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2016 075030

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 NOV -7 AM 11: 30
MICHAEL B. BROWN
RECORDER

1605735

Property Number 45-06-24-252-008.000-027

Mail Future Tax Bills To: Anthony M. Nowacki 916 Moon Court Schererville, Indiana 46375 **Grantees Mailing Address:** 916 Moon Court Schererville, Indiana 46375

TRANSFER ON DEATH AFFIDAVIT

Anthony M. Nowacki upon personal knowledge and belief makes these statements.

1. Jane J. Nowacki, hereinafter "Owner", died on the 21st day of August, 2016 owning at death an interest in the following described real estate:

PART OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 24, TOWNSHIP 36 NORTH, RANGE 10 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN THE TOWN OF MUNSTER; LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF SAID SECTION 24; THENCE SOUTH 16.98 CHAINS; THENCE SOUTH 80 DEGREES 45 MINUTES EAST 35 CHAINS; THENCE SOUTH 481.5 FEET TO THE SOUTHWEST CORNER OF THE TRACT OF LAND CONVEYED BY JOCHIM GRUGEL AND MARY GRUGEL, HIS WIFE, AND WILLIAM GRUGEL AND LINDA GRUGEL, HIS WIFE, TO JAMES WALSH, BY DEED RECORDED IN DEED RECORD 33, PAGE 544; THENCE SOUTH 75 DEGREES 45 MINUTES EAST, ALONG THE CENTER LINE OF SOUTH STREET, 50.53 FEET TO THE POINT OF BEGINNING OF THE TRACT HEREIN DESCRIBED; THENCE SOUTH 75 DEGREES 45 MINUTES EAST 75.0 FEET; THENCE SOUTH 230.95 FEET TO AN IRON PIPE; THENCE NORTH 75 DEGREES 45 MINUTES WEST 75.0 FEET TO AN IRON PIPE; THENCE NORTH 75 DEGREES 45 MINUTES WEST 75.0 FEET TO AN IRON PIPE; THENCE NORTH 230.95 FEET TO THE POINT OF BEGINNING

Commonly Known as: 446 South Street, Munster, Indiana 46321

A copy of Jane J. Nowacki's death certificate, with Social Security Number Redacted, is attached hereto, made a part hereof and labeled Exhibit "A".

2. On the 11th day of December, 2013, 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 on the 17th day of December, 2013 in the office of the Recorder of Lake County, Indiana as Document Number 2013-092065.

NO SALES DISCLOSURE NEEDEL

FILED!

Approved Assessor's Office

Ву:

016501

LAKE COUNTY AUDITOR

\$ 1700

(x) 1820501267

HICAGO TITLE INSURANCE COMPANY

- 3. 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: Anthony M. Nowacki, 916 Moon Court, Schererville, Indiana, 46375; Joseph A. Nowacki, 2047 North Winds Drive, Dyer, Indiana 46311, and; Michael J. Nowacki, 1423 Somerset Drive, Munster, Indiana 46321
- 4. 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.
- 5. That there was no Federal Estate Tax or Indiana Inheritance Tax due as a result of the death of Jane J. Nowacki.

THE AFFIANT HEREBY AFFIRMS UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE TO THE BEST OF HIS KNOWLEDGE AND BELIEF.

Dated this 21st day of October, 2016.

| Many Mouse
| Anthony M. Nowacki
| STATE OF INDIANA | SS | SS | COUNTY OF LAKE | STATE | STA

Before me, the undersigned, a Notary public in and for said County, this 21st day of October, 2016, came **Anthony M. Nowacki**, and acknowledged the execution of the foregoing instrument as his free and voluntary act.

Witness my hand and official seal.

