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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 058620

2016 AUG 29 AM 8:58

MICHAEL B. BROWN
RECORDER

TRANSFER ON DEATH AFFIDAVIT

Christine J. Newton, upon personal knowledge and belief, makes these statements.

1. George L. Costakis ("Owner") died May 4, 2016 (a certified copy of the Owner's death certificate is attached as Exhibit A) owning at death an interest in the following described real estate:

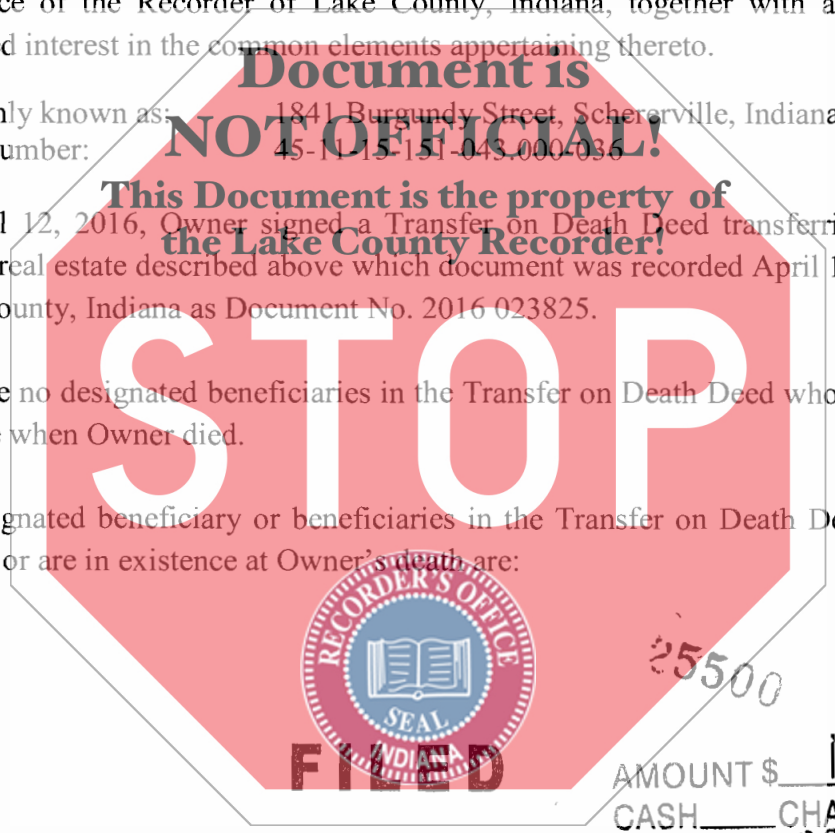
1841 Burgundy, in Oak Manor Condominium, Phase II, a horizontal property regime, as created by Declaration of Condominiums recorded May 8, 1974 as Document No. 250487, and amendment thereto recorded February 20, 1975 as Document No. 289219 and second amendment thereto, recorded August 9, 1976 as Document No. 363730 and third amendment thereto, recorded May 19, 1980 as Document No. 583906, in the Office of the Recorder of Lake County, Indiana, together with an undivided interest in the common elements appertaining thereto.

Commonly known as: 1841 Burgundy Street, Schererville, Indiana 46375
Parcel Number: 45-11-15-151-048-000-036

2. On April 12, 2016, Owner signed a Transfer on Death Deed transferring, on Owner's death, Owner's interest in the real estate described above which document was recorded April 19, 2016 in the office of the Recorder of Lake County, Indiana as Document No. 2016-023825.

3. There are no designated beneficiaries in the Transfer on Death Deed who did not survive Owner or were not in existence when Owner died.

