

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 NOV -7 AM 11:30

MICHAEL B. BROWN  
RECORDER

2016 075030

4

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 21<sup>st</sup> day of August, 2016 owning at death an interest in the following described real estate:

CHICAGO TITLE INSURANCE COMPANY

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 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 11<sup>th</sup> 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 17<sup>th</sup> day of December, 2013 in the office of the Recorder of Lake County, Indiana as Document Number 2013-092065.

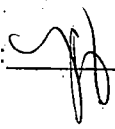
NO SALES DISCLOSURE NEEDED

**FILED**

NOV 04 2016

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

Approved Assessor's Office

By: 

016501

\$ 17.00  
JAS

04 18 20 50 12 67

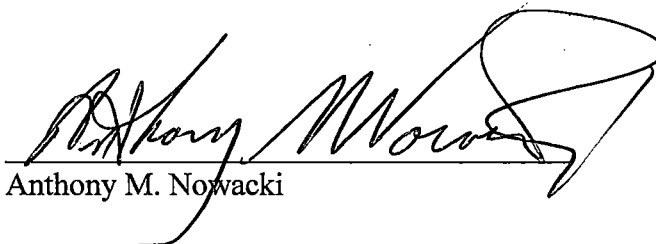
3. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who survive the Owner or are in existence at Owner's death are: **Anthony M. Nowacki, 916 Moon Court, Schererville, Indiana, 46375; Joseph A. Nowacki, 2047 North Winds Drive, Dyer, Indiana 46311, and; Michael 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 21<sup>st</sup> day of October, 2016.

  
Anthony M. Nowacki

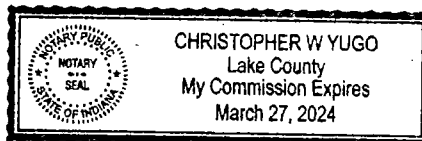
STATE OF INDIANA        )  
                                  ) SS  
COUNTY OF LAKE        )

Before me, the undersigned, a Notary public in and for said County, this 21<sup>st</sup> 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.

  
\_\_\_\_\_  
Christopher W. Yugo, Notary Public

County of Residence: Lake  
My Commission Expires: 3/27/24



I affirm under the penalties of perjury that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.



\_\_\_\_\_  
Christopher W. Yugo

**Record and Return to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

Local No 002705

EDR No 00000528166

State No 039412

Main form containing decedent information (Jane J Nowacki), informant (Michael Nowacki), cause of death (Atrial Fibrillation), and certifier (Christopher J McIntire) details.

RAISED SEAL AFFIXED