

3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 007192

2017 FEB -1 PM 1:26

MICHAEL B. BROWN  
RECORDER

Send Tax Statements to:  
9124 Cleveland Street  
Merrillville, Indiana 46410

### TRANSFER ON DEATH AFFIDAVIT

TRACI L. DVORSCAK being first duly sworn, makes the following statements:

1. On July 26, 2015, CORA SCHREFLER ("Owner") signed a Transfer on Death Deed transferring to TRACI L. DVORSCAK and THERESA LAGALO, as tenants in common ("Primary Beneficiaries") ~~the~~ ~~Owner's~~ ~~death,~~ ~~the~~ ~~Owner's~~ ~~interest~~ ~~in~~ ~~the~~ ~~following~~ ~~described~~ ~~real~~ ~~estate~~ ~~in~~ ~~Lake~~ ~~County,~~ ~~Indiana.~~

Apartment 1-A in Linden Terrace Condominium, a Horizontal Property Regime created by Declaration of Condominium recorded March 10, 1993 as Document No. 93015676 and a plat thereof, recorded in Plat Book 73 page 83, in the Office of the Recorder of Lake County, Indiana.

Together with an undivided 6.920% interest in the common areas and facilities appertaining thereto.

Commonly known as 9726-28 Fifth Street 1-A  
Highland, Indiana 46322

Tax Parcel No. 45-07-33-204-001-000-026

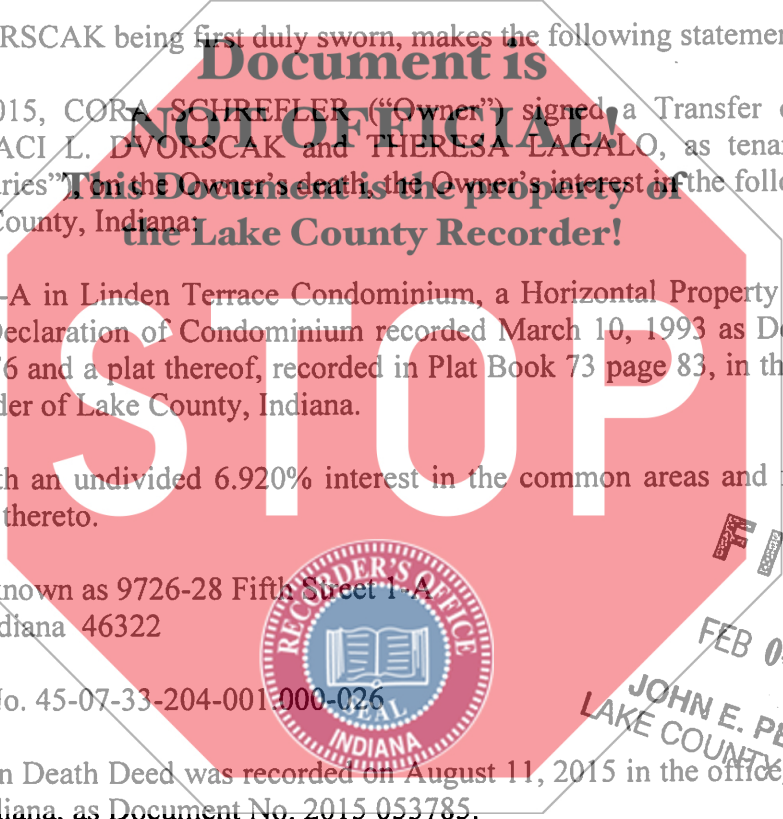
2. Such Transfer on Death Deed was recorded on August 11, 2015 in the office of the Recorder of Lake County, Indiana, as Document No. 2015 053785.

