEGE CREDIT, BUT NOT A DEGREE NOT					OT HISPA	T HISPANIC			White							
22. Father's Name (First, Middle, Last)									23. Mother's Name (First, Middle, Last) 23a. Moth						den Last Name	
MICHAEL SABO  24. Informant's Name 24a. Reli									ANNA SABO  24b. Mailing Address (Street And Number, City, Sta					<u>rosky</u>		
									9807 BUCHANAN STREET, CROWN POINT					6307		
25a. Method Of Disposition			1.00	Eb Dia			25. Place	a Of Dispositi	on							
☑ Burial ☐ Cremation ☐	☐ Donation	Ento		ob. Pla	ice Of Dispositi	on Ma	me Of Cemetery, Cre	matory, Other	Place) 250	Location - Cit	ly, Town, And	State				
☐ Removal From State ☐ Other (Specify):							locus	me1	it is	OWN RO	INT, IN					
26. Was Coroner Contacted  ☐ Yes ☒ No	?	СНА	PEL LA	WN,			Facility  ME AND ME	MORIAL	GARDEN	S, 8178 S	S. CLINE	AVE			eral Home License Number:	
27b. Signature Of Indiana F	uneral Sen	vice Licens	IERERV	7_	4	5					27c. License	Numbe	r (Of Licensee)	FH199  :	00051	
SHELÏA C. KIRBY						Ca	use Of Death (See	Instructions	s And Examp	perty F		200			Approximate	
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complete Consultation Fig. 1 (2015) The Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do N. A Line. Add Additinal Lines If Necessary.								Do Not Abbr	eviate. Enter	Only One Car	08 <del>8 () ()</del>	3115	COPY OF		Interval: Onset To Death	
Immediate Cause (Final	Disease (	Or Conditi	ion Resulting	g In D	eath)	Α	METASTATIC CAN	CER OF UNI	KNOWN PRIN	WARTEL RI	CORD (	JA (	DEPART	THE	WEEKS	
Sequentially List Condition					В			Due to (	(Or As A Consequent			UEPAR!	MENT			
Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last			ase or injury	or injury materials			NONE		Due to	(Or As A Consequen	AUG 1	1 7 2015			NONE	
							NONE			<b>L</b>	The state of the s				NONE	
Part II. Enter Other <u>Significan</u>	nt Condition	ns Contrib	uting to Deat	th But N	Not Resulting I	The U	Inderlying Cause Givi	n In Part I	1	Was An Actors Were Autopsy F	y Performed?	Ne To	yaş Ompletê The	No ⊠ No	uth2	
DEMENTIA 31. Did Tobacoo Use Contri	ibute To De	eath?	32. If	f Fema	le:				10.	LAKEC	OUNTY 1	FAL	Jeann FF10		Yes No	
☐ Yes ☐ Probably ☒ I	No 🔲 Uni	known					regnant At Time Of Death 1 year Before Doath						Could Not Be I		Pending Investigation	
34. Date Of Injury (Month/D	ay/Year)				Of Injury		30 Plac	e Of Injury (E.	G. Decedent's	Home, Constr	uction Site, R	estauré	int, Wooded Ar	ea) 37	. Injury At Work? ☐ Yes ☐ No	
38. Location Of Injury - State	<u>e</u>		38a.	Sity O	r Town		38b. St	reet & Numbe	Ci		/		38c. Apt.	No. 38	d. Zip Code	
39. Describe How Injury Oct	curred						Entre IN	DIANA	ning.		40. If Tr	ansport	tation Injury, St		วิบีฟิLESS	
41. Signature, Of Person Certifying Cause Of Death:  KRISTINE MARIE TEODORI . BY ELECTRONIC SIGNATURE  42. Certifier (Check (  ☐ Certifying Physici													ੋਜਿe) ☐ Coron	er . $\square$	Heath Officer	
43. Name, Address And Zip	Code Of P	erson Cer	tifying Cause	a Of De	eath:						44.	Licen	se Number	45	. Date Certified	
KRISTINE MARIE TEODORI , 499 S. COURT ST., CROWN POINT, IN 46307  48. Additional Funeral Service Provider: 47.													141A		08/05/2015	
48. Signature of Local Health Officer:  49. For Registrar Only														h/Day/Vear)		
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													AUG 17			
49: 08/06/2015					AME	NDMEN	T TO CERTIFICAT		<u> </u>	R ORIGINAL)		-				
49: 08/06/2015 12-Zip: 99999 18f: 49: 08/10/2015 49: 08/10/2015 124b-City: CROWN CENTER 11: SPRING MILL ASSISTED LIVING										1						
23-Last: SEBO 1a: SEBO																
22-Last: SEBO State Form 53395 ATTEN	NTION ES	TATE: Th	ne Social Se	curity	# is being red	queste	d by this state agend	y in order to	pursue respo	nsibility. Disc	losure is vol	untary	ar <b>RAISE</b>	D.SE/	LARFIXED	