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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 002279

2016 JAN 14 AM 9:57

MICHAEL B. BROWN  
RECORDER

Return Recorded Document to:

Attorney Lisa A. Kmak  
1022 - 119<sup>th</sup> Street  
Whiting, IN 46394

Send Tax Bills to:

Stephen C. Snyder  
3918 Wabash Avenue  
Hammond, IN 46327

**TRANSFER ON DEATH AFFIDAVIT**

Stephen C. Snyder, being first duly sworn, make the following statements:

1. On March 8, 2011, Mary Ann Snyder (the "Owner") signed a Transfer on Death Deed transferring to **Stephen C. Snyder** (the "Primary Beneficiary") on the Owner's death, the Owner's interest in the following described real estate in Lake County, Indiana:

Lot No. Two (2), (Except the North Five feet thereof), and the North 10 feet of Lot No. Three (3), Block 3, as marked and laid down on the recorded plat of Parkside Add., Hammond, Lake County, Indiana, as the same appears of record in Plat Book 16, Page 25, in the Recorder's Office of Lake County, Indiana.

Parcel No. 45-02-24-377-017.000-023

Commonly Known as: 3918 Wabash Avenue, Hammond, IN 46327

2. Such Transfer on Death Deed was recorded on March 17, 2011 in the Office of the Recorder of Lake County, Indiana, as Document No. 2011 016208.
3. Mary Ann Snyder died on November 23, 2015, owning an interest in the above-described real estate. A copy of the Owner's death certificate is attached to this Affidavit and made part of it by reference.
4. The Primary Beneficiary survived the Owner, and the name and address of the Primary Beneficiary is as follows:

Stephen C. Snyder, 3918 Wabash Avenue, Hammond, IN 46327

5. This Affidavit is made, executed and recorded to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death the Owner's interest in the above-described real estate.



**FILED**

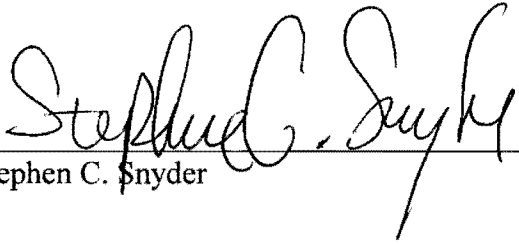
JAN 14 2016

JOHN E. RETALAS  
LAKE COUNTY AUDITOR

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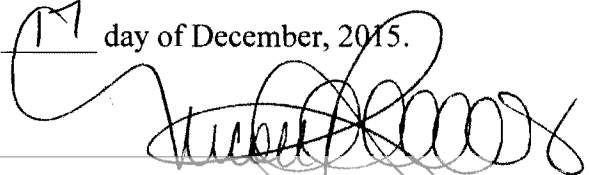
Dated this 17 day of December, 2015.

  
Stephen C. Snyder

STATE OF INDIANA     )  
                                  ) SS.  
COUNTY OF LAKE     )

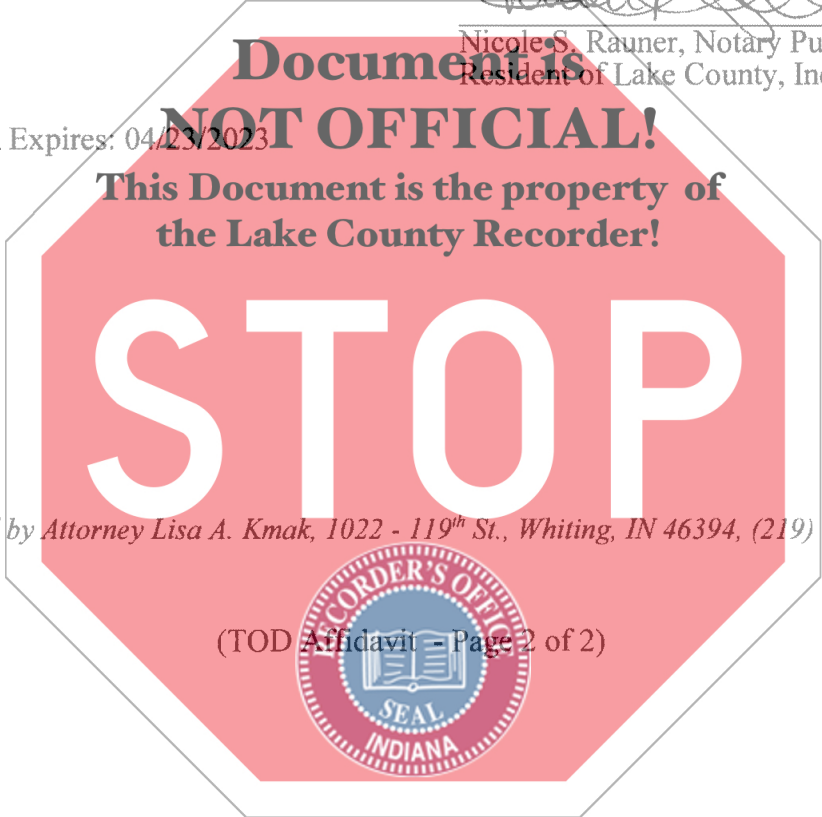
Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Stephen C. Snyder, who acknowledged the execution of the foregoing Transfer on Death Affidavit and delivered said instrument as his free and voluntary act, for the uses and purposes set forth therein.

WITNESS my hand and Notarial seal this 17 day of December, 2015.



Nicole S. Rauner, Notary Public  
Resident of Lake County, Indiana

My Commission Expires: 04/23/2023



Prepared by Attorney Lisa A. Kmak, 1022 - 119<sup>th</sup> St., Whiting, IN 46394, (219) 659-1355

(TOD Affidavit - Page 2 of 2)



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 71431

Local No 003872

EDR No 00000480613

State No

1. Decedent's Legal Name (First, Middle, Last) <b>MARY ANN SNYDER</b>				1a. Maiden Name (If female) <b>BARATH</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>02:45 PM</b>	4. Date Of Death (Month/Day/Year) <b>11/23/2015</b>	
5. Social Security Number <b>[REDACTED]</b>	6a. Age - Yrs <b>79</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>02/28/1936</b>		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</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>					
18c. Street And Number <b>3918 WABASH AVENUE</b>				18d. Apt. No.		18e. Zip Code <b>46327</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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>CHARLES BARATH</b>				23. Mother's Name (First, Middle, Last) <b>ELIZABETH BARATH</b>			23a. Mother's Maiden Last Name <b>SZALAI</b>		
24. Informant's Name <b>STEPHEN C SNYDER</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3918 WABASH AVENUE, HAMMOND, IN 46327</b>					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) <b>CHAPEL LAWN MEMORIAL GARDENS</b>			25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>FIFE FUNERAL HOME, INC., 4201 INDIANAPOLIS BLVD., EAST CHICAGO, IN 46312</b>				27a. Funeral Home License Number: <b>FH83001512</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>JOHN P. FIFE, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD01020366</b>			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. <b>NON TRAUMATIC INTRACRANIAL HEMORRHAGE AND DYSPHAGIA OF THE OROPHARYNGEAL TYPE</b>				
28. 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? <b>NOV 30 2015</b> <input checked="" type="checkbox"/> Yes <input 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"/> Not Pregnant, But Pregnant Within The Past Year			33. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year)		
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 & 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: <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>11/25/2015</b>			
46. Additional Funeral Service Provider:				47. <i>Asks:</i>					
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>NOV 30 2015</b>					
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>									

