STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 085101

2015 DEC 18 PM 12: 57

STATE OF INDIANA

SEND TAX BILLS TO: 843 Water St., HUBALLAND BROWN

)SS:

COUNTY OF LAKE

TRANSFER ON DEATH DEED BENEFICIARY AFFIDAVIT

Comes now Kelly M. Kilboy, and upon being duly sworn does attest and say:

1. That the affiant is the daughter of Josephine A. O'Rourke, deceased.

2. That Josephine A. O'Rourke was the owner of real property located in Lake County, Indiana, more particularly described as:

This Document is the property of

Part of the South 1/2 of the Northeast 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 32, Township 36 North, Range 7 West of the 2nd Principal Meridian, in the City of Hobart, Lake County, Indiana, described as follows: Beginning at a point 150 feet North and 158 feet West of the Southeast corner thereof; thence West 139 feet; thence North 35 feet; thence East 125 feet, thence North 35 feet; thence East 14 feet; thence South 70 feet to the point of beginning.

Parcel No.:45-09-32-363-007.000-018

Commonly Known As: 843 Water Street, Hobart, Indiana 46342

- That on July 9, 2015, under # 2015 042369, Josephine A. O'Rourke recorded a Transfer on Death Deed to Quit Claim upon her death the above property to Kelly M. Kilboy of 314 S. Yale Ave. Villa Park, IL 60181, Carleen F. Nunez of 7008 Yorkshire Dr., Woodridge, IL 60517, and Tara L. Van Tricht of 11660 N. 15000 E. Rd., Grant Park, IL 60940, as remaits in common.
- 4. That Josephine A. O'Rourke died on December 7, 2015.
- 5. That pursuant to IC 32-17-14-26(b)(20), Kelly M. Kilboy, Carleen F. Nunez, and Tara L. Van Tricht became the owners of the property as tenants in common at the death of Josephine A. O'Rourke.

I affirm under the penalties for perjury that the foregoing statements are true.

017775

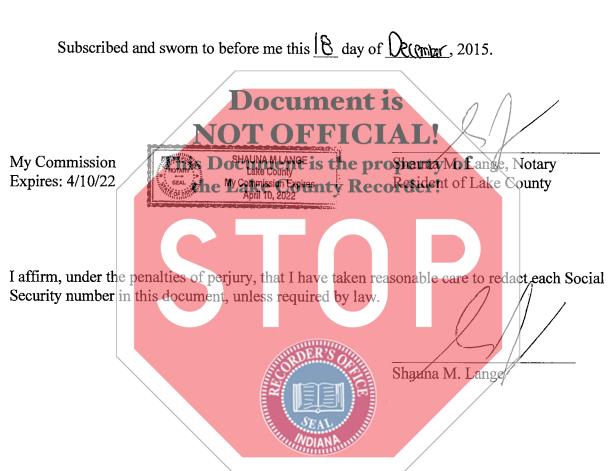
DEC 1 8 2015

JOHN E. PETALAS

LAKE COUNTY AUDITOR

Kelly M. Killoy Kelly M. Kilboy non Com

644 613336 STATE OF INDIANA)
)SS:
COUNTY of LAKE)



This Instrument Prepared by: Law Offices of Patricia A. Rees, Shauna M. Lange, Esq. 5341 Central Ave., Portage, IN 46368 (219) 947-1692.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 72662

