

2016 012502

2016 MAR -1 AM 9:13

MICHAEL B. BROWN
RECORDER

INDIANA T.O.D. DEED BENEFICIARY AFFIDAVIT
IC 32-17-14-26(b)(20)

Affiant, ROBERT J. RICARD, states under oath that the affiant is a surviving beneficiary named in a Transfer on Death Deed executed on January 15, 2013 by DORIS S. RICARD (Owner), who died on JANUARY 11, 2016.

A. The property subject to the Transfer on Death Deed is legally described as follows:

APARTMENT NO. 111, LAKE PARK WOODS CONDOMINIUM, A HORIZONTAL PROPERTY REGIME, AS RECORDED AS DOCUMENT NO. 95062027 ON THE 13TH DAY OF OCTOBER, 1995, AS SHOWN IN PLAT BOOK 79, PAGE 4, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, AND AN UNDIVIDED INTEREST IN THE COMMON ELEMENTS APPERTAINING THERETO.

Parcel No.: 45-09-32-355-006.000-018 Address: 111 Beacon Drive, Hobart, IN 46342

B. A certified copy of the death certificate of the Owner is attached hereto.

C. The name and address of each designated beneficiary who survived the Owner or that was in existence on the date of the owner's death is as follows:

ROBERT J. RICARD
908 PINAR DRIVE
ORLANDO, FL 32825

JOHN F. RICARD
12920 IOWA STREET
CROWN POINT, IN 46307

BONNIE M. RICARD
619 19TH STREET
CHESTERTON, IN 46304

D. The name of each designated beneficiary who did not survive the Owner's death or is not in existence on the date of the Owner's death is as follows: NONE.

E. The Transfer on Death Deed described herein was recorded in the office of the Recorder of Deeds of Lake County, Indiana on January 31, 2013 as Document number 2013 008238.

The affiant states no more.

Subscribed and sworn to before me this
29 day of JANUARY, 2016.

Sara Quiros Cabrera
Notary Public



Robert J. Ricard
ROBERT J. RICARD

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. David G. Clark

Record and Return to:

This instrument prepared by: David G. Clark, Atty., 8840 Calumet Avenue, Suite 205, Munster, IN 46321

L:\ESTATE PLANNING\Ricard, Doris S. (IN)\TOD Deed Bene Affidavit.wpd

21078

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: *SB*

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

FEB 23 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

818.00
M-E
M-T

16-1720

HOLD FOR MERIDIAN TITILE CORP

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2016004686

DATE ISSUED: January 19, 2016

DECEDENT INFORMATION

STATE FILE DATE: January 14, 2016

NAME: DORIS SARAH RICARD

DATE OF DEATH: January 11, 2016

SEX: FEMALE

SSN: [REDACTED]

AGE: 099 YEARS

DATE OF BIRTH: April 28, 1916

BIRTHPLACE: GARY, INDIANA, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 908 PINAR DRIVE

LOCATION OF DEATH: ORLANDO, ORANGE COUNTY, 32825

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SPOUSE (IF FEMALE) MAIDEN NAME: NONE

RESIDENCE: 908 PINAR DRIVE, ORLANDO, FLORIDA 32825, UNITED STATES

COUNTY: ORANGE

OCCUPATION, INDUSTRY: HOMEMAKER, OWN HOME

RACE: X White Black or African American Asian Indian Chinese Filipino Native Hawaiian Japanese Korean American Indian or Alaskan Native-Tribe: Vietnamese Other Asian: Guamanian or Chamorro Samoan Other Pacific Is: Other: Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: FLOYD MENARD STOCKMAN

MOTHER: LENORA PARROT

INFORMANT: ROBERT J RICARD

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 908 PINAR DRIVE, ORLANDO, FLORIDA 32825, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: NEWCOMER FUNERAL HOME LONGWOOD, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: JOSE M. CASAS, F045139

FUNERAL FACILITY: NEWCOMER FUNERAL HOME - EAST ORLANDO CHAPEL F041529 895 SOUTH GOLDENROD RD, ORLANDO, FLORIDA 32822

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 0800

CERTIFIER'S NAME: FELIPE COLLAZO

CERTIFIER'S LICENSE NUMBER: [REDACTED]

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval Onset to Death:

a CONGESTIVE HEART FAILURE

b

c

d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

IF FEMALE, NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

[Signature]

State Registrar

REQ: 2016648710

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

