

2016 059460

2016 AUG 31 AM 9:46

MICHAEL B. BROWN
RECORDER

Send Tax Statements to:
7460 Mary Kay Court
Crown Point, Indiana 46307

3

TRANSFER ON DEATH AFFIDAVIT

TERRI WIERZBICKI, being first duly sworn, makes the following statements:

1. On June 22, 2016, BARBARA Y. KISSEE, Owner, signed a Transfer on Death Deed transferring to TERRI WIERZBICKI, DAVID R. KISSEE, DONALD W. KISSEE and LISA GRDINA ("Primary Beneficiaries), as tenants in common on the Owner's Death, the Owner's interest in the following described real estate in Lake County, Indiana, to wit:

Lot 234 in Country Meadows Estates Third Addition, Unit 16, as per plat thereof, recorded in Plat Book 89, page 11, in the Office of the Recorder of Lake County, Indiana.

Parcel No. 45-17-051405-011000-047

commonly known as: 7460 Mary Kay Court, Crown Point, Indiana.

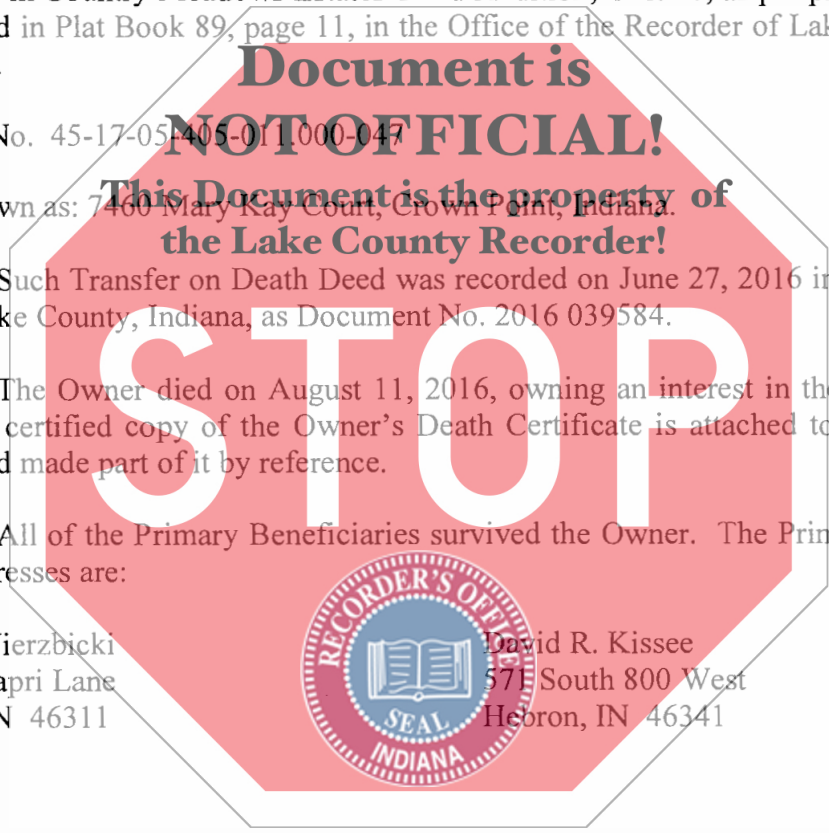
2. Such Transfer on Death Deed was recorded on June 27, 2016 in the Office of the Recorder of Lake County, Indiana, as Document No. 2016 039584.

3. The Owner died on August 11, 2016, owning an interest in the above-described real estate. 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. All of the Primary Beneficiaries survived the Owner. The Primary Beneficiaries' names and addresses are:

Terri Wierzbicki
1549 Capri Lane
Dyer, IN 46311

David R. Kisse
57 E South 800 West
Hebron, IN 46341



FILED

AUG 31 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25636

15. - E
ck. 22757
Dr

Donald W. Kisse
8735 E. 124th Place
Crown Point, IN 46307

Lisa Grdina
788 West 275 South
Crown Point, IN 46307

5. This Affidavit is made, executed and recorded to comply with the requirements of IC 32-17-14-26(b)(2) to transfer on death the Owner's interest in the above-described real estate.

Dated this 25th day of August, 2016.