			DR No 000000482896				State No 057510					
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (If female)			2. Sex 3. Ti		Time Of Death 4. D		4. Date Of	Death (Month/Day/Year)	
OSEPHINE A O'ROURKE Social Security Number 6a, Age - Yrs 6b, Under 1 Year 6c, Under 1 Mont		O'ROURKE 6d. Under 1 Day	6e, Under 1 Hour	6e. Under 1 Hour 7. Date		FEMALE (of Birth (Month/Day/Year)		01:00 AM		12/07/2015 and State or Foreign Country)		
73	Months	Days	Hours	Minutes		09/23/1			RTLAND	•		
	Occurred In A Hosp		10a. If Death Occurred Somewhere Other Than A Hospital									
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify) 11. Facility Name (If Not Institution, Give Street and Number)												
843 WATER STREET	and Number)											
12. City Or Town, State, And Zip Code		13. County	Of Death					Marital Status At Time Of Death Married ☐ Married, But Separated ☑ Divorced				
HOBART, IN, 46342			LAKE (If Wife)Give Maiden Last Name] Widowed	Wildowed Never Married Unknown		
15. Surviving Spouse's Name 15a.			. (If Wife)Give Maids	(IT WITE)GIVE MAIGEN LAST NAME			16. Decedent's Usual Occupation			17. Kind Of Business/Industry		
18. Residence - State	180	County	•	18b. City Or To	SA/73	OFFICE	MANAG	ER		MANUF	ACTORING	
		•										
INDIANA 18c. Street And Number	LAK	<u> </u>		HOBART		····	18d. Apt. N	0.	18e. Zip C	Code	18f. Inside City Limits?	
843 WATER STREET									463	242	⊠ Yes 🏻 No	
19. Decedent's Education SOME COLLEGE CREDIT, BU	T NOT A 20	. Decedent Of Hispar	nic Origin	men ²¹	Decedents	Race			403) 4 2		
DEGREE	NOTA NO	OT HISPANIC	Jocu.	Whit							·	
22. Father's Name (First, Middle, Last)		NO	TOI	23. Mother's Name	(First, Mide	dle, Last)			23a, M	lother's Maide	en Last Name	
JOSEPH O'ROURKE 24. Informant's Name	/n	24a: Relationship T		SYLVIA O'RO			City-State 7	n Code)	HUS	TON		
KELLY KILBOY		DALIGHTED		24b. Mailing Addres		•	E, VILLA F		II GO18	1		
		DUGUELL		ce Of Disposition	COIC	ici.			12 00 10			
25a. Method Of Disposition ☐ Burial ☑ Cremation ☐ Donation ☐ Enter		ce Of Disposition (Na	ame Of Cemetery, Cr	ematory, Other Place)) 25c. L	ocation - City	, Town, And S	tate				
Removal From State Other (Specify):	KEL	Y CARROLL (PEMATION	SERVICES	GAE	RY. 1N						
		Address Of Funeral		OL! (VIOLO	O/ III	1,100				27a. Funer	al Home License Number:	
☐ Yes ☒ No REI	ES FUNERAI	HOME, HOE	BART CHAPE	L, 600 W OLD	RIDG	E RD, H	OBART, I	N 463	42	FH8300	3069	
27b. Signature Of Indiana Funeral Service Licer JAMES J. KRAUSE, BY ELEC	isee:					2	7c. License N D010064	umber (C				
		Ca		e Instructions And							Approximate Interval: Onset	
28. Part I. Enter The <u>Chain Of Events</u> - Di Such As Cardiac Arrest, Respiratory Arres A Line. Add Additinal Lines If Necessary.	t, Or Ventricular Fi								:		To Death	
Immediate Cause (Final Disease Or Condi	tion Resulting In D		METASTATIC ADE AND LYMPH NOD	NOCARGINOMA C ES		1					16 MONTHS	
	T. T. O	inted On B.	S.O.C.	THE STREET		ै उपा	THIS IS	ø on	FILE WIT	TH THE	_ }	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Peculting In Death) Last			2/1	Due to (Or		" CARE COUNTY HEAL			TH DEPARTMENT		• -	
The Events Resulting In Death) Last		U		Due to (Or		AAA Consequence Ony DEC 0 9			2015		· †	
Part II. Enter Other Significant Conditions Contri	buting to Death But	D Not Resulting In The I	Jnderlying Cause Giv	vin in Bark	29. Wa	An Autopsy		e vi				
CONGESTIVE CARDIOMYOPATHY			Title 1	Till time	30. We	Autopsy F	inding/Availabl	e To Cyl	☐ Yes	⊠ No pus Of Deat	17 Yes No	
31. Did Tobacco Use Contribute To Death?	32. If Fema	ile: lant Within Past Year	Prognent &t Time Of Death	Not Present But Pres	ment Within 4	2 Reve Of Deaths	33. Mann	er Of De	ath:		Pending Investigation	
Yes Probably No Unknown	☐ Not Pregr	ant, But Pregnant 43 Days To	1 year Before Death	Unknown If Pregnant V	Within The Pas	1	- Court	e 📑 col	ad Not Be De	termined	ר פוסקן	
34. Date Of Injury (Month/Day/Year)	35. Time (Of Injury	36. Pla	ce Of Injury (E.G., De	cedent's H	ome, Constru	uction Site, Res	staurant,	Wooded Area	-	Injury At Work? Yes No	
38. Location Of Injury - State	38a. City C	r Town	38b. S	Street & Number				Т	38c. Apt. N	o. 38d	. Zip Code	
									,			
39. Describe How Injury Occurred	· · · · · · · · · · · · · · · · · · ·		<u> </u>	1			40. If Trai	nsportation erator	on Injury, Spe	cify:	er (Specify) UNLESS	
41. Signature, Of Person Certifying Cause Of Death:							ertifier (Check		*)	· <u>-</u> -		
BARBARA L FULLER, BY ELECTRONIC SIGNATURE 43. Name, Address And Zip Code Of Person Certifying Cause Of Death:						1 22 0	ertifying Physic 44.	Libense I	Coroner Number		leath Officer Date Certified	
BARBARA L FULLER , 10110 DONALD POWERS DR., MUNSTER, IN 46321							010	3470	1A		12/08/2015	
46. Additional Funeral Service Provider:	_ · · · · · · · · · · · · · · · · · · ·		• ::::				47.	*Akas:				
48. Signature of Local Health Officer:			49. For R	tegistrar Only	•	iled (Month/I						
SUSAN W. BEST, VIA ELECTR	NT TO CERTIFICA	ICATE OF DEATH (ENTRY OR ORIGINAL)				1	JEO 08 4					
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