

2016 049715

2016 AUG -3 AM 8:47

MICHAEL B. BROWN
RECORDER

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

Affiant, CHRISTOPHER SHELL, states under oath that the affiant is the surviving beneficiary named in a Transfer on Death Deed executed on March 30, 2015 by EMERSON E. SHELL (Owner), who died on July 2, 2016.

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

A TRACT OF LAND IN THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 19, TOWNSHIP 36 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN THE TOWN OF MUNSTER, LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: COMMENCING AT A POINT ON THE WEST LINE OF SAID WEST 1/2 OF THE NORTHEAST 1/4 WHICH POINT IS 1313.675 FEET NORTH OF THE SOUTHWEST CORNER THEREOF, AND RUNNING THENCE EAST 175.57 FEET; THENCE NORTH 0 DEGREES 2 MINUTES EAST 69.805 FEET; THENCE WEST 175.61 FEET; THENCE SOUTH ON THE WEST LINE OF SAID WEST 1/2 OF THE NORTHEAST 1/4, 69.805 FEET TO THE POINT OF BEGINNING.

Parcel No: 45-07-19-251-002.000-027

Address: 8301 Columbia Avenue
Munster, IN 46321-1888



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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:

Kathryn Halbe-Hazel
2022 38th Place
Highland, IN 46322

Joseph Shell
1130 Elliott Drive
Munster, IN 46321

Christopher Shell
57 Bluebird Lane
Naperville, IL 60563

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LAKE COUNTY, INDIANA
FILED FOR RECORDER

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 April 21, 2015 as Document number 2015 023531.

The affiant states no more.

Christopher S. Shell
Christopher Shell

Subscribed and sworn to before me this
11th day of July, 2016.

David G. Clark
Notary Public



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

Prepared by, Record and Return to: David G. Clark, 8840 Calumet Avenue, Suite 205, Munster, IN 46321

FILED

014256

AUG 01 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$13.00
SC
MM-E
#6815

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 0052808

DATE ISSUED 7/8/2016

DECEDENT'S LEGAL NAME EMERSON E SHELL			SEX MALE	DATE OF DEATH JULY 02, 2016	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH JANUARY 07, 1934		
CITY OR TOWN PALOS HEIGHTS			HOSPITAL OR OTHER INSTITUTION NAME ARDEN COURTS MANOR CARE HEALTH		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY					
BIRTHPLACE GREENVILLE, OH	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 8301 COLUMBIA AVENUE		APT. NO.	CITY OR TOWN MUNSTER		INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46321	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN SHELL		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RUTH SHINN
INFORMANT'S NAME CHRISTOPHER SHELL		RELATIONSHIP SON		MAILING ADDRESS 57 BLUEBIRD LANE, NAPERVILLE, IL, 60565	
METHOD OF DISPOSITION ENTOMBMENT		PLACE OF DISPOSITION HOLY CROSS CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE CALUMET CITY, IL	DATE OF DISPOSITION JULY 09, 2016
FUNERAL HOME SCHROEDER-LAUER FUNERAL HOME, 3227 RIDGE RD., LANSING, IL, 60438					
FUNERAL DIRECTOR'S NAME WILLIAM BYMA				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012218	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR JULY 7, 2016	
CAUSE OF DEATH					
PART I. DEMENTIA					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. _____					
b. _____					
c. _____					
Due to (or as a consequence of):					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
FEMALE PREGNANCY STATUS NOT APPLICABLE					
DATE OF INJURY _____ TIME OF INJURY _____ PLACE OF INJURY _____ INJURY AT WORK? _____					
LOCATION OF INJURY _____					
DESCRIBE HOW INJURY OCCURRED: _____ IF TRANSPORTATION INJURY, SPECIFY: _____					
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JUNE 24, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 06:45 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED JULY 06, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JUELIN TANG, MD, 9701 SOUTHWEST HIGHWAY, OAK LAWN, ILLINOIS, 60453				PHYSICIAN'S LICENSE NUMBER 038072144	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE