STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 057175

2016 AUG 23 AM 11: 43

MICHAEL B. BROWN RECORDER Tax Key No. 45-07-07-476-038.000-023

Mail tax bills to: 7224 Beech Avenue Hammond, IN 46324 (grantee address)

TRANSFER ON DEATH AND ALIAS AFFIDAVIT

Daniel Edward Ives, upon personal knowledge and belief makes these statements:

1. Dorothine Ives (Owner) was also known as Dorothine E. Ives and Dorothine H. Ives and died April 12, 2016 (a certified copy of the Owner's death certificate is attached as Exhibit A) owning an interest in the following described real estate:

The North one-half of Lot 9 Block 3 F.C. McLaughlin's Addition to the City of Hammond, as shown in Plat Book 18, page 27 in the Office of the Lake County Recorder. Commonly known as: 7224 Beech Avenue, Hammond, Indiana 46324

- 2. On April 6, 2010 Owner signed an Amendatory Transfer on Death Deed transferring on Owner's death, Owner's interest in the real estate described above which document was recorded April 14, 2010 in the office of the Recorder of Lake County, Indiana as Document Number 2010 021228.
- 3. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who did not survive Owner or were not in existence where owner thed are operty of the Lake County Recorder!

Not Applicable.

4. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who survive the Owner or are in existence at Owner's death are:

Lela Ann Zacharias, 1712 Madison Avenue, Greensboro, NC 27403-1704 Daniel Edward Ives, 76 East U.S. Highway 6, No. 327, Valparaiso, IN 46383

5. The purpose of this Affidavit is to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death Owner's interest in the real estate described above to the Transfer on Death Deed beneficiaries.

Dated: 7

STATE OF INDIANA COUNTY OF LAKE

188:

Subscribed and sworn to before me by affiant Daniel Edward Ives this

My Commission Expires: August 27, 2016

County of Residence: Lake

David Paul Allen, Notary Public

This instrument prepared by: David Paul Allen, Attorney at Law, 5930 Hohman Ave., Suite 204, Hammond, IN 46320 (219) 931-7275

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 Paul Allen, Attorney at Law, 5930 Hohman Ave., Suite 204, Hammond, IN 46320 Return to:

FILED

Daniel Edward Ives

JOHN E. PETALAS LAKE COUNTY AUDITOR

INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 85603 **CERTIFICATE OF DEATH**

