

2016 048936

AFFIDAVIT

2016 AUG -2 AM 10:44

MICHAEL B. BROWN
RECORDER

Comes now Prudence D. Moseley and being first duly sworn upon her oath states

That Thomas A. Hamilton was the owner of a parcel of real estate commonly known as 914 N. Colfax Avenue, Griffith, Indiana 46319 and more particularly described as follows:

The South Half of Lot 1, in Colfax 5th Addition, a subdivision of the Town of Griffith as per plat thereof, recorded in Plat Book 97 page 49, in the Office of the Recorder of Lake County, Indiana.

1. Attached hereto and made a part hereof is a certified copy of the Death Certificate reflecting the death of Thomas A. Hamilton.
2. That on March 2, 2015 Thomas A. Hamilton recorded a Transfer on Death which was recorded in the Office of the Recorder of Lake County Indiana as Document No. 2015 012023.
3. That your Affiant Prudence D. Moseley was the designated beneficiary as set forth in the above referenced Transfer on Death Deed.
4. That your Affiant makes this Affidavit in order to induce the Lake County Auditor to transfer the above referenced property to your Affiant Prudence D. Moseley as the beneficiary of the Transfer on Death Deed.

I affirm under the penalties for perjury that the above and foregoing representations are true and correct.

DATED: JULY 28, 2016

Prudence D. Moseley
PRUDENCE D. MOSELEY

STATE OF INDIANA)SS:
COUNTY OF LAKE)



Before me, the undersigned, a Notary Public in and for said County, personally appeared Prudence D. Moseley, who acknowledged the execution of the foregoing Affidavit, and who having been duly sworn, stated that any representations contained therein are true.

Witness my hand and official seal this 28 day of July, 2016.

My Commission Expires: AUGUST 31, 2016
County of Residence: PORTER

RICHARD A. ZUNICA
NOTARY PUBLIC
SEAL
Porter County, State of Indiana
My Commission Expires August 31, 2016

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

RICHARD ZUNICA

This instrument prepared by Richard A. Zunica, Attorney at Law, 162 Washington Street, Lowell, IN 46356, File No. 16-22250

FILED

AUG 01 2016

24892 JOHN E. PETALAS
LAKE COUNTY AUDITOR

AMOUNT \$ 14.
 CASH _____ CHARGE _____
 CHECK # 3047
 OVERAGE _____
 COPY _____
 NON-COM
 CLERK _____



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

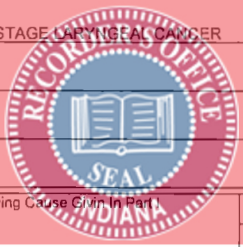
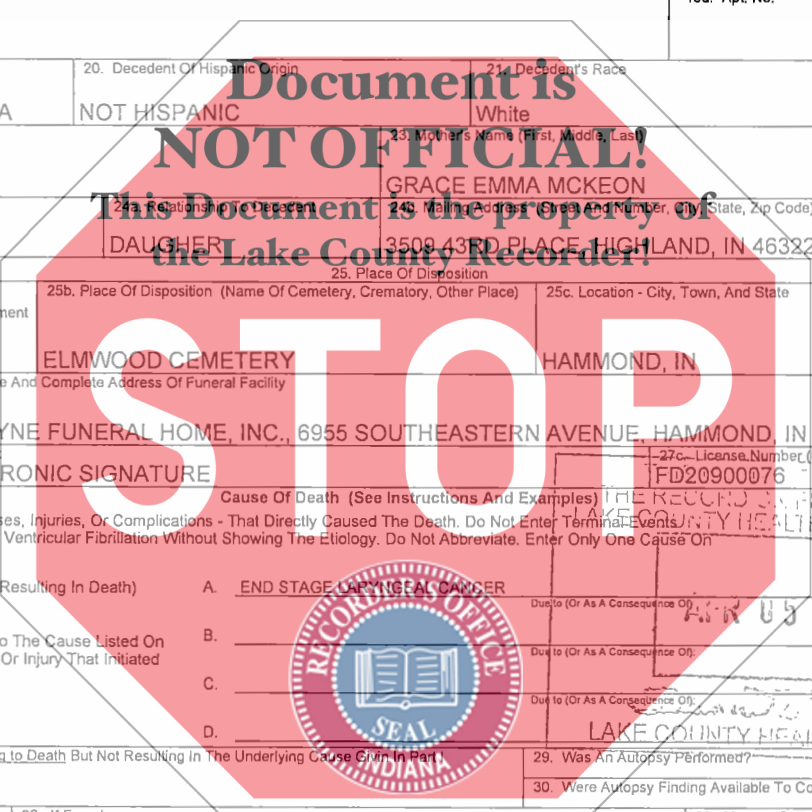
Tracking No. 84662

Local No 001080

EDR No 00000504080

State No 015388

1. Decedent's Legal Name (First, Middle, Last) THOMAS ANDREW HAMILTON				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 12:29 AM	4. Date Of Death (Month/Day/Year) 03/31/2016		
5. Social Security Number		6a. Age - Yrs 69	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) 07/11/1946		8. Birthplace (City and State or Foreign Country) HAMMOND, 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 checked="" 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 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) COMMUNITY HOSPITAL									12. City Or Town, State, And Zip Code MUNSTER, IN, 46321	
13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input 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 UTILITY MAN	17. Kind Of Business/Industry STEEL MILL
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town GRIFFITH			18d. Apt. No.	18e. Zip Code 46319	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 914 NORTH COLFAX STREET									19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA	
19. Decedent's Education			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			22. Father's Name (First, Middle, Last) CHARLES HAMILTON		23. Mother's Maiden Last Name PRESS
22. Father's Name (First, Middle, Last)			23. Mother's Name (First, Middle, Last) GRACE EMMA MCKEON		24. Informant's Name PRUDENCE DIANE MOSELEY			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 3508 43RD PLACE, HIGHLAND, IN 46322
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) ELMWOOD CEMETERY		25c. Location - City, Town, And State HAMMOND, IN			26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LAHAYNE FUNERAL HOME, INC., 6955 SOUTHEASTERN AVENUE, HAMMOND, IN 46324
27b. Signature Of Indiana Funeral Service Licensee JAMES F. SEEBERG, BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee) FD20900076		28. Part I Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events With The Cause Of Death. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. END STAGE LARYNGEAL CANCER Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last			Approximate Interval: Onset To Death DAYS		
28. Part I Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events With The Cause Of Death. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.			29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" 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"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			34. Date Of Injury (Month/Day/Year)			35. Time Of Injury	
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)			41. Signature, Of Person Certifying Cause Of Death: JOHN GILBERT DAVIS, BY ELECTRONIC SIGNATURE			42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
41. Signature, Of Person Certifying Cause Of Death:			43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JOHN GILBERT DAVIS, 901 MAC ARTHUR BLVD., MUNSTER, IN 46321		44. License Number 01073739A			45. Date Certified 03/31/2016		
46. Additional Funeral Service Provider:			47. *Akas:			48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE			49. For Registrar Only - Date Filed (Month/Day/Year): APR 04 2016	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										



NOT VALID UNLESS

RAISED SEAL AFFIXED