2016 038654

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 JUN 22 AM 11: 14

MICHAEL B. BROWN RECORDER

Mail Tax Bills to: Thomas Lee Redar 13030-A Euclid Street Cedar Lake, IN 46303

TRANSFER ON DEATH AFFIDAVIT

THOMAS LEE REDAR, being first duly sworn, makes the following statements:

1. On FEBRUARY 23, 2015, BETTY J. REDAR ("Owner") signed a Transfer on Death Deed transferring to THOMAS LEE REDAR ("Primary Beneficiaries"), on the Owner's death, the Owner's interest in the following described teal state in DAKE County, Indiana:

NOT OFFICIAL!

Part of Lot 244 in Monastery Woods, Phase 2, a subdivision in the Town of Cedar Lake, Indiana, as per record plat thereof appearing in Plat 100k 130, page 72, in the Office of the Recorder of Lake County, Indiana, Strick as to County the Science of the Recorder of Lake County, Indiana, Strick as to County the Science of the Recorder of Lake County, Indiana, Strick as to County the Science of the Recorder of Lake County, Indiana, Strick as to County the Science of the Recorder of Lake County the Science of the Recorder of the Recorder

Beginning at the Southerly-most corner of said Lot 244; Thence N. 37*16'00"W., along the Westerly line of said Lot, 40.06 feet to a point of deflection in said Westerly line; Thence N. 18*18'51" W., along said deflected Westerly line, 34.90 feet; Thence N. 71*38'30"E., 120.11 feet to a point on the curved Easterly line of said Lot 244; Thence Southerly, along said curved Easterly line, being a curve concave to the Northeast and having a radius of 120.0 feet, an arc distance of 34.63 feet to the Easterly-most corner of said Lot 244; Thence S. 52*44'00"W., along the Southerly line of said Lot 244, a distance of 120.00 feet to the point of beginning.

Commonly Known As: 13030-A. Euclid Street, Cedar Lake, IN 46303 Tax Parcel Number: 45-15-21-433-016,000-314

- 2. Such Transfer on Death Deed was recorded on FEBRUARY 28, 2015 in the office of the Recorder of Lake County, Indiana and assign Walker Mumber 2015-010750.
- 3. The Owner died on JUNE 14, 2016, owning the entire interest in the above-described real estate and a certified copy of the Owner's death certificate is attached to this Affidavit as **Exhibit** "A" and made part of it by reference.
- 4. The Primary Beneficiary outlined herein survived the Owner and the Primary Beneficiary's name and addresses is as follows:

a. THOMAS LEE REDAR, (Adult Son), 13030-A, Euclid Street, Cedar

Lake, IN 46303;

FILED

JUN 22 2016

23715 JOHN E. PETALAS

CKIR LA 4536 18ef 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 complete interest in the above-described real estate to THOMAS LEE REDAR.

THOMAS LEE REDAR



<u>Return to</u>: Randy H. Wyllie, Wieser & Wyllie, LLP, 429 West Lincoln Highway, Schererville, IN 46375



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No.

