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2015 OCT 28 AM 11:08

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.

1. 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:

Lot two (2), Triangle Park, Unit No. 2, in the City of Hammond as shown in Plat Book 36, Page 91, in Lake County, Indiana

Commonly Known as: 7220 Birch Place, Hammond, Indiana 46324

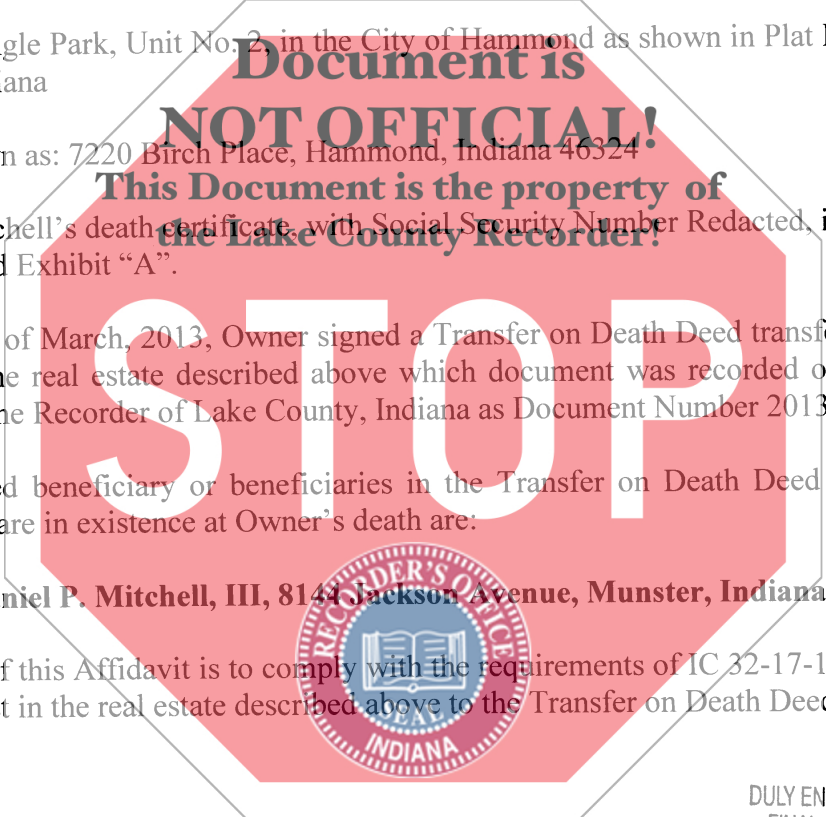
A copy of Louise Mitchell's death certificate, with Social Security Number Redacted, is attached hereto, made a part hereof and labeled Exhibit "A".

2. On the 4<sup>th</sup> 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 25<sup>th</sup> day of March, 2013 in the office of the Recorder of Lake County, Indiana as Document Number 2013-022046.

3. 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**

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 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

By: \_\_\_\_\_

**22667**

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

Dated this 24<sup>th</sup> day of October, 2015.

*[Handwritten Signature]*

Daniel P. Mitchell, III

STATE OF INDIANA )  
 ) SS  
COUNTY OF LAKE )

Before me, the undersigned, a Notary public in and for said County, this 24<sup>th</sup> day of October, 2015, came **Daniel P. Mitchell, III**, and acknowledged the execution of the foregoing instrument as her free and voluntary act.

Witness my hand and official seal.

**Document is NOT OFFICIAL!**  
DENISE L. CONAWAY  
Notary Public - Seal  
State of Indiana  
My Commission Expires Aug 3, 2016  
**This Document is the property of the Lake County Recorder!**