3. The Owner died on November 14, 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:

Traci L. Dvorscak  
9124 Cleveland Street  
Merrillville, Indiana 46410

Theresa Lagalo  
6961 West 86<sup>th</sup> Place  
Crown Point, Indiana 46307



FILED  
FEB 01 2017  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

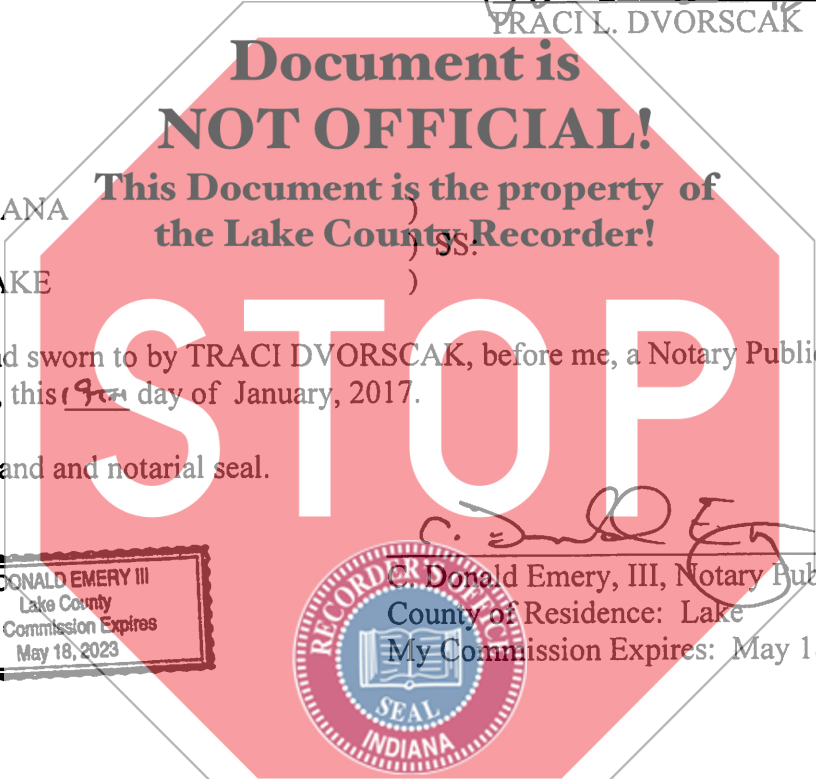
010686

16-  
my 227902  
RM

5. This Affidavit is made, executed and recorded to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death the Owner's interest in the above-described real estate.

Dated this 19 day of January, 2017.

*Traci Dvorcsak*  
TRACI. DVORSCAK

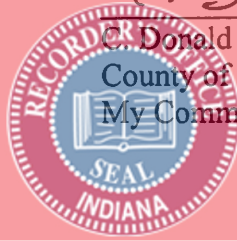
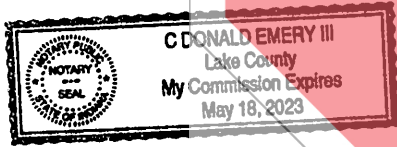


STATE OF INDIANA )  
COUNTY OF LAKE )

This Document is the property of  
the Lake County Recorder!

Subscribed and sworn to by TRACI DVORSCAK, before me, a Notary Public in and for said County and State, this 19 day of January, 2017.

Witness my hand and notarial seal.



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

I affirm, under 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 90<sup>th</sup> Drive, Merrillville, Indiana 46401.





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 104882

Local No 003708

EDR No 00000542838

State No 053786

1. Decedent's Legal Name (First, Middle, Last) CORASCHREFLER				1a. Maiden Name (If female) RITSEMA		2. Sex FEMALE	3. Time Of Death 09:45 AM	4. Date Of Death (Month/Day/Year) 11/14/2016	
5. Social Security Number		6a. Age - Yrs 96	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) 06/01/1920		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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) SPRINGMILL NURSING HOME									
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410					13. County Of Death LAKE			14. Marital Status At Time Of Death <input 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. Last Name Before First Marriage		16. Decedent's Usual Occupation CLERK		17. Kind Of Business/Industry RETAIL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MERRILLVILLE					
18c. Street And Number 9124 CLEVELAND STREET						18d. Apt. No.	18e. Zip Code 46410	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) RALPH RITSEMA				23. Parent's Name (First, Middle, Last) FANIE RITSEMA				23a. Parent's Last Name Before First Marriage DEHAAN	
24. Informant's Name TRACI DVORCAK				24a. Relationship To Decedent GRAND DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 9124 CLEVELAND STREET, MERRILLVILLE, IN 46410			
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) HOPE CEMETERY			25c. Location - City, Town, And State HIGHLAND, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322						27a. Funeral Home License Number FH10300021	
27b. Signature Of Indiana Funeral Service Licensee LEONARD GREGORCZYK, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD08800305							
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 Showing The Etiology. 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. END STAGE DEMENTIA 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 B. C. D.									Approximate Interval: Onset To Death
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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 43 Days Of Death		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) NOV 17 2016		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) NOT VALID UNLESS
41. Signature, Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, BY ELECTRONIC SIGNATURE									42. License Number 02002441A
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307									45. Date Certified 11/16/2016
44. License Number 02002441A									45. Date Certified 11/16/2016
46. Additional Funeral Service Provider									47. *Axes:
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV 16 2016			





