2015 073506

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 OCT 30 PM 1: 00

MICHAEL B. BROWN RECORDER

Mail Tax Statements to:

228 Carnation Street Dyer, IN 46311-1542

45-10-12-326-016.000-034

State of Indiana

Property Numbers:

45-10-12-326-015.000-034

) SS:

County of Lake

Document is

Affidavit of Beneficiaries of Transfer on Death Deed

Laura A. Laval, the Affiant, being first duly sworn on her oath, states:

This Document is the property of

- 1. Laura A. Laval is at adult residing at 4464 Douglas Drive, West Lafayetté, Indiana 47906, in the County of Tippecanoe, State of Indiana, and has knowledge of the facts stated in the Affidavit as a surviving daughter of James H. Meade.
- 2. Grace A. Mertes, Father James W. Meade, and Laura A. LaVal are the owners of the real estate described as follows:
- Parcel 1: Lot Forty (40), in Flower Gardens Addition to the Town of Dyer, in Lake County, Indiana

Commonly known as: 228 Carnation Street
Dver. IN 46311-1542

Property Number:

45-10-12-326-015-000-034

Parcel 2: The West Five (5) feet of Lot Thirty-nine (39), in Flower Gardens Addition to the Town of Dyer, in Lake County, Indiana.

Commonly known as: Part of 228 Carnation Street

Dyer, IN 46311

Property Number:

45-10-12-326-016.000-034

(Affidavit pPage 1 of 3)

OCT 3 0 2015

JOHN E. PETALAS LAKE COUNTY AUDITOR

1 Red 1200 M-2 CASN

- 3. Said real estate was formerly owned by James H. Meade, who died on September 2, 2015. A certified copy of the Indiana Department of Health Certificate of Death of James H. Meade is attached to this Affidavit as Exhibit "A" and made a part of this Affidavit by reference.
- 4. Prior to his death, James H. Meade executed and recorded a Transfer on Death Deed, dated September 23, 2013, and recorded September 23, 2013, as Document Number 2013 070319, in the Office of the Recorder of Lake County, Indiana, naming Grace A. Mertes, Father James W. Meade, and Laura A. LaVal as the designated beneficiaries upon his death. A true and correct copy of the recorded Transfer on Death Deed is attached to this Affidavit as Exhibit "B" and made a part of this Affidavit by reference.
- 5. Grace A. Mertes, Eather James W. Meade, and Laura A. LaVal are the owners of said real estate as a result of the death of James H. Meade and being designated as the beneficiaries on said Transfer on Death Deed, which was executed and recorded before His death pursuant to Itidiana Code § 820 f7-14-11(a).
- 6. The purposes of the filing and recording of this Affidavit include the following:

to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Grace A. Mertes, Father James W. Meade, and Laura A. LaVal are the owners of said real estate; and

to place of record with the Lake County Recorder's Office evidence that Grace A. Mertes, Father James W. Meade, and LaVal are the record title holders of said real estate;

Laura A. Laval

Further Affiant saith not.

Dated this _____ day of October, 2015

(Affidavit - Page 2 of 3)

|) |
|---|
|) SS: |
|) |
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| • |
| orn to by Laura A. Laval, the Affiant, before me, the |
| |
| c in and for said County and State, on this |
| Document is |
| |
| NOT OFFICIAL! |
| Document is the property of |
| |
| he Lake County Recorder! |
| Notary's Signature: Pol By |
| |
| y's Printed Name: Parnela B Guevara |
| |
| ence: Tippicanoc |
| |
| ires: 6-15-23 |
| |

Mailing address of Affiant:

After recording return to:

4464 DOUGLAS DR/ WEST LAFAYETTE IN 47906

Prepared by Chris Fox, Attorney at Law, Indiana License No. 19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366).

Attorney at Law

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. <u>Chris Fox</u>

(Affidavit - Page 3 of 3)

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 64792

ler to pursue responsibility. Disclosure is voluntary and the Samon Span Autoreus IXED