*[Handwritten Signature]*  
Notary Public

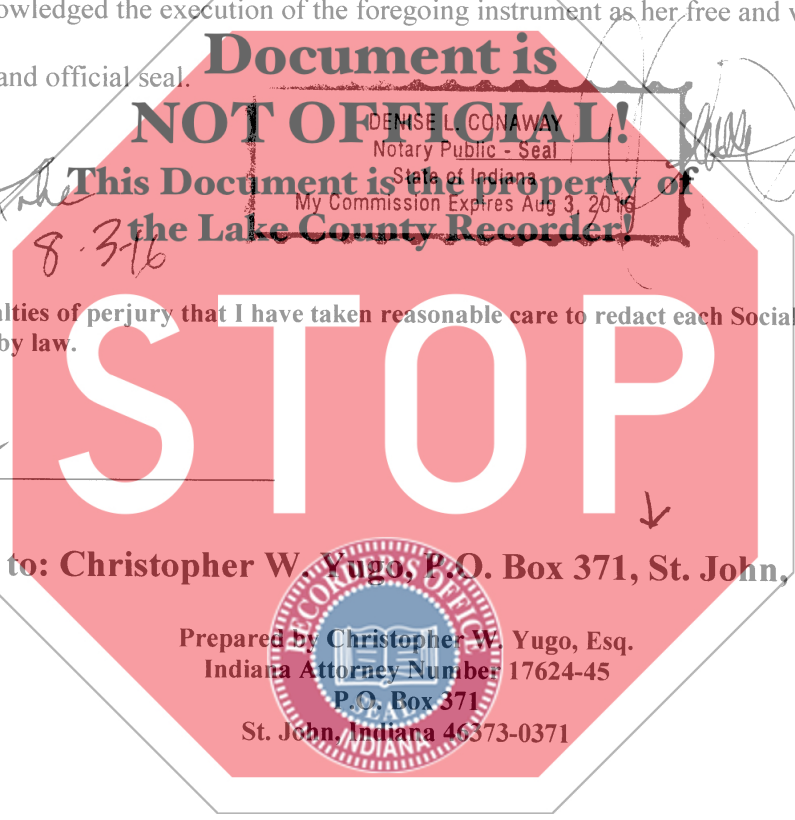
County of Residence: *She*  
My Commission Expires: *8-3-16*

I affirm under the penalties of perjury that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

*[Handwritten Signature]*  
Christopher W. Yugo

**Record and Return to: Christopher W. Yugo, P.O. Box 371, St. John, Indiana 46373-0371**

Prepared by Christopher W. Yugo, Esq.  
Indiana 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



Local No 002798

EDR No 00000465428

State No

1. Decedent's Legal Name (First, Middle, Last) <b>LOUISE G MITCHELL</b>				1a. Maiden Name (If female) <b>BERGERON</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>12:25 PM</b>	4. Date Of Death (Month/Day/Year) <b>08/23/2015</b>					
5. Social Security Number <b>[REDACTED]</b>	6a. Age - Yrs <b>89</b>	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) <b>09/28/1925</b>		8. Birthplace (City and State or Foreign Country) <b>CHENAL POINTE COUPEE PARISH, LA</b>					
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) <b>WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE</b>													
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>					13. County Of Death <b>LAKE</b>		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 <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>					
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>		18d. Apt. No.	18e. Zip Code <b>46324</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
18c. Street And Number <b>7220 BIRCH STREET</b>		19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>							
22. Father's Name (First, Middle, Last) <b>LOUIS T BERGERON</b>				23. Mother's Name (First, Middle, Last) <b>MARIE L BERGERON</b>		23a. Mother's Maiden Last Name <b>SAMSON</b>							
24. Informant's Name <b>DANIEL P MITCHELL</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8144 JACKSON AVENUE, MUNSTER, IN 46321</b>									
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) <b>HOLY CROSS CEMETERY</b>			25c. Location - City, Town, And State <b>CALUMET CITY, IL</b>							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375</b>					27a. Funeral Home License Number <b>FH10200037</b>						
27b. Signature Of Indiana Funeral Service Licensee <b>PAUL P. GONZALEZ, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee) <b>FB21100035</b>		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. <b>Immediate Cause (Final Disease Or Condition Resulting In Death):</b> A. <b>DEMENTIA</b> Due to (Or As A Consequence Of) _____ YEARS <b>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> B. <b>DYSYPHAGIA</b> Due to (Or As A Consequence Of) _____ WEEKS 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 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 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"/> If Pregnant (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		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No							
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Location Of Injury - State <b>INDIANA</b>		36a. City Or Town <b>LAKE COUNTY HEALTH DEPARTMENT</b>		36b. Street & Number <b>36b</b>		36c. Apt. No.		36d. 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: <b>LYLE R MUNN, BY ELECTRONIC SIGNATURE</b>						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: <b>LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383</b>						44. License Number <b>01031582A</b>		45. Date Certified <b>08/24/2015</b>					
46. Additional Funeral Service Provider						47. Akas							
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only: Date Filed (Month/Day/Year) <b>AUG 25 2015</b>							

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED