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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 037052

2016 JUN 15 PM 4:27

MICHAEL B. BROWN
RECORDER

TRANSFER ON DEATH AFFIDAVIT

We, **Patricia S. Bartos** of 2983 Christy Street, Portage IN 46368 and **Paul R. Bartos** of 1142 Vermillion Street Gary IN 46403, being first duly sworn under oath, state the following:

1. On, April 15, 2013 **James E. Bartos** executed a Transfer on Death Deed transferring title to the following described real estate in Lake County, State of Indiana:

Parcel No.: 42-05-33-203-023.000-004

Lot 38 and 39, Block 2, in the Lake Shore Addition to East Chicago, in the City of Gary, as per plat thereof, recorded in Plat Book 2 Page 17, in the Office of the Recorder of Lake County Indiana.

Commonly known as: 1142 N. Vermillion Street Gary IN 46403

to **Paul R. Bartos** and **Patricia S. Bartos**.

2. The aforementioned Transfer on Death Deed was recorded on April 23, 2013, as Document No. 2013-028763.

3. **James E. Bartos** died on November 20, 2014, attached hereto is a certified copy of the decedent's death certificate certifying his death.

4. Therefore, title is now to pass to **Paul R. Bartos** and **Patricia S. Bartos** as per the Transfer on Death Deed recorded on April 23, 2013, as Document No. 2013-028763.

Dated: June 14, 2016

Patricia S. Bartos
PATRICIA S. BARTOS

Paul R. Bartos
PAUL R. BARTOS

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

JUN 15 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

23527

112 et
\$14.00
CASH
M.E

9281... 1138

STATE OF INDIANA)
)SS:
COUNTY OF PORTER)

Before me, a Notary Public in and for said County and State, personally appeared **Patricia S. Bartos** and **Paul R. Bartos**, whom acknowledged the execution of the foregoing instrument, and having been duly sworn under the penalties of perjury, stated that the facts and matters therein set forth are true and correct.

Witness my hand and Notarial Seal this 14 day of June, 2016.

STEVE MITCHEL TREE
Notary Public - Seal
State of Indiana
Porter County
My Commission Expires Feb 3, 2023



[Handwritten Signature]
Notary Public

This instrument prepared by:
Gordon A. Etzler, Gordon A. Etzler & Associates, 307 N. Washington Street, Valparaiso, IN 46383



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 001185

EDR No 000000416595

State No 052767

1. Decedent's Legal Name (First, Middle, Last) JAMES E BARTOS				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 04:36 PM		4. Date Of Death (Month/Day/Year) 11/21/2014							
5. Social Security Number [REDACTED]		5a. Age - Yrs 59		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) 05/27/1955		8. Birthplace (City and State or Foreign Country) GARY, IN															
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 type="checkbox"/> Hospice Facility <input checked="" 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) 2983 CHRISTY STREET																	
12. City Or Town, State, And Zip Code PORTAGE, IN, 46368																	
13. County Of Death PORTER						14. Marital Status At Time Of Death: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown											
15. Surviving Spouse's Name PATRICIA BARTOS				15a. (If Wife) Give Maiden Last Name THEILE				16. Decedent's Usual Occupation TEACHER				17. Kind Of Business/Industry ELEMENTARY					
18. Residence - State INDIANA				18a. County PORTER				18b. City Or Town PORTAGE				18d. Apt. No.		18e. Zip Code 46368		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent's Hispanic Origin NOT HISPANIC				21. Decedent's Race White				22. Father's Name (First, Middle, Last) EMIL BARTOS					
23. Mother's Name (First, Middle, Last) PATRICIA BARTOS				23a. Mother's Maiden Last Name MULLEN				24. Informant's Name PATRICIA BARTOS				24a. Relationship To Decedent WIFE					
24b. Informant's Address (Street And Number, City, State, Zip Code) 2983 CHRISTY STREET, PORTAGE, IN 46368				25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" 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) NORTHWEST INDIANA CREMATION SERVICE CROWN POINT, IN				25c. Location - City, Town, And State					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 701 E. 7TH ST., HOBART, IN 46342						27a. Funeral Home License Number: FH83002380									
27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20700059											
41. Signature (If Burial Permitted, Cause Of Death) CHARLES F HARRIS, BY ELECTRONIC SIGNATURE						42. Certifier (Circle Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number CORONER-64		45. Date Certified 11/24/2014							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: CHARLES F HARRIS, 155 INDIANA AVENUE, SUITE 101, VALPARAISO, IN 46385						47. *Aka:											
48. Signature of Local Health Officer: MARIA I. STAMP, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV 26 2014											
49: 11/24/2014 15-First: PATTY 49: 11/24/2014 24: PATTY BARTOS 15-First: PATTY																	



State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.



THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

JAN -6 2015