**OFFICE OF THE LAKE COUNTY RECORDER**

LAKE COUNTY GOVERNMENT CENTER  
2293 NORTH MAIN STREET  
CROWN POINT, INDIANA 46307

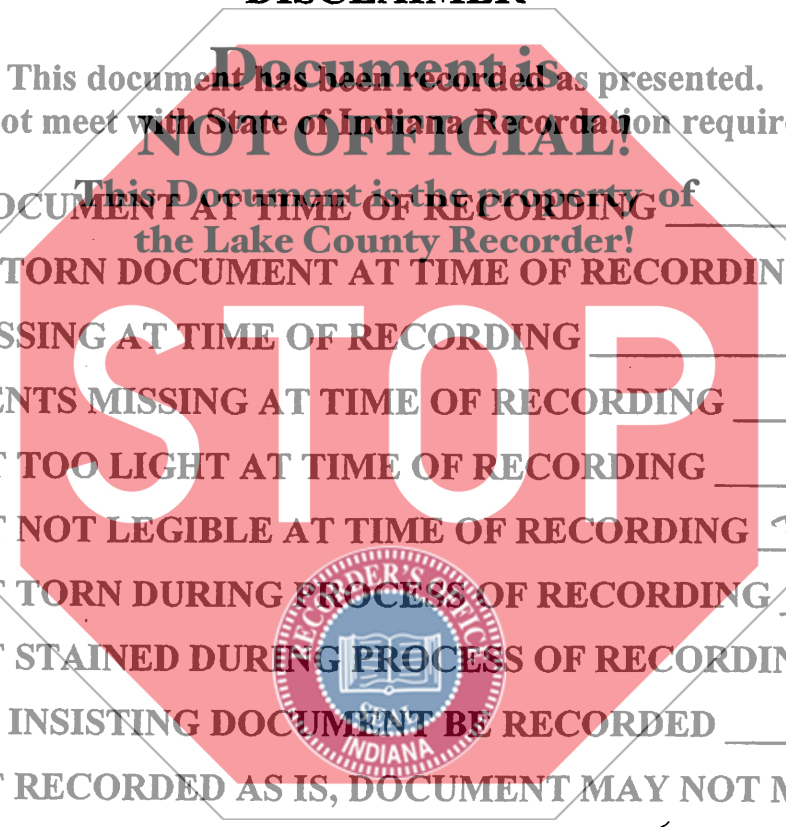
**MICHAEL B. BROWN**  
Recorder



PHONE (219) 755-3730  
FAX (219) 755-3257

**DISCLAIMER**

This document has been recorded as presented.  
It may not meet with State of Indiana Recording requirements.



- 1. STAINED DOCUMENT AT TIME OF RECORDING \_\_\_\_\_
- 2. RIPPED OR TORN DOCUMENT AT TIME OF RECORDING \_\_\_\_\_
- 3. PAGE(S) MISSING AT TIME OF RECORDING \_\_\_\_\_
- 4. ATTACHMENTS MISSING AT TIME OF RECORDING \_\_\_\_\_
- 5. DOCUMENT TOO LIGHT AT TIME OF RECORDING \_\_\_\_\_
- 6. DOCUMENT NOT LEGIBLE AT TIME OF RECORDING pg 3
- 7. DOCUMENT TORN DURING PROCESS OF RECORDING \_\_\_\_\_
- 8. DOCUMENT STAINED DURING PROCESS OF RECORDING \_\_\_\_\_
- 9. CUSTOMER INSISTING DOCUMENT BE RECORDED \_\_\_\_\_
- 10. DOCUMENT RECORDED AS IS, DOCUMENT MAY NOT MEET STATE REQUIREMENTS \_\_\_\_\_

CUSTOMER INITIALS: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYEE INITIALS: SS DATE: 2/9/17