2015 072826

2015 OCT 28 AM II: 08

MICHAEL B. BROWN RECORDER

Property Number 45-07-07-481.000-023

Mail Future Tax Bills To: Daniel P. Mitchell, III 8144 Jackson Avenue Munster, Indiana 46321

**Grantees Mailing Address:** 8144 Jackson Avenue Munster, Indiana 46321

## TRANSFER ON DEATH AFFIDAVIT

Daniel P. Mitchell, III upon personal knowledge and belief makes these statements.

Louise Mitchell, hereinafter "Owner", died on the 23<sup>rd</sup> day of August, 2015 owning at death an interest in the following described real estate:

Hammond as shown in Plat Book 36, Page 91, in Lot two (2), Triangle Park, Unit Lake County, Indiana

Commonly Known as: 7/220 Birc

This Document is the property of

A copy of Louise Mitchell's death certificate with Social Security Number Redacted, is attached hereto, made a part hereof and labeled Exhibit "A'

- On the 4th day of March, 2013, 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 on the 25th day of March, 2013 in the office of the Recorder of Lake County, Indiana as Document Number 2013-022046.
- 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:

Daniel P. Mitchell, III, 8144 Jackson Avenue, Munster, Indiana 46321

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 beneficiaries.

> DULY ENTERED FOR TAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFER

NO SALES DISCLOSURE NEEDED

OCT **28** 2015

Approved Assessor's Office

JOHN E. PETALAS LAKE COUNTY AUDITOR

22667

THE AFFIANT HEREBY AFFIRMS UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE TO THE BEST OF HER KNOWLEDGE AND BELIEF.

Dated this <u>Lyr</u> day of October, 2015.

		Olos
		Daniel P. Mitchell, III
STATE OF INDIANA	) ) SS	
COUNTY OF LAKE	)	21 the
Before me, the unders P. Mitchell, III, and acknowled	igned, a Notary pedged the execution	bublic in and for said County, this day of October, 2015, came Daniel on of the foregoing instrument as her free and voluntary act.
Witness my hand and	official seal.	ocument is
County of Residence: My Commission Expires:	This Docu	My Commission Expires Aug 3, 2016
I affirm under the penalties document, unless required by la	of perjury that I	have taken reasonable care to redact each Social Security Number in this
Christopher W Yago		
Record and Return to	Prepai Indi	red by Christopher W. Yugo, Esq. ana Attorney Number 17624-45 P.O. Box 371 St. John, Indiana 46373-0371

## Exhibit "A"

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 62915

			1a. Maiden Na	me (If female)	2. Sex	3. Ti	me Of Death	4. Date Of Death (Month/E
LOUISE G MITCHELL 5. Social Security Number   6a, Age - Yrs	6b. Under 1 Yea	z 1 62 11 - 2 - 2	BERGERO				2:25 PM	08/23/2015
					Date of Birth (Mo			and State or Foreign Country
9. Ever in U.S. Armed Forces? 10. If D	Months Seath Occurred in A Ho	Days Dapital:	Hours	Minutes 10a If Death Occurred	09/28/1 1 Somewhere Other		IA	OL OOOFLE P
		Department Out	patient Dead on Amiya	M Harries English			ng Home/Long-term	Care Facility
11. Facility Name (If Not Institution, Give St VILLIAM J. RILEY MEMORI/	reet and Number) AL RESIDENC	E, HOSPI	Œ					
12. City Or Town, State, And Zip Code				13. County Of D	eath			us At Time Of Death
MUNSTER, IN, 46321 5. Surviving Spouse's Name		·····	15a. (If Wife)Give Maids	LAKE	16 Daned	ent's Usual Occur	₩ Widowed	Married, But Separated Un
								17. Kind Of Business/Indust
8. Residence - State	18a	County		18b. City Or Town	HOMEM	AKER		OWN HOME
NDIANA Bc. Street And Number	LAK	Œ		HAMMOND				
						18d. Apt No.	18e. Zip Ci	ode 18f. Inside City
220 BIRCH STREET  Decedent's Education							463:	24 ⊠ Yes □
IGH SCHOOL GRADUATE	OR GED	Decedent Of F		21. Deced	dent's Race			
OMPLETED P. Father's Name (First, Middle, Last)	<u>N</u> i	OT HISPAI	AIC .	White 23. Mother's Name (First,	Middle, Last)		29a Ma	ther's Maiden Last Name
DUIS T BERGERON								
. Informant's Name		24a Relations	hip To Decedent	MARIE L BERGE 24b. Mailing Address (Si	:RON reat And Number, C	ity, State, Zip Co	SAMS	ON
ANIEL P MITCHELL		SON		8144 JACKSON				
	LAN-PRÚZIN	FUNERAL	SERVICE INC. E	BA SOLAN-PRU	ZIN 14 KEN	INEDY AVI		are runeral nome ticense !
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