2017 009209

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 FEB 10 PM 2:37

MICHAEL 8. BROWN RECORDER

Send Tax Statements to: 10810 Lane Street Crown Point, Indiana 46307

## TRANSFER ON DEATH AFFIDAVIT

BETH A. DOPPLER, being first duty evern, makes the following statements:

1. On December 29, 2016, PHOMAS R. HANLON ("Owner") signed a Transfer on Death Deed transferring to BETH A. DOPPLER ("Primary Beneficiary"), on the Owner's death, the Owner's interest in the following described real estate in Lake County, Indiana:

LOT 22, GREEN ACRES ESTATE, AS SHOWN IN PLAT BOOK 51, PAGE 25, AND AS AMENDED IN PLAT OF CORRECTION RECORDED NOVEMBER 28, 1979 IN PLAT BOOK 51, PAGE 63, AND AS FURTHER AMENDED IN CERTIFICATE OF CORRECTION DATED JUNE 21, 1982 AND RECORDED JUNE 24, 1982, AS DOCUMENT NO. 672772.

Commonly known as: 10675 Sherman Street, Crown Point, IN 46307.

Tax Parcel No. 45-15-02-403-008-009-041

- 2. Such Transfer on Death Deed was recorded on December 29, 2016 in the office of the Recorder of Lake County, Indiana, as Document No. 3016 089064.
- 3. The Owner died on January 17, 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. The Primary Beneficiary survived the Owner. The Primary Beneficiary's name and address is:

Beth A. Doppler 10810 Lane Street Crown Point, Indiana 46307 FILED

FEB 1 0 2017

15 227910

NO SALES DISCLOSURE NEEDED. PETALAS
Approved Assessor's Offide AKE COUNTY AUDITOR

8v: 021075

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 and day of February, 2017.



