

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 009179

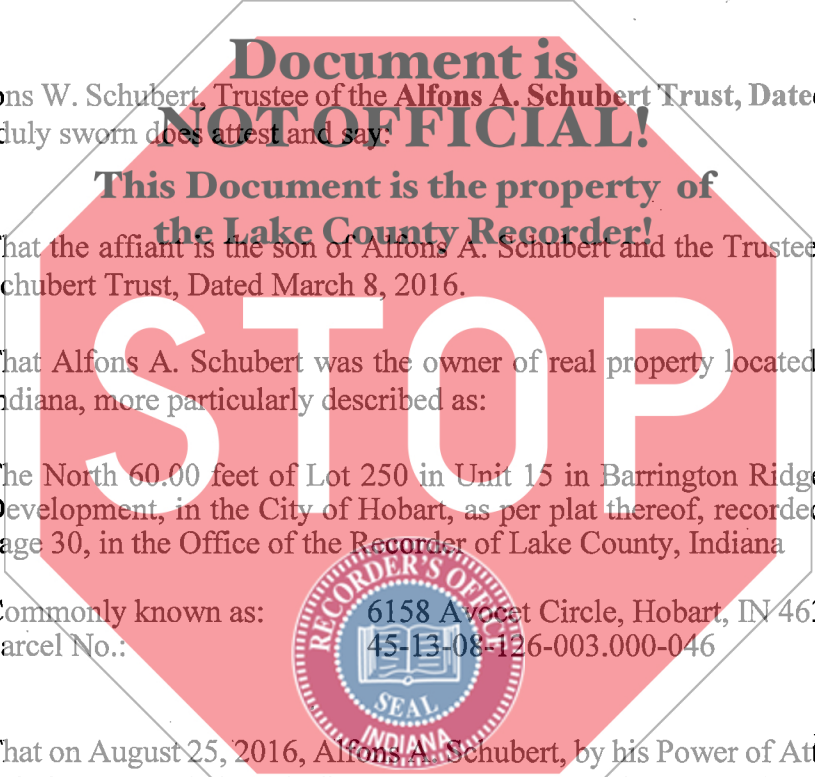
2017 FEB 10 AM 11:43

STATE OF INDIANA)
)
)SS:
COUNTY OF LAKE)

SEND TAX BILLS TO: 6158 Avocet Circle, Hobart, IN 46342
MICHAEL B. BROWN
RECORDER

TRANSFER ON DEATH DEED BENEFICIARY AFFIDAVIT

Comes now Alfons W. Schubert, Trustee of the **Alfons A. Schubert Trust, Dated March 8, 2016**, and upon being duly sworn does attest and say:



1. That the affiant is the son of Alfons A. Schubert and the Trustee of the Alfons A. Schubert Trust, Dated March 8, 2016.
2. That Alfons A. Schubert was the owner of real property located in Lake County, Indiana, more particularly described as:

The North 60.00 feet of Lot 250 in Unit 15 in Barrington Ridge, a Planned Unit Development, in the City of Hobart, as per plat thereof, recorded in Plat Book 85 page 30, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 6158 Avocet Circle, Hobart, IN 46342
Parcel No.: 45-13-08-126-003.000-046
3. That on August 25, 2016, Alfons A. Schubert, by his Power of Attorney, Alfons W. Schubert, recorded (under# 2016057940) a Transfer on Death Deed to Quit Claim upon his death the above property to the **Alfons A. Schubert Trust, Dated March 8, 2016, Alfons W. Schubert, Trustee.**
4. That Alfons A. Schubert died on December 14, 2016.

FILED

FEB 10 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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AK-13885
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5. That pursuant to IC 32-17-14-26(b)(20), the **Alfons A. Schubert Trust, Dated March 8, 2016, Alfons W. Schubert, Trustee** (Address of Record: 2042 Stevens St., Portage, Indiana 46368) became the owner of the property at the death of Alfons A. Schubert.

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



STATE OF INDIANA)

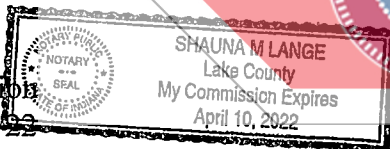
)SS:

COUNTY OF LAKE)

Before me a Notary Public in and for said County and State, personally appeared Alfons W. Schubert, Trustee of the Alfons A. Schubert Trust and who acknowledged the execution of the foregoing Beneficiary Affidavit.

Subscribed and sworn to before me this 9 day of Feb, 2017.

My Commission
Expires: 4/10/22



Shauna M. Lange, Notary
Resident 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

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



Local No 004059

EDR No 00000548343

State No 059055

1. Decedent's Legal Name (First, Middle, Last) ALFONS A SCHUBERT		1a. Maiden Name (If Female)		2. Sex MALE	3. Time Of Death 07:35 AM	4. Date Of Death (Month/Day/Year) 12/14/2016	
5. Social Security Number [REDACTED]	6a. Age - Yrs 89	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) 02/08/1927	
8. Birthplace (City and State or Foreign Country) GLUMPENAU, GM		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 checked="" 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) 6158 AVOGET CIRCLE				12. City Or Town, State, And Zip Code HOBART, IN, 46342		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		16. Decedent's Usual Occupation BRICKLAYER		17. Kind Of Business/Industry CONSTRUCTION	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART		18c. Street And Number	
18d. Apt. No.		18e. Zip Code		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent's Race NOT HISPANIC		21. Decedent's Ethnicity White			
22. Parent's Name (First, Middle, Last) UNAVAILABLE UNAVAILABLE		23. Parent's Name (First, Middle, Last) UNAVAILABLE UNAVAILABLE		23a. Parent's Last Name Before First Marriage UNAVAILABLE			
24. Informant's Name ALFONS W SCHUBERT		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 2042 STEVEN STREET, PORTAGE, IN 46368			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) KELLY CARROLL CREMATION SERVICES		25c. Location - City, Town, And State GARY, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342		27a. Funeral Home License Number FH83003069			
27b. Signature Of Indiana Funeral Service Licensee JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee FD01006463		27d. License Number Of Licensee			
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. RENAL DISEASE Due to (Or As A Consequence Of): 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. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): 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.							28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown							32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant Within Past Year (Specify Month/Day/Year) <input type="checkbox"/> Not Pregnant, But Pregnant At Date Of Death (Specify Month/Day/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							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)
37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No							38. Location Of Injury - State
38a. City Or Town							38b. Street & Number, (If U)
38c. Apt. No.							38d. Zip Code
39. Describe How Injury Occurred							40. If Transportation Injury, Specify: <input type="checkbox"/> Other Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Driver <input type="checkbox"/> Other (Specify)
41. Signature Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN, 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: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311							44. License Number 01052342A
46. Additional Funeral Service Provider:							45. Date Certified 12/14/2016
47. *Apas:							48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): DEC 15 2016							



THIS IS A TRUE COPY OF THE ORIGINAL WITH ME

CHANDANA VAVILALA, LOCAL HEALTH OFFICER

RAISED SEAL AFFIXED