STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 008130

2017 FEB - 6 PM 12: 29

MICHAEL B. BROWN RECORDER

STATE OF INDIANA) SEND TAX BILLS TO:2292 New York St., Lake Station, Indiana 46405

)SS:

COUNTY OF LAKE

)

TRANSFER ON DEATH DEED BENEFICIARY AFFIDAVIT

Document is

Comes now Beverly J. Manship, and upon being duly sworn does attest and say:

This Document is the property of the Lake County Recorder!

2. That Bill Stafford was the owner of real property located in Lake County, Indiana, more particularly described as:

Lot 4 in Block 15 in Lloyds Deepriver Subdivision, as per plat thereof, recorded in Plat Book 22 page 71, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 2922 New York St., Lake Station, Indiana 46405 Parcel No.: 45-08-24-203-014,000-020

- 3. That on August 17, 2016, Bill Stafford executed and later recorded (under #2016 055942) a Transfer on Death Deed to Cuit Claim upon his death the above property to Beverly J. Manship of 2901 State St., Lake Station, Indiana 46405 and Kimberly M. Rosado aka Kimberly Stafford of 727 Tara Court, Apartment A., Bowling Green, KY 42104.
- 4. That Bill Stafford died on August 18, 2016.
- 5. That pursuant to IC 32-17-14-26(b)(20), Beverly J. Manship and Kimberly M. Rosado aka Kimberly Stafford and became the owner of the property at the death of Bill Stafford.

FILED

FEB 0 6 2017

JOHN E. PETALAS LAKE GOUNTY AUDITOR 20-

RN

00699

I affirm under the penalties for perjury that the foregoing statements are true.

STATE OF INDIANA) COUNTY OF LAKE This Document is the property of Before me a Notary Public in and for said County and State, personally appeared Beverly J. Manship and who acknowledged the execution of the forgoing Beneficiary Affidavit. Subscribed and sworn to before me this 3 day of January, 2017. SHAUNA M LANGE Lake County Commission Expires April 10, 2022 My Commission Expires: 4/10/22 sidera of Lake County 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. Shauna M. Lange

1

This Instrument Prepared by: Law Offices of Patricia A. Rees, Shauna M. Lange, Esq. 5341 Central Ave., Portage, IN 46368 (219) 947-1692.