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. 111327

Local No 0002		DR No 000000555315			State No 002568  2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Year)				
1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Nan	1a. Maiden Name (If female)							
THOMAS R HANLON  5. Social Security Number   6a. Age - Yrs   6b.	. Under 1 Year   6c. Under	er 1 Month 6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Month/Day	01:27 y/Year)   8. Bir	7 PM   thplace (City and		1/17/2017 oreign Country)
65 Mo	onths Days	Hours	Minutes		06/20/1951	НА	MMOND, II	V	ļ
	curred In A Hospital:				where Other Than	A Hospital	me/Long-term Ca		
☐ Yes ☑ No ☐ Unknown ☑ Inpatient ☐	☐ Emergency Department	Outpatient   Dead on Arrival	Hospice Facility Other (Specify)	ال ليا	ecedent's nome	Mutsing Ho	me/cong-term ca	reradilly	
11. Facility Name (If Not Institution, Give Street and FRANCISCAN ST. ANTHONY HE		POINT	,						
12. City Or Town, State, And Zip Code							Marital Status At Time Of Death  Married Married, But Separated Divorced		
CROWN POINT, IN, 46307			LAKE  15a, Last Name Before First Marriage		40.0		☐ Widowed ☐ Never Married ☐ Unknown		
15. Surviving Spouse's Name		15a, Last Name Before F	rirst Mamage		16. Decedent's U	sual Occupation	'   ''	. Kind Of	Business/Industry
18. Residence - State	18a. County		18b. City Or Tov		OPERATION	IS MANAC	SER MI	EDICA	EQUIPMENT
•									
INDIANA 18c. Street And Number	LAKE		CROWN PC	JIN I	18d.	Apt. No.	18e. Zip Code	B	18f. Inside City Limits?
10675 SHERMAN STREET							46307	, .	☐ Yes   No
19. Decedent's Education SOME COLLEGE CREDIT, BUT 1	1	t Of fispanic Origin	21.	ecedent's	Race				
DEGREE  22. Parent's Name (First, Middle, Last)	NOT HIS	PANIC OCUI	23. Parent's Name (	15	la Lasti		. (22n Barro	t'e l net No	me Before First Marriage
22. Parent's Name (First, Miodie, Last)		JOT OF	23. Parent's Name (	IISt, Midd	ile, Lasi)		Zoa. Paleit	is Lasi wa	ine polore First Marilage
ROBERT H HANLON  24. Informant's Name	24a• Reli	etionship To Decedent	VIRGINIA F F	ANLO S (Street A	And Number, City, S	State, Zip Code)	BRADY		
BETH A DOPPLER	SISTE	Document R		ope	erty of	/	1 46307	•	
25a, Method Of Disposition	th		ce Of Disposition C C	cord					
☐ Burial ☑ Cremation ☐ Donation ☐ Entornit		USIBOTE (INATITE OF CHITELETY, CI	enlatory, Other Place)	250. 2	ocaton - City, 104m	, Ald State			
☐ Removal From State ☐ Other (Specify):	WOODLAW	N CREMATORY		FOR	EST PARK,	IL .			
	ne And Complete Address C	Of Funeral Facility RAL HOME AND ME	MORIAL GAR	DENG	8178 S CI I	NE AVE	2	7a. Funera	al Home License Number:
SCHE	RERVILLE, IN 46		IVIONIAL GAN	DENO,				H1990	0051
27b. Signature Of Indiana Funeral Service License SHERRY L WILLIAMS, BY ELEC					FD20	ense Number (0 700074	of Licensee):		
28. Part I. Enter The Chain Of Events - Disea	ses, Injuries, Or Complic	Cause Of Death (Se ations - That Directly Caused	The Death. Do Not	Enter Ten	minal Events				Approximate Interval; Onset
Such As Cardiac Arrest, Respiratory Arrest, O A Line, Add Additional Lines If Necessary.	r Ventricular Fiballation V	Without Showing The Etiology	. Do Not Abbreviate.	Enter On	nly One Cause On	,			To Death
Immediate Cause (Final Disease Or Condition	Resulting In Death)	A. CONGESTIVE HE	ART FAILURE SECO	Due to (Or A	TO CARDIOMYO	PATHY			15DAYS
Sequentially List Conditions, If Any, Leading	To The Cause Listed On	В		Due to IOr I	As A Consequence Of):			·	
Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last	Or Injury That Initiated	c. 2		DOE to (OF 2	ns A consequence or,			1	
; ;		D		Due to (Or /	As A Consequence Of):				
Part II. Enter Other Significant Conditions Contribution	ng to Death But Not Resulting		en In Part I	29. Was	s An Autopsy Perfor	med?	☐ Yes	———— ⊠ No	
ACUTE RENAL FAILURE, DIABETES  31. Did Tobacco Use Contribute To Death?	122 115	THE STATE OF THE S	Militin	30. Wei	re Autopsy Finding	Available To Co	·	e Of Death	Yes No
Yes Probably No Unknown	32. If Female; Not Pregnant Within Page	Year Promod Attino Of Death	RUE COPY OF	ant Within 42	Diys Of Death	Natural 🔲 Ho	micide		Pending Investigation
34. Date Of Injury (Month/Day/Year)	Not Pregnant, But Preg	LAKE COUNTY HE	ala I-Unknown & Prognati W	this fifte Past	Yafar III	Suicide  Co lite, Restaurant,	Wooded Area)		Injury At Work?
		<b></b>							☐ Yes ☐ No
38. Location Of Injury - State	38a, City Or Town	JAN	reel & Number				38c. Apt. No.	38d,	Zip Code
39. Describe How Injury Occurred			) ,		40	. If Transportati	on Injury, Specify	<u> </u>	
	,					Driver/Operator	on Injury, Specify	ALID	ÜNLESS
41. Signature, Of Person Certifying Cause Of Deat SANJAY V RAIKAR, BY ELECTR	RONIC SIGNATU	E LAKE COUNTY	HEALTH OFFIC	ER	42. Certifier   Certifying		Coroner		ealth Officer
43. Name, Address And Zip Code Of Person Certify				***		44. License	Number	45.	Date Certified
SANJAY V RAIKAR , 1201 S MAIN ST., CROWN POINT, IN 46307  46. Additional Funeral Service Provider:						0106795 47. Akas:	0A	1	01/19/2017
48. Signature of Local Health Officer:					49. For Registra		iled (Month/Day	(Year):	
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE							JAN 19 201		
	A	MENDMENT TO CERTIFICA	TE OF DEATH (EN	RY OR C	DRIGINAL)				
						į			
						;		1. 1.	