

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

SEND TAX BILLS TO: 921 Deer Cross Trl, Hobart, Indiana 46342

2016 038047

3

TRANSFER ON DEATH DEED BENEFICIARY AFFIDAVIT

Comes now Gail A. Woods, and upon being duly sworn does attest and say:

- That the affiant is the daughter of Shirley J. Zelenka, deceased.
- That Shirley J. Zelenka was the owner of real property located in Lake County Indiana, more particularly described as:

This Document is the property of the Lake County Recorder!

Part of the SE 1/4 of Sec. 32, T 36 N, R 7 W of the 2nd P.M., in the City of Hobart, Lake Co. Ind., described as follows: Beginning at a point on the E line of said Sec. 32 and 1016.57' N of the SE corner thereof; thence N 88°45'37" W and parallel to the N line of the SE 1/4 of the SE 1/4 of said Sec. 32, a distance of 520.56'; thence N 00°00'00" E and parallel to the W line of the SE 1/4 of said Sec. 32 a distance of 129.41' more or less to a point 1146' N of the S line of said Sec. 32; thence S 88°46'00" E and parallel to the S line of said Sec. 32 a distance of 200'; thence N 00°00'00" E, 498', more or less to the center line of Duck Creek; thence SE'y along the center line of Duck Creek to the N line of the SE 1/4 of the SE 1/4 of Sec. 32, T 36 N, R 7 W of the 2nd P.M.; thence S 88°45'37" E, 24.19' more or less to the NE corner of the SE 1/4 of the SE 1/4 of said Sec. 32; thence S 300.08' to the point of beginning, containing 3.713 acres more or less.

Common Address: 921 Deer Cross Trail, Hobart, IN 46342
Parcel Number: 45-09-32-476-018-000-018
- That on August 8, 2013, under #2013 058575, Shirley J. Zelenka recorded a Transfer on Death Deed to Quit Claim upon her death the above property to Gail A. Woods of 921 Deer Cross Trail, Hobart, IN 46342 and George F. Woods of 921 Deer Cross Trail, Hobart, Indiana, as tenants in common.
- That Shirley J. Zelenka died on November 14, 2015.
- That pursuant to IC 32-17-14-26(b)(20), Gail A. Woods and George F. Woods became the owners of the property as tenants in common at the death of Shirley J. Zelenka.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 JUN 20 PM 2:45
MICHAEL B. BOGARD
RECORDER

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

Gail A Woods
Gail A. Woods

FILED

*ack. 7/13/14
per
-com*

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: *pb*

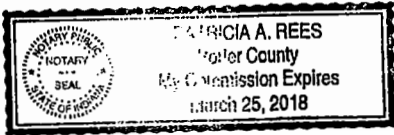
JUN 20 2016

003562

JOHN E. PETALAS
LAKE COUNTY AUDITOR

STATE OF INDIANA)
)SS:
COUNTY OF PORTER)

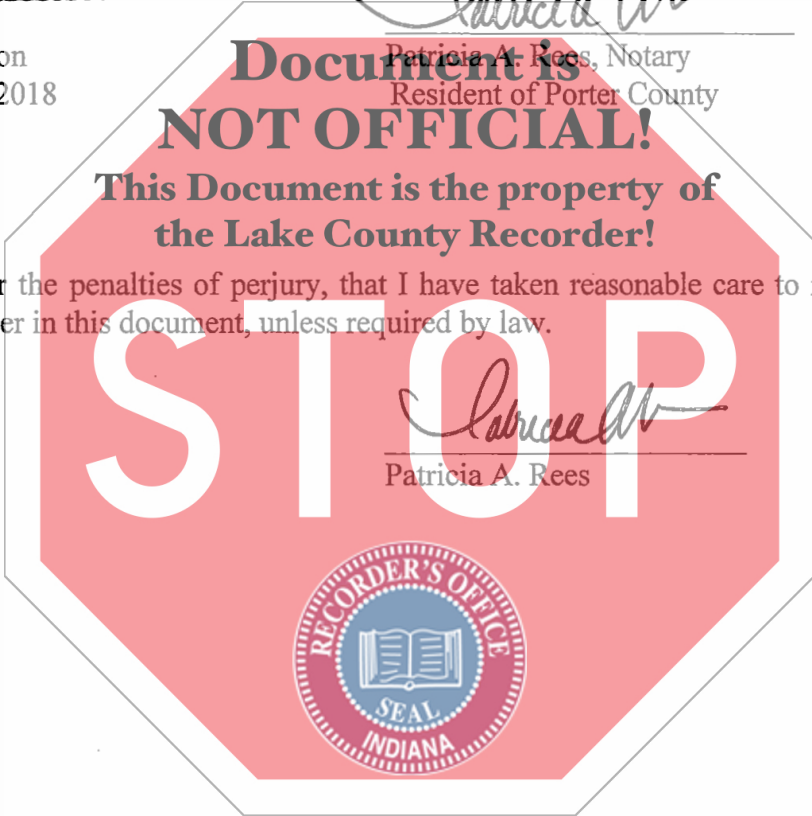
Subscribed and sworn to before me this 13 day of July, 2016.



My Commission
Expires: 3/25/2018

A handwritten signature in cursive script, appearing to read "Patricia A. Rees".

Patricia A. Rees, Notary
Resident of Porter County



I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

A handwritten signature in cursive script, appearing to read "Patricia A. Rees".

Patricia A. Rees

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

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2015169254

DATE ISSUED: November 23, 2015

DECEDENT INFORMATION

STATE FILE DATE: November 23, 2015

NAME: SHIRLEY J THOMPSON

DATE OF DEATH: November 14, 2015

SEX: FEMALE SSN: [REDACTED]

AGE: 090 YEARS

DATE OF BIRTH: September 15, 1925

BIRTHPLACE: GARY, INDIANA, UNITED STATES

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: MANATEE MEMORIAL HOSPITAL

LOCATION OF DEATH: BRADENTON, MANATEE COUNTY, 34208

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SPOUSE (IF FEMALE, MAIDEN NAME): NONE

RESIDENCE: 921 DEER CROSS TRAIL, HOBART, INDIANA 46342, UNITED STATES

COUNTY: LAKE

OCCUPATION, INDUSTRY: BUSINESS OWNER, NURSERY

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: CHARLES KISELA

MOTHER: HENRIETTA SOHN

INFORMANT: GAIL WOODS

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 921 DEER CROSS TRAIL, HOBART, INDIANA 46342, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: KELLY CARROLL CREMATION SERVICES GARY, INDIANA

METHOD OF DISPOSITION: REMOVAL FROM STATE

FUNERAL DIRECTOR/LICENSE NUMBER: KIRK C. HILD, F058559

FUNERAL FACILITY: BRASOTA SERVICES INC F058289 1410 COMMERCE BLVD UNIT R, SARASOTA, FLORIDA 34243

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 0423

CERTIFIER'S NAME: ANGEL ENRIQUE LLANIO

CERTIFIER'S LICENSE NUMBER: OS11980

NAME OF ATTENDING PHYSICIAN (If other than Certifier): ASAD ALI

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

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

a CARDIOPULMONARY ARREST

b CARDIOGENIC SHOCK

c CORONARY OBSTRUCTION, ISCHEMIC HEART

d CORONARY ARTERIAL DISEASE

MINUTES

HOURS

DAYS

YEARS

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

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

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: 2016508167

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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VOID IF ALTERED OR ERASED

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