INDIANA STATE DEPARTMENT OF HEALTH **CERTIFICATE OF DEATH**

Tracking No. 97053

	No 002							tate No 039157				
Decedent's Legal Name (First, Middle, Last)				1a. Maiden Name (If female)						f Death (Month/Day/Year)		
BILL STAFFORD							MALE		5 AM		08/18/2016	
5. Social Security Number 6	a. Age - Yrs	6b. Under	1 Year 6c. Under 1 M	Month 6d. Under 1 Day	6e. Under 1 Hour 7.	. Date of Birth	(Month/Day	Year) 8. B	irthplace (City	and State o	r Foreign Country)	
9 Everin II 9 Assess Co.	87	Months	Days	Hours	Minutes		2/1929		ER COL	INTY, TI	N	
9. Ever in U.S. Armed Forces?	☐ Hospice Facility ☑ Decedent's Home ☐ Nursing Home/Long-term Care Facility											
Yes No Unknow	Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify) 11. Facility Name (If Not Institution, Give Street and Number)											
2922 NEW YORK S	TREET	et and Numbe	er)									
12. City Or Town, State, And 2	ip Code				13. County Of Death			I `	14. Marital Status At Time Of Death			
LAKE STATION, IN, 46405				LAKE					☐ Married ☐ Married, But Separated ☐ Divorced ☑ Widowed ☐ Never Married ☐ Unknown			
15. Surviving Spouse's Name				15a. Last Name Before Fi	15a. Last Name Before First Marriage			16. Decedent's Usual Occupation			Of Business/Industry	
					MACHINE OPER			PERATO	ATOR MANUFACTURING			
18. Residence - State			18a. County		18b. City Or Town							
INDIANA			LAKE		LAKE STATIC	ON_						
18c. Street And Number							18d. /	Apt. No.	18e. Zip	Code	18f. Inside City Limits?	
2922 NEW YORK STREET				/					464	405	⊠ Yes □ No	
19. Decedent's Education 20. Decedent of Hispanic Origin 21. Decedent's Rase												
8TH GRADE OR LE			NOT HISPA	NIC	White	A Milaton			1 66 -	#- 1	Unma Dafara First W. '-	
22. Parent's Name (First, Middl	e, Last)		N	OTOF	23. Parents Name (Firs	st, Middle, Last)			23a. P	arent's Last I	Name Before First Marriage	
GEORGE W STAFF	ORD		/ The same	tin To Day wheel	ADA RUTH STA	AFFORD		-1-7:5	PAY	TON		
24. Informant's Name		/	24a: Relation		19 the pro							
BEVELY MANSHIP			DAUGHT	Liule Col	2901 STATE S	Stder!	KE STA	MONI	46405			
25a. Method Of Disposition	Donatics II s		25b. Place Of Dispositio	n (Name Of Cemetery, Cre		25c. Location -	City, Town,	And State				
⊠ Burial □ Cremation □ □ Removal From State	Polistion [] Er	nombment										
Other (Specify): 26. Was Coroner Contacted?	1 27		EVERGREEN IV	MEMORIAL PARK		HOBART,	IN			27a Euro	eral Home License Number.	
	27.	· And C	Amplete Address Of Ful	noral racility						Zra. Fune	Star Home License Number.	
REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342 FH83003069											03069	
27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE 27c. Licensee (OUTLe 67:56) No. 10 File Signature 127c. Licensee (OUTle 67:56)												
28. Part I. Enter The Chair	Of Events - I	Diseases Ini	uries. Or Complication	Cause Of Death (See		amples) L	KE CO	INTY HE	ALTH DE	PARTME	Approximate interval: Onset	
Such As Cardiac Arrest, R A Line. Add Additional Lin	espiratory Arre	st, Or Ventri	cular Fibrillation Witho	ut Showing The Etiology.	Do Not Abbreviate. En	nter Only One	Cause On	A 1 40			o Death	
Immediate Cause (Final Di			ng In Death)	A. END STAGE CONC	ESTIVE HEART FAIL	URE (UNKNO	WN ETIOL	aug 2	3 2016	<u> </u>	GREATER THAN 1 YEAR	
,				Zi Okt.		ue to (Or As A Conse	quence Of):	1)		GREATER THAN 1	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated				B. CEREBRAUNFAR	B. CEREBRAL INFARCTION Due to (Or As A Consequence Of):			1/6	YEAR			
The Events Resulting In D	eath) Last			C		ue to (Or As/A Conse	renoe On:	OUNTY H	EALTH	OFFICER		
				D	EAL							
Part II. Enter Other Significant	Conditions Conf	ributing to De	ath But Not Resulting In	The Underlying Cruse Cive	DIANK OV	9. Was An Aut			☐ Yes	⊠ No	-	
DIABETES TYPE II			W.E.		3	O. Were Autop:				ause Of Dea	th? Yes No	
31. Did Tobacco Use Contribu ☐ Yes ☐ Probably ☒ No			If Female: Not Pregnant Within Past Year	Pregnant At Time Of Death	Not Pregnant, But Pregnant	Within 42 Days Of De		Manner Of Di Natural 🔲 He		Accident [Pending Investigation	
☐ Yes ☐ Probably ☒ No 34. Date Of Injury (Month/Day			Not Pregnant, But Pregnant 43		Unknown If Pregnant Within e Of Injury (E.G., Decede			Suicide Co			. Injury At Work?	
. Jake Of Injury (MonuvOay	, caij	35,	, Tane Of Injury	30. Plac	.s or injury (c.g., Decede	enta monie, Cor	ian action of	io, nesiaurani	, avodued Are	", 3/	∏ Yes ↓☐ No	
38. Location Of Injury - State		38a	. City Or Town	38b. St	reet & Number		-		38c. Apt. N	lo. 38	d. Zip Code	
								. 5			. : [
39. Describe How Injury Occu	rred				-		40.	If Transportal	ion Injury, Spe	Builty:	TO THE PARTY IN TH	
41. Signature, Of Person Cert	lifeling Cause Of	Death				-1			<u> </u>	VAL:	シン・シン・ファー	
ARJUN KUMAR GU	PTA , BY	ELECTR		JRE			Certifier (Certifying		Corone		Healin Officer	
43. Name, Address And Zip C	ode Of Person (Certifying Cau	se Of Death:					44. Liqense	Number	7.1 , 7,	Dete Certified	
ARJUN KUMAR GU 46. Additional Funeral Service		31 ROOS	EVELT ROAD,	VALPARAISO, IN	1 46383			0103099	93A		08/22/2016	
								47. *Akas:				
48. Signature of Local Health		FCTD	NIC SIGNATU	RE .		49. F	or Registrar	· 1	ate Filed (Month/Day/Year): AUG 23 2016			
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									AUG 23	2010		
								i				
								1				
								<u>!</u>				
State Form 53395 ATTENT	ION ESTATE:	The Social S	Security # is being requ	uested by this state agen	cy in order to pursue re	esponsibility. [Disclosure is	s voluntary a	RAISE	DoSE A	HorAESFIXED	