County of Residence: Lake

My Commission Expires: 3/27/24

Christopher Wougo, Notary Public

CHRISTOPHER W YUGO
Lake County
My Commission Expires
March 27, 2024

document, unless required by law.		
Christopher W. Furgo		,
Christopher W. Krigo		•
Record and Return to:		

I affirm under the penalties of perjury that I have taken reasonable care to redact each Social Security Number in this



Prepared by: Christopher W. Yugo Indiana Attorney Number 17624-45 1313 White Hawk Drive Crown Point, Indiana 46307



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 97183

Loc	al No 002	2705	705 EDR No 000000528166 State No 039412												
1. Decedent's Legal Name					1a. N	Maiden	Name (If female)	· - ·	2. 8	Sex 3	. Time O	f Death	4. Da	te Of Death (Month/	Day/Year)
JANE J NOWACKI					WIE	CZOF	REK		FE	MALE	06:3	4 AM		08/21/2016	3
5. Social Security Number	6a. Age - Yrs	6b. Under	1 Year	6c. Under 1	Month 6d. Und	ler 1 Da	y 6e. Under	1 Hour 7.	Date of Birth	Month/Day/Yea	8. B	irthplace (Cit	y and Sta	ate or Foreign Countr	y)
	91	Months		Days	Hours		Minutes			/1925		HCAGO,	IL		
9. Ever in U.S. Armed Force	s? 10, If Deal	th Occurred !	n A Hosp	oital:			10a. If De	_	Somewhere O Decedent's	ther Than A Hos		ome/Long-terr	n Care F	acility	
☐ Yes ☒ No ☐ Unkn	own 🔲 Inpatie	nt 🗵 Emer	gency De	épartment Out	patient 🗌 Dea	d on Ar			_ Decedents	Thomas II.	aroing th	omercong ten			
11. Facility Name (If Not Ins		et and Numbe	er)												
12. City Or Town, State, And							. 13.	County Of De	ath		1	4. Mantal Sta	itus At Ti	me Of Death	
MUNICITED IN 100	.04						ا ا	, . .				Married Midowed		d, But Separated [
MUNSTER, IN, 463 15. Surviving Spouse's Nam					15a. Last Nan	ne Befo	re First Marriage	(E	16. De	cedent's Usual (ind Of Business/Indu	
7.7			,							k	•				-
18. Residence - State			18a	County	l		. 18h Ci	y Or Town	HOME	EMAKER			HOM	<u>1E</u>	
				٠,				-		•					
INDIANA 18c. Street And Number	<u> </u>	•	LAKE	Ξ			MUNS	TER		18d, Apt.	No.	18e. Zip	Code	18f. Inside C	ity Limits2
										Tou. Apr	140.	100. 216	Code	⊠ Yes [•
446 SOUTH	·		7								<u>.</u>	46	321		
19. Decedent's Education HIGH SCHOOL GF	ADUATE O	R GED	20.	Decedent Of	Hispanic Origin			21. Deced	ent's Race						
COMPLETED			NC	OT HISPA	NIC		1 == = =	White				1.00-0			
22. Parent's Name (First, Mid	dle, Last)						23, Parent's	Name (First,	Middle, Last)			23a. P	arent's L	ast Name Before Fire	st Mamage
JOHN WIECZOREI	· ·								CZORE			KLO	S		
24. Informant's Name	-			24a. Relation	nship To Deceder	nt	24b. Mailing	Address (St	reet And Numb	per, City, State, 2	Zip Code))			
MICHAEL NOWAC	KI			SON					ET, MUN	STER, IN	46321	<u> </u>			
25a Method Of Disposition		- 1:	25b. Plac	e Of Dispositi	on (Name Of Ce		Place Of Disposi Crematory, Other		5c. Location -	City, Town, And	State				
⊠ Burial ☐ Cremation ☐	Donation'☐ Ent	ombment					,								
Removal From State Other (Specify):		1	HOLY	CROSS	CEMETER	Υ		c	ALUMET	CITY, IL				٠.	
26. Was Coroner Contacted?	27.			Address Of F		_	,						27a.	Funeral Home Licens	se Number:
☐ Yes ☒ No	BU	RNS-KIS	SH FI	INFRAL I	HOME INC	-MUI	NSTER, 84	15 CALU	MET AVE	MUNST	FR IN	46321	FH8	3004968	