DOROCTHINE HIVES 1000 SECURITY NUMBER 1000 No. 1000				DR No 000000506368				State No 017839						
5. Each Park March St. 198. Sec. 198.	Decedent's Legal Name (First, Middle, Last)				(If female)		2. Sex		3. Time Of Death		4. Date Of Death (Month/Day/Year)			
8 BOTH LIST ADMINISTER IN, 14 ACTOR STORE AND ADMINISTER IN, 14 ACTOR STORE ADMINISTER IN, 14 AC		6b. Under 1 Year 6c.	Under 1 Month		6e. Under 1 Hour	7. Date of								
Ver. S No.	-0		5	Hours						LOUIS, I	MO			
TILE Y HOSPICE CENTER 15. CONTRO (Death 15. CONTR	☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify) ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)													
MUNSTER, IN, 46321 Mainter Marker & Date and State Money Mone	RILEY HOSPICE CENTER	RILEY HOSPICE CENTER												
18. Residence - Bittle INDIANA ILAKE HAMMOND 186. Copy of form INDIANA LAKE HAMMOND 186. Apt No. 186. 2pt Case 187. Spt Case 187. Spt Case 188. Copy of form INDIANA LAKE HAMMOND 186. Apt No. 186. 2pt Case 187. Spt Case 188. Copy of form INDIANA 187. Lake Copy of Case 188. Copy of form INDIANA INDIANA 188. Copy of form INDIANA 188. Copy of form INDIANA INDIANA 188. Copy of form INDIANA INDIANA 188. Copy of form INDIANA INDI	12. City Or Town, State, And Zip Code MUNSTER, IN, 46321			LAKE			B ₩			Married Widowed	Married ☐ Married, But Separated ☒ Divorced Widowed ☐ Never Married ☐ Unknown			
NDIANA LAKE HAMMOND 166. Apt No. 166. Apt				. (If Wife)Give Maiden								Of Business/In	dustry	
196. Street And Number 196. April 200 196. Street And Number 196. April 200 196. Street And Number 196. December Statemen 197. H. 127. H. 196. April 200 196. Street And Number 197. Models, Lastry 197. H. 196. April 200 196. Street And Number 197. Models, Lastry 197. Models, Lastry 197. Models, Lastry 197. Models, Lastry 197. Models 197. Model	-		у			m								
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22. Fauter A breef Pict Mode, Last) 23. Mother's Marcine Library Marcine Last Name CHRIST AND CLASS AND CONTROL	7224 BEECH AVENUE									463	24	⊠ Yes	□ No	
22 Factor Name (First, Middle, Last) 23s Montrer's Marken 23s	19. Decedent's Education 20. Decedent of Hispanic Origin Cume 121 Decedent's Race													
State Continue State S	22. Father's Name (First, Middle, Last)	NO	23. Mother's Name (First, Middle,				Last			23a. Mother's Maiden Last Name				
ELAZACHARIS DALESTOERANC COUNTY MAGONS VENUE, GREEN SDRO, NC 27403	JOHN HURLEY 24. Informant's Name	The Table	Relationship	coment	CHRISENTHI	A HUR	LEY	State. Zio	Code)	VOGI	LER			
256. Marked Of Disposition														
Cher (Specify): ACA CIA PARK CHICAGO, IL 27s. Funeral Home License Number 27			Disposition (Na			25c . Lo	cation - City, 1	Γown, And St	tate	· <u>-</u> ·				
Part Enter The Chain Course Cou	Other (Specify):			Facility		CHIC	AGO, IL				27a, Fune	eral Home Lice	nse Number,	
272. Seguentially List Conditions, If Any, Leading To The Quase Detect On Part Indicated Properties of Controlled To Death Part Indicat	□ Yes ⊠ No RIDO	GELAWN FUNE	RAL HOM	IE, INC., 4201	W. RIDGE RO	AD, G	ARY, IN	46408			FH102	00007	,	
28. Part I. Enter The Chain Of Events - Diseases, injuries, of Ecomplications - That Directly designed had been formunal Events Construction of Proceedings of Proceedings of Procedure Construction (Procedure Construction Procedure) (Procedure Construction Procedure) (Procedure Construction Procedure) (Procedure) (Pro	27b. Signature Of Indiana Funeral Service Licens	ee	RE				27c. FD	. License Nu		of Licensee);				
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31. Did Tobacco Use Contribute To Death? 32.			D.		EAL	Due to (Or As		9/				-		
31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown Not Pregnant Within Past Year Pregnant At Time of Death Unknown II Pregnant Within 42 Days or Past Nature Pregnant Within Past Year Pregnant Within 40 Days or Past Nature Pregnant Within 40 Days or Past Nature Pregnant Within 40 Days or Past	Part II. Enter Other Significant Conditions Contribu	ting to Death But Not Re	sulting In The L	Inderlying Cause Give	ARA				APR	Jes Z	U No	th2		
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35. Time Of Injury 36. Place Of Injury (E.G., Decedent's Home, Construction Rice Redulates Moorited Artes) Yes	Yes Probably No Unknown	Not Pregnant, But F	Pregnant 43 Days To	1 year Before Death	Unknown if Pregnant With	hin The Past Y	ear	Natural Suicide	☐ Hor	nicide Ma ild Not 8e De	emined F	Pending Inve	stigation	
39. Describe How Injury Occurred 40. If Transportation Injury, Specify: Driver/Operator Profession Certifying Cause Of Death:	34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	y	36. Place	Of Injury (E.G., Dece	dent's Hor	ne, Construcți	OARIE REG	gidini, I	Woodell-Afea) I 1 01 ₃₇	Injury At Wor	k/7	
A1 Signature, Of Person Certifying Cause Of Death: YLE R MUNN, BY ELECTRONIC SIGNATURE 42. Certifier (Check Offly One) A3. Name, Address And Zip Code Of Person Certifying Cause Of Death: 44. Icense Number 45. Date Certified 46. Additional Funeral Service Provider: RAGO BROTHERS FUNERAL HOME 48. Signature of Local Health Officer: 49. For Registrar Only! - Date Filed (Month/Day/Year): SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	38. Location Of Injury - State	38a. City Or Town		38b. Stre	eet & Number					38c. Apt. No	380	d. Zip Code		
41. Signature, Of Person Certifying Cause Of Death: YLE R MUNN, BY ELECTRONIC SIGNATURE 42. Certifier (Check Offly One) Certifying Physician Coroner Health Officer	39. Describe How Injury Occurred					_		40. If Trans	sportatio	n Injury, Spec	cify:	her (Spicity) III C		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 44. Icense Number 45. Date Certified 45. Date Certified 47. Icense Number 45. Date Certified 48. Additional Funeral Service Provider: 48. Additional Funeral Service Provider: 48. Additional Funeral Service Provider: 49. For Registrar Only! - Date Filed (Month/Day/Year): 48. Signature of Local Health Officer: 49. For Registrar Only! - Date Filed (Month/Day/Year): 49. APR 15 2016	41 Signature, Of Person Certifying Cause Of De	ath:						ier (Check C	Only One	ŋ		·	;	
48. Additional Funeral Service Provider: RAGO BROTHERS FUNERAL HOME 49. For Registrar Only1 - Date Filed (Month/Day/Year): SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	43. Name, Address And Zip Code Of Person Cert	ifying Cause Of Death:		<u>-</u> -			M Cetti							
RAGO BROTHERS FUNERAL HOME 49. For Registrar Only! - Date Filed (Month/Day/Year): SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	LYLE R MUNN , 85 E. US HIGH 46. Additional Funeral Service Provider:	WAY 6, MEDICA	AL PLAZA	, STE 235, VA	LPARAISO, II	V 4638	3							
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