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:



AUG 25 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25500
AMOUNT \$ 15⁰⁰
CASH _____ CHARGE _____
CHECK# 2891
OVERAGE 2.00
COPY _____
NON-CONF _____
DEPUTY sp / JAS

E

<u>NAME</u>	<u>ADDRESS</u>	<u>OWNERSHIP INTEREST</u>
Christine J. Newton	760 South Calumet Road Chesterton, IN 46304	1/4 undivided
Cassie Taylor	3418 Lavern Drive, Highland, IN 46322	1/4 undivided
William Costakis	2080 Reed Court, Apt 1B Merrillville, IN 46410	1/4 undivided
George L. Costakis III	3032 NE Hoyt St. Portland, OR 97232	1/8 undivided
Cody Costakis	#3 Lake Port Court St. Peters, MO 63376	1/8 undivided

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 beneficiary.

AFFIRMED UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

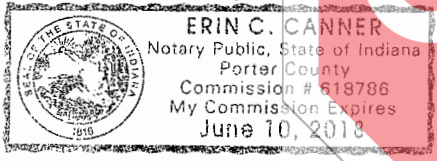
Dated this 11th day of August, 2016.

STATE OF INDIANA)
COUNTY OF PORTER)

Document is NOT OFFICIAL!
Christine J. Newton
This Document is the property of the Lake County Recorder!
STOP

Before me the undersigned Notary Public, in and for said County and State, personally appeared Christine J. Newton and acknowledged the execution of the foregoing Transfer on Death Affidavit.

WITNESS my hand and Notarial Seal on this day, August 11, 2016.



Erin C. Canner, Notary Public
A resident of Porter County, Indiana



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 C. HIESTAND

THIS INSTRUMENT PREPARED BY/RETURN TO:
David C. Hiestand, #27158-64
Hiestand Law Office, LLC
117 Broadway, Chesterton, Indiana 46304
(219) 926-2188



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000481

EDR No 00000510225

State No 021918

1. Decedent's Legal Name (First, Middle, Last) GEORGE L COSTAKIS				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 04:30 AM	4. Date Of Death (Month/Day/Year) 05/04/2016	
5. Social Security Number [REDACTED]	6a. Age - Yrs 88	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) 06/30/1927		8. Birthplace (City and State or Foreign Country) GARY, IN	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) PORTER REGIONAL HOSPITAL									
12. City Or Town, State, And Zip Code VALPARAISO, IN, 46383					13. County Of Death PORTER			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" 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 ELECTRICIAN		17. Kind Of Business/Industry STEEL MILL	
18. Residence - State INDIANA		18a. County PORTER		18b. City Or Town VALPARAISO		18d. Apt. No. 275	18e. Zip Code 46383	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) LEFTERIS COSTAKIS				23. Mother's Name (First, Middle, Last) MARIA COSTAKIS			23a. Mother's Maiden Last Name MINIOTIS		
24. Informant's Name CHRISTINE NEWTON			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 633 EAST 700 NORTH, WESTVILLE, IN 46391				
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) MCCOOL CEMETERY, PORTAGE, IN			25c. Location - City, Town, And State				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility EDMONDS & EVANS FUNERAL HOME, PORTAGE CHAPEL, 6941 CENTRAL AVENUE, PORTAGE, IN 46368						27a. Funeral Home License Number: FH19700013		
27b. Signature Of Indiana Funeral Service Licensee: SALLY A. SZUMSKI, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD29700071			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Specifying The Event. 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. <u>ACUTE CARDIOPULMONARY ARREST</u> Due to (Or As A Consequence Of): IMMEDIATE									
B. <u>HYPOVOLEMIC SHOCK</u> Due to (Or As A Consequence Of): IMMEDIATE									
C. <u>HEMOTHORAX</u> Due to (Or As A Consequence Of): 10-12 HOURS									
D. _____									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									
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		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: TUSHAR MOHANBHAI PATEL, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: TUSHAR MOHANBHAI PATEL, 85 E. US HIGHWAY 6, VALPARAISO, IN 46383						44. License Number 01071324A		45. Date Certified 05/09/2016	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: MARIA L STAMP, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 10 2016			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Exhibit "A"