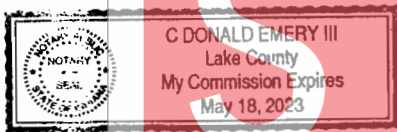
TERRI WIERZBICKI

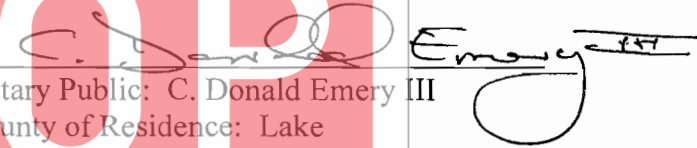
STATE OF INDIANA)

COUNTY OF LAKE)

SS: **Document is
NOT OFFICIAL!**

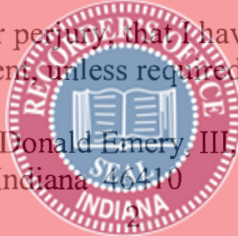
Before me the undersigned, a Notary Public in and for said County and State, this 25th day of August, 2016, personally appeared TERRI WIERZBICKI, who acknowledged the execution of the foregoing Transfer on Death Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.




Notary Public: C. Donald Emery III
County of Residence: Lake
My Commission Expires: May 18, 2023

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. C. Donald Emery, III

This instrument prepared by C. Donald Emery, III, LUCAS, HOLCOMB & MEDREA, LLP, 300 East 90th Drive, Merrillville, Indiana 46410





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 96844

Local No 002660

EDR No 00000526953

State No 038874

1. Decedent's Legal Name (First, Middle, Last) BARBARA YVONNE KISSEE				1a. Maiden Name (If female) CHANSLER		2 Sex FEMALE	3. Time Of Death 12:50 PM	4. Date Of Death (Month/Day/Year) 08/11/2016		
5. Social Security Number [REDACTED]		6a. Age - Yrs 78	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) 10/29/1937		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) ST MARGARET MERCY HEALTHCARE CENTERS-DYER						12. City Or Town, State, And Zip Code DYER, IN, 46311		13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
15. Surviving Spouse's Name				15a. Last Name Before First Marriage		16. Decedent's Usual Occupation NURSE		17. Kind Of Business/Industry MEDICAL		
16. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No.	18e. Zip Code 46370	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 7460 MARY KAY COURT		19. Decedent's Education ASSOCIATE DEGREE (AA, AS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) C WILLIAM CHANSLER		23. Parent's Name (First, Middle, Last) HELEN CHANSLER		23a. Parent's Last Name Before First Marriage DOAN		24. Informant's Name TERRI WIERZBIOKI				
24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1549 CAPRILLANE DYER, IN 46311				25. Place Of Disposition CHAPEL LAWN MEMORIAL HOME AND METONIA GARDENS, 9178 S. GLINE AVE., SCHERERVILLE, IN				
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)		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 CHAPEL LAWN MEMORIAL HOME AND METONIA GARDENS, 9178 S. GLINE AVE., SCHERERVILLE, IN				27a. Funeral Home License Number FH19900051				
27b. Signature Of Indiana Funeral Service User SHELIA O. KIRBY, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) 29500088		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications, Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation, That Directly Caused The Death. Do Not Enter Terminal Events (Heart Failure, Stroke, Sepsis, Multi-Organ Dysfunction Syndrome, etc.) Unless They Are The Cause Of Death. A. Line: Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. PNEUMONIA Due to (Or As A Consequence Of): B. PULMONARY FIBROSIS Due to (Or As A Consequence Of): C. ATRIAL FIBRILLATION Due to (Or As A Consequence Of): D. 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.						
28. 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 Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No						
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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"/> All Women 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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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)		37c. Apt. No.		38d. Zip Code		
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"/> Other				
41. Signature, Of Person Certifying Cause Of Death STUART MARSHALL KLEIN, 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 STUART MARSHALL KLEIN, 9696 GORDON DR., HIGHLAND, IN 46322						44. License Number 01031791A		45. Date Certified 08/19/2016		
46. Additional Funeral Service Provider						47. *Akas:				
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): AUG 22 2016				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										



AUG 22 2016
LOCAL HEALTH OFFICER

NOT VALID UNLESS