| Local No 003 | 027 | EDI | R No 0000 | | 92 | | | No 0429 | | |
|---|--|--|----------------------------------|--|-------------------|--|--|-----------------------------------|----------------|---|
| Decodent's Legal Name (First, Middle, Last) | | | 1a. Maiden Nam | e (If female) | | 2. Sex | 3. Tir | ne Of Death | 4. Date O | of Death (Month/Day/Year) |
| JAMES H MEADE 5. Social Security Number 6a. Age - Yrs | 6b. Under 1 Year | 6c. Under 1 Month | 6d. Under 1 Day | 6e, Under 1 Hour | 7. Date | MAL of Birth (Mon | | 0:03 PM 8. Birthplace (Cit | | 09/02/2015 or Foreign Country) |
| 84 | Months | Days | Hours | Minutes | | 01/08/19 | | EAST CHIC | CAGO, II | N |
| | Occurred In A Hos | pital: epartment Outpatient | ☐ Dead on Arrival | 10a. If Death Occ Hospice Facili | ty 🗖 D | ewhere Other ecedent's Hon | | ng Home/Long-ter | m Care Facili | ity |
| 11. Facility Name (If Not Institution, Give Street COMMUNITY HOSPITAL | and Number) | | | | <u></u> | | | | | |
| 12. City Or Town, State, And Zip Code | | | | 13. County | Of Death | | | 14. Marital Sta | atus At Time (| Of Death |
| MUNSTER, IN, 46321 15. Surviving Spouse's Name | | 159 | . (If Wife)Give Maider | LAKE | Ī | 16 Decede | nt's Usual Occu | ☑ Widowed | ☐ Neve | ut Separated Divorced r Married Unknown Of Business/Industry |
| To be writing operated plants | | 100 | . (ii viiio)Oive ivididoi | i Last Namo | | | | padon | | • |
| 18. Residence - State | 18a. | County | | 18b. City Or To | | LABORE | :R | | LABOR | · |
| INDIANA | LAK | <u>E</u> | | DYER | | | _ | | | |
| 18c. Street And Number | | | | | | | 18d. Apt. No. | 18e. Zip | Code | 18f. Inside City Limits? |
| 228 CARNATION 19. Decedent's Education | 20 | . Decedent of Hispar | ic Origin | 214 | Decedents | Rana | | 46 | 311 | M tes No |
| HIGH SCHOOL GRADUATE OF COMPLETED | RGED | OT HISPANIC | Jocu ₁ | Whi | 1 S te | | | | | |
| 22. Father's Name (First, Middle, Last) | | NO | TOF | 23, Mother's Name | (First, Midd | de, Last) | | 23a, l | Mother's Maid | den Last Name |
| WILLIAM R MEADE 24. Informant's Name | /- ŋ | 24a Relationship | oderetenent | LAURA MEA | DE SE (Street) | and Number. | City State, Xip C | | VKINS | |
| REV JAMES W MEADE | | souhe I | | 638 NORTH | | ~ | | | 46304 | |
| 25a. Method Of Disposition | 25b. Pla | ace Of Disposition (Na | 25. Plac ame Of Cemetery, Cre | e Of Disposition matory, Other Place |) 25c, L | ocation - City, | Town, And State | e | | |
| ☑ Burial ☐ Cremation ☐ Donation ☐ Ento ☐ Removal From State | mbment | | | | | | | | | |
| Other (Specify): 26. Was Coroner Contacted? 27. N | | ELAWN CEMI | | | GAR | Y, IN | | | 27a Fune | eral Home License Number: |
| □ vaa ⊠ Na | | | TE INC-MUNS | TED 9/15 C | ALLIME | | ALINGTED | IN 46321 | FH830 | |
| 27b. Signature Of Indiana Funeral Service Licen BRIAN T. BURNS, BY ELECTR | see: | | IE INC-MONS | TEN, 0413 C | ALUIVIE | 270 | | ber (Of Licensee): | | 04300 |
| | | Ca | use Of Death (See | Instructions And | Examples | -1 | . ==115 | DOV OF | | Approximate |
| 28. Part I. Enter The <u>Chain Of Events</u> - Dis Such As Cardiac Arrest, Respiratory Arrest A Line. Add Additinal Lines If Necessary. | seases, Injuries, C , Or Ventricular Fi | | - All 1 | MORPH AND THE RESIDENCE OF THE PERSON OF THE | | minal Events ity One Caus COUNTY | ON FILE HEALTH | DEPARTME | NT | Interval: Onset To Death |
| Immediate Cause (Final Disease Or Condit | ion Resulting In D | eath) A | METASTATIC CAN | CER UNKNOWN | Due to (Or A | As A Consequence | 8 15 2 | 015 | 1 | 2 WEEKS |
| Sequentially List Conditions, If Any, Leadir Line A. Enter The Underlying Cause (Disea | ng To The Cause I | -10104 011 | MALIGNANT PLEU | RAL EFFUSION | | As A Consequence | | 013 | - | 2 WEEKS |
| The Events Resulting In Death) Last | asc or injury that | C | | | Due to (Or./ | As A Consequence | On 2 7 | 11. W. | | |
| | | D | E in | EAL | | KE CON | | H OFFICER | | _ |
| Part II. Enter Other Significant Conditions Contrib | uting to Death But I | Not Resulting In The L | Jnderlying Cause Givi | MARIA | 4 | An Autopsy I | | Yes o Complete The C | No No | ath 2 |
| 31. Did Tobacoo Use Contribute To Death? | 32. If Fema | ile: | | | 30. Wer | e Autopsy Fin | 33. Manner (| · | Jause Of Dea | Yes No |
| ☐ Yes ☐ Probably ☐ No ☐ Unknown | I — | nant Within Past Year 🔲 1 nant, But Pregnant 43 Days To | | Not Pregnant, But Pre Unknown if Pregnant | - | | | ☐ Homicide ☐☐ ☐ Could Not Be D | | Pending Investigation |
| 34. Date Of Injury (Month/Day/Year) | 35. Time 0 | | | e Of Injury (E.G., De | cedent's Ho | ome, Construc | | | | . Injury At Work? |
| 38. Location Of Injury - State | 38a. City O | r Town | 38b. Str | reet & Number | | | | 38c. Apt. 1 | No. 38 | d. Zip Code |
| | | | | | | ÷ | , - | | | |
| 39. Describe How Injury Occurred | | - | | | | | 40. If Transp | ertation Injury, Sp | ecify: | TUNLESS |
| 41. Signature, Of Person Certifying Cause Of D MARK FRANCIS KEVIN, BY EL | | SIGNATURE | | | | | tifier (Check Ofi tifying Physician | | er . 🗆 | Heath Officer |
| 43. Name, Address And Zip Code Of Person Ce | rtifying Cause Of D | eath: | | | | | 44. Liçi | ense Number | 45. | . Date Certified |
| MARK FRANCIS KEVIN , 7905 46. Additional Funeral Service Provider: | CALUMET | AVENUE, MUI | NSTER, IN 46 | 321 | | | | 6785A ` kas: | | 09/11/2015 |
| 48. Signature of Local Health Officer: | | | | | | 49. For Re | gistrar Only - ^{II} | Date Filed (Month | /Day/Year): | |
| SUSAN W. BEST, VIA ELECTR | ONIC SIGNA | | NT TO CERTIFICAT | E OF DEATH /EN | ITRV OD C | | | SEP 14 | | |
| | | AMENDME | | | INI OR C | /MOINAL) | | | . | |
| | | 1 | Exhibi | t | | | : | | | |
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by time access...

