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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 071746

2015 OCT 22 AM 11:14

INDIANA T.O.D. DEED BENEFICIARY AFFIDAVIT  
IC 32-17-14-26(b)(20)

Affiant, TRACY KOTLOWSKI, states under oath that the affiant is a surviving beneficiary named in a Transfer on Death Deed executed on September 18, 2014 by ROBIN HAVLIN (Owner), who died on August 12, 2015.

A. The property subject to the Transfer on Death Deed is legally described as follows:

LOT 41, BLOCK 1, BEVERLY SEVENTH ADDITION TO THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 29, PAGE 100, IN LAKE COUNTY, INDIANA.

TAX PARCEL NO.: 45-07-18-428-033.000-023

ADDRESS: 7744 WALNUT AVENUE, HAMMOND, IN 46324

B. A certified copy of the death certificate of the Owner is attached hereto.

C. The name and address of each designated beneficiary who survived the owner or that was in existence on the date of the owner's death is as follows:

CHRIS HAVLIN  
7744 WALNUT AVENUE  
HAMMOND, IN 46324

TRACY KOTLOWSKI  
7708 WALNUT AVENUE  
HAMMOND, IN 46324

as Joint Tenants with right of survivorship

D. The name of each designated beneficiary who did not survive the Owner's death or is not in existence on the date of the Owner's death is as follows: NONE.

E. The Transfer on Death Deed described herein was recorded in the office of the Recorder of Deeds of Lake County, Indiana on October 30, 2014 as Document number 2014 068980.

The affiant states no more.

*Tracy Kotlowski*  
TRACY KOTLOWSKI

Subscribed and sworn to before me this  
29th day of September, 2015.

*David G. Clark*  
Notary Public

DAVID G. CLARK  
NOTARY PUBLIC, STATE OF INDIANA  
SEAL  
LAKE COUNTY  
MY COMMISSION EXPIRES  
NOVEMBER 18, 2017

**FILED**  
OCT 21 2015  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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. - David G. Clark

Record and Return to: Canalia & Clark LLC, 8840 Calumet Avenue, Suite 205, Munster, IN 46321 **04953**

*This instrument prepared by: David G. Clark, Atty., 8840 Calumet Avenue, Suite 205, Munster, IN 46321*

**NO SALES DISCLOSURE NEEDED**

Approved Assessor's Office

By: *[Signature]*

AMOUNT \$ 18.00  
CASH  
CHECK # 6547  
OVER  
TOTAL  
NOTES  
OTHER



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 62226

Local No 002715

EDR No 00000463445

State No

1. Decedent's Legal Name (First, Middle, Last) ROBIN L HAVLIN			1a. Maiden Name (if female) HAVLIN		2. Sex FEMALE	3. Time Of Death 04:09 AM	4. Date Of Death (Month/Day/Year) 08/12/2015
5. Social Security Number [REDACTED]	6a. Age - Yrs 57	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) 06/25/1958	8. Birthplace (City and State or Foreign Country) HAMMOND, IN
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 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)		
11. Facility Name (If Not Institution, Give Street and Number) MUNSTER COMMUNITY HOSPITAL							
12. City Or Town, State, And Zip Code MUNSTER, IN, 46320				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 type="checkbox"/> Widowed <input checked="" 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 AUDITOR		17. Kind Of Business/Industry US BANK
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND			
18c. Street And Number 7744 WALNUT AVENUE					18d. Apt. No.	18e. Zip Code 46324	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) WILLIS V HAVLIN			23. Mother's Name (First, Middle, Last) CAROL G HAVLIN		23a. Mother's Maiden Last Name SCHRUM		
24. Informant's Name TRACY KOTLOWSKI		24a. Relationship To Decedent SISTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 7708 WALNUT AVENUE, HAMMOND, IN 46324			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) REGIONAL CREMATION SERVICE		25c. Location - City, Town, And State MUNSTER, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FIFE FUNERAL HOME, INC., 4201 INDIANAPOLIS BLVD., EAST CHICAGO, IN 46312				27a. Funeral Home License Number: FH83001512	
27b. Signature Of Indiana Funeral Service Licensee: JOHN P. FIFE, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD01020366		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. MELANOMA Due to (Or As A Consequence Of): 4 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 B. _____ Due to (Or As A Consequence Of): _____ C. _____ Due to (Or As A Consequence Of): _____ D. _____ Due to (Or As A Consequence Of): _____			
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. N/A		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 type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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 Time Of Death <input type="checkbox"/> Pregnant 1 To 4 Years Before Time Of Death		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 (E.G., 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 And 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) <b>NOT VALID UNLESS</b>			
41. Signature, Of Person Certifying Cause Of Death: NEEL B. SHAH, 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: NEEL B. SHAH, 10110 DONALD POWERS DR, MUNSTER, IN 46321				44. License Number 01074186A		45. Date Certified 08/17/2015	
46. Additional Funeral Service Provider:				47. FAKs:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				49. For Registrar Only: Date Filed (Month/Day/Year): AUG 17 2015			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