27b. Signature Of Indiana Fu	neral Service Lice	nsee:			TOME IN	10.0.	,			27c: License	Number (Of Licensee):		555.555	
BRIAN T. BURNS ,	DI ELECTI	YONIC S	SIGNA	TUKE	Cause Of D	eath (See Instruction	s And Exan	nples)	FD08601	103			Approxir	mate
28. Part I. Enter The Cha Such As Cardiac Arrest, I	in Of Events - Di	iseases, Inju	uries, Or	Complication Mithe	ns - That Direct	ly Caus	sed The Death.	Do Not Enter	Terminal Ev	ents				Interval: To Deat	Onset
A Line. Add Additional Li			Julai Filo	madon vim	out Showing Th	e Etion	ogy. Do Not Abb	reviete. Line	only one c	2036 011				10 000	
Immediate Cause (Final I	isease Or Condi	tion Resulti	ng In De	eath) .	A. ATRIAL F	IBRILI	ATION	Due t	o (Or As A Consequ	uence Of);				TWO MO	NTHS
Sequentially List Condition	ns Kāny Leadi	no To The (Cauca I	ietad On	B. RESPIRA	TORY	FAILURE							1 WEEK	
Sequentially List Condition Line A Enter The Underly The Events Resulting In D	ying Cause (Dise	ase Or Inju	ry That I	Initiated	-		,	Due (o (Or As A Consequ	sence Of):					
, Life Everits Vestiting III E	'call') Last			-	C			Due t	o (Or As A Consequ	ience Ot):				`-	
	•				D										•
Part II. Enter Other Significant	Conditions Contril	buting to Dea	th But N	ot Resulting In	The Underlying	Cause	Given In Part I	iL		psy Performed?		☐ Yes	<u> </u>		
04 Cd T-1	1- T- D1-0	1 00	W.C		· · · · · · · · · · · · · · · · · · ·		*	30.	Were Autops	y Finding Availal			ause Of	Death?	□ No
31. Did Tobacco Use Contrib	_		If Female Not Pregna	e: pl Within Past Year	Pregnant At Tr	me OI De	ui Not Pregnas	Bu Bundi Mi	#(43D345.643E		n er Q f De ral [∐ He		Accident	Pending Invest	tigation
Yes ☐ Probably ☒ No 34. Date Of Injury (Month/Da					Days To 1 year Before	Death	, □TUHEMP(I	y Choo	Blata E N			ould Not Be D			
. Date Of Injury (MonuvDa)	rrear)	35.	Time Of	injury		30.	Jacon (And Ce	Olistede de la	ACT DE	PARTMEN	Staurant	Wcoded Are	٠ .	37. Injury At Work? ☐ Yes ☐	r ∐No
38. Location Of Injury - State		- 38a.	City Or	Town	· ·	38b	Street & Number	ALIC C			-	38c. Apt. N	10	38d. Zip Code	-
		' .	· ` ;		• :		-	AUG 2	2 4 2016	6		~	77 7		
39. Describe How Injury Occu	пеd		•		 	1)	40. If Tr	ensportat	ion Injury, Spe	ecify:		
			, -		•			(4	<u>.</u>	☐ D:tver/O	perator -	ion Injury, Spe Passangar J.P.	A.J	LID THE	SS
41. Signature, Of Person Cer CHRISTOPHER J N			CTPC	NIC SIG	NATURE		LAKE C	CHAIL	42: 45 61 THZ	Certifier (Chec	cony Dr	TO Com		☐ Health Officer	7,777
43. Name, Address And Zip C					NATURE ,			0014117	TAKE I III	Telulation Lefths		Number		45! Date Certified	
CHRISTOPHER J M	CINTIRE	.3831.H(⊃HM4	ΔN Δ\/Ε	HAMMONE) IN	46327 ·	·		02	00151	5Α		08/23/20	16
46. Additional Funeral Service			, iivir	. AVE,	· IVIAIIÀIOIAE	, in	-0021				Akas:		1	00120120	
48. Signature of Local Health	Officer:	-,-					 ,		49. Fo	r Registrar Onl	/ - Date	Filed (Month/	Day/Yea	r):	
CHANDANA VAVIL		ECTRO	NIC S				·				1 .	AUG 24	1 6 .	Add to	
				AMEN	DMENT TO CE	RTIFIC	ATE OF DEAT	H (ENTRY C	OR ORIGINA	L)	+		· · · /?	Harris St. Company	
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