91324

Local No 0019	37		0000516898		ate No 02810	8 . Date Of Death (Month/Day/Year)
BETTY J REDAR	Committee and the second of th	WEAVER	RLING	FEMALE	09:30 AM	06/14/2016
314-26-5770 86 Mo	Under 1 Year 6c. Under 1 nths Days curred In A Hospital:	1 Month 6d. Under 1 D	Minutes 10a. If Death Occurred	Date of Birth (Month/Day/Ye 09/10/1929 d Somewhere Other Than A H	MONMOUTH	STATE OF THE PROPERTY OF THE P
☐ Yes ☒ No ☐ Unknown ☐ Inpatient ☐ 11. Facility Name (if Not Institution, Give Street and	Emergency Department Ou	tpatient Dead on A	rrival Other (Specify)	☐ Decedent's Home ☐	Nursing Home/Long-term C	are Facility
ST ANTHONY HOSPICE-CROWN 12. City Or Town, State, And Zip Code		American Dispersion Communication Communicat	13. County Of E	Death	14. Marital Status	At Time Of Death
CROWN POINT, IN, 46307		Total Laborate Labora	toneste tonest		☐ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown	
15. Surviving Spouse's Name	The second of th	15a. (If Wife)Give N	Aaiden Last Name	16. Decedent's Usua	11.11.11.11.11	7. Kind Of Business/Industry ANKING
18. Residence - State	18a. County	on same Years same same same same	18b. City Or Town	INANAGENEN	Totalia Description Descri	ANNINGS CONTROL CONTRO
INDIANA 18c. Street And Number	LAKE	or month x-sec	CEDAR LAKE	18d. Ap	t No. 18e. Zip Co	de 18f. Inside City Limits?
13030 A EUCLID STREET 19. Decedent's Education	Account Comment Commen		25000 15000701 15000701 1500000 1500000 15000000 15000000 15000000 15000000 15000000 15000000 150000000 150000000 150000000 1500000000	To Page 1	4630	3 ⊠ Yes □ No
HIGH SCHOOL GRADUATE OR C	SED NOT HISP		umente White	15		The second secon
22. Father's Name (First, Middle, Last)		OTC	23. Mother's Name (Firs	st, Middle, Last)		er's Maiden Last Name
WILLIAM WEAVERLING 24. Informant's Name	T21a RSatt	Docume	DESSEL WEAV	PERLING DOLLAR COLLEGE		MQUIST []
THOMAS REDAR	sonth	e Lake C	. Place Of Disposition	STREET, SAINT JO	OHN, W 46373	connects of application of accompany
25a Method Of Disposition □ Burial ☑ Cremation □ Donation □ Entomor □ Removal From State □ Other (Specify): 26. Was Coroner Contacted? □ 27. Nam	nent	CREMATION S	417131	25c. Location - City, Town, An	The second secon	7a. Funeral Home License Numbe
□ Ves ⊠ No	State Harris	THE RESERVE OF THE PROPERTY OF	WICKER AVENUE,	CEDARIAKE IN	The Land Control of	H83002461
27b. Signature Of Indiana Funeral Service Licensee. SCOTT A. BURDAN, BY ELECTR	A STATE OF THE PARTY OF THE PAR	STATE OF STA	PARTY DESCRIPTION DESCRIPTION DE LA CONTROL	27c. Licens FD20700	e Number (Of Licensee):	PRODUCT S STATE STATE S S STATE S S STATE S S S S S S S S S S S S S S S S S S S
28. Part I. Enter The <u>Chain Of Events</u> - Diseas Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary, Immediate Cause (Final Disease Or Condition		Cause Of Death ons - That Directly Cau nout Showing The Etio ABRAIN TUMA	(See Instructions And Exa used The Death, Do Not Ent logy. Do Not Abbreviate, En	er Terminal Events I HIS I	S A TRUE COPY CORD ON FILE WITH	Approximate Interval: Onset To Death THE
Sequentially List Conditions, If Any, Leading T Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last	o The Sause Listed On Or Injury That Inhiated	B. C.		e to (Or As A Consequence Of):	6 2016	Commission Commi
Part II. Enter Other Significant Conditions Contribution	g to Death But Not Resulting	D. In The Underlying Cause	SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEAL	9. Was An Autopsy Perfolition	TY HEALTH CL	Account of the second of the s
31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown	32. If Female: Not Pregnant Within Past Yes Not Pregnant, But Pregnant		eath Not Pregnant, But Pregnant V	A SECTION OF PROPERTY OF PROPERTY.	anner Of De ath :	e of Death Yes No
34. Date Of Injury (Month/Day/Year) 38. Location Of Injury - State	35. Time Of Injury 38a. City Or Town	36.	Place Of Injury (E.G., Decede			37. Injury At Work? September 1997
The second secon	A S S S S S S S S S S S S S S S S S S S	The second secon	STATE	PROBLEM DE MERCHON DE	Soci Aprila	
39. Describe How Injury Occurred	STATE OF STA	and a second	SECRETAL SECRETARY SECRETA	40, If 7	Fransportation Injury, Specify r/Operator ☐ Passenger ☐ Pedes	AED UNLESS
41. Signature, Of Person Certifying Cause Of Death KATHRYN HENKLE MULLIGAN, 43. Name, Address And Zip Code Of Person Certifying	BY ELECTRONIC S	SIGNATURE	ment manager	42. Certifier (Che ⊠ Certifying Phy		Health Officer 45. Date Certified
KATHRYN HENKLE MULLIGAN , 46. Additional Funeral Service Provider:	1	T, SUITE 102, D	OYER, IN 46311	The second of th	1052342A 47. *Akas:	06/14/2016
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELEC		the same of the sa	ICATE OF DEATH (ENTRY	THE PARTY OF THE PARTY OF THE	nly - Date Filed (Month/Day	
Personnel De la constante de l	SERVICE OF THE PROPERTY OF T	Xh:6,	4 11 A 11	ADMINI DE GRANDON DE DESCRIPTO DE CONTROL DE		