STATE OF INDIA.

LAKE COUNTY
FILED FOR RECORD

2013 070319

2013 SEP 23 PM 2: 06

Property Numbers:

45-10-12-326-015.000-034 45-10-12-326-016.000-034 Mail Cax Statements to: 2RE CORNEB Street Dyer, IN 46311-1542

TRANSFER ON DEATH DEED

This Indenture Witnesseth that James H. Meade, Grantor, of Lake County, in the State of Indiana,

NOT OF FICIAL!
UITCLAIMS and RELEASES to

James H. Meade, Transfer by Death Could IV. Merce, Pather James W. Meade, and Laura A. LaVa

Grantee, of Lake County, in the State of Indiana, for the sum of no dollars (\$0.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate located in Lake County, in the State of Indiana:

Parcel 1: Lot Forty (40), in Flower Gardens Addition to the Town of Dyer, in Lake County, Indiana.

Commonly known as:

228 Carnation Street Dyer, IN 46311-1542

Property Number:

45-10-12-326-015-000-034

Parcel 2: The West Five (5) feet of Lot Thirty-nine (39), in Flower Gardens Addition to the Town of Dyer, in Lake County, in Indiana.

Commonly known as:

Part of 228 Carnation Street

Dyer, IN 46311

Property Number:

45-10-12-326-016.000-034

(Transfer on Death Deed - Page 1 of 2)

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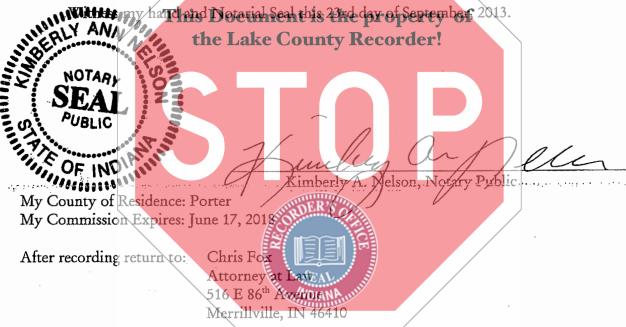
SEP 2 3 2013

Exhibit B Page 1 of 2 PEGGY HOUNT AMEQNA LAKE CONSTRUCTOR

In Witness Whereof, James H. Meade has executed this Transfer on Death Deed on this 23rd day of September, 2013.

| | | Jame It Meado | |
|------------------|-------|----------------|--|
| • | | James H. Meade | |
| State of Indiana |) | | |
| |) ss: | | |
| County of Lake |) | | |
| • | | | |

Before me, the undersigned Notary Public in and for said County and State, personally appeared James H. Meade and acknowledged the execution of the foregoing Transfer on Death Deed, and, having been duly sworn upon his oath, stated that the facts alleged therein are true.



Mailing Address of Grantee: 228 Carnation Street Dyer, IN 46311-1542

The foregoing instrument was prepared by Chris Fox, Attorney at Law, Attorney No. 19091-64, 516 East 86th Avenue, Merrillville, IN 46410 (219/791-1520), using Lake County Title Company, Inc. Title Insurance Policy No. 174093 as a reference.

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. Chris Fox

(Transfer on Death Deed - Page 2 of 2)

Exhibit B Page 2 of 2