Mr.

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 041138

2017 JUL -3 AM 10: 46

1702305

MICHAEL B. BROWN

TRANSFER ON DEATH DEED AFFIDA RECORDER

STATE OF INDIANA) SS: COUNTY OF LAKE

Julie Van Huss, being first duly sworn upon oath, deposes and says as follows:

- This Affidavit is made pursuant to I.C. 32-17-14-1. 26(b)(20). Jocument 1s
- 2. The undersigned is a Fransfer on Death Beneficiary of Owner, Richard Preneta, who died a resident of Lake County, Indiana, on Aprilis Document is the property of the Death Certificate of Owner is a te county Recorder!
- At the time of death of Owner, the Owner held the following Real Estate in Transfer on Death Beneficiary form:

Lot Nineteen (19) in Steiber Street Subdivision, in the City of Whiting, as per plat thereof, recorded in Plat Book 5, page 25, in the office of the Recorder of Lake County, Indiana.

Commonly known as 1512 Steiber Street, Whiting, IN 46394

Tax Key No. 45-03-07-431-005.000-025

Julie Van Huss Mail tax bills to:

916 Calamity Jane Lame Hendenson Nevada 8/9002

That the wording in the deed creating the TOD beneficiary is as follows:

Richard J. Preneta, of Lake County, Indiana, pursuant to I.C. 32-17-14, releases and quit claims to Richard J. Preneta, TOD to Julie Van Huss and Robert A. Preneta, of Lake County, Indiana...

The TOD Deed was dated March 29, 2016, and was recorded on April 18, 2016, as Document No. 2016 023546, in the Office of the Recorder of Lake County, Indiana.

003815

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JUN 3 0 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR

25-Cat 1820503325 D

The name and address of each designated beneficiary who survived the Owner's death or was in existence on the date of the Owner's death is:

Address Portion Name Relationship to Owner

Julie Van Huss Daughter 916 Calamity Jane Lane 1/2

Henderson, Nevada 89002

Robert A. Preneta 1/2 Son 2884 S 250 E

Knox, Indiana 46534

All beneficiaries named in the TOD Deed survived the Owner.

8. The purpose of this Afficavities to comply with I.C. 32-17-14-26(b)(20) and to set forth the present ownership of the title to the above described real estate pursuant to the beneficiary designation in said TOD Deed.

This Document is the property of

The present owner(s) and titlerheld are:

Julie Van Huss-1/2 fee simple as tenant in common Robert A. Preneta-1/2 fee simple as a tenant in common

- This Affidavit shall be recorded in the Office of the Recorder of Lake County, Indiana and presented to the Auditor of said County for appropriate entry for taxation.
- 10. All of the facts set forth herein are true and correct as this Affiant is informed and verily believes.

Before me, the undersigned a Notary Public in and for said County and State, personally appeared Julie Van Huss, who acknowledged the execution of the foregoing Transfer on Death Deed Affidavit, and delivered said instrument as her free and voluntary act, for the uses and purposes set forth therein.

WITNESS my hand and Notarial Seal this 17 day of April, 2017.

My Commission Expires:

1-21-2023

NOTARY PUBLIC

Resident of LAKE County, Indiana

MARGARET ROYCE GALVIN Notary's Printed Signature

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MARGARET ROYCE GALVIN Notary Public - Seal State of Indiana Lake County My Commission Expires Jul 21, 2023 I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

/s/ Margaret Royce Galvin



This document prepared by Margaret Royce Galvin, Attorney at Law, 5930 Hohman Avenue, Hammond, Indiana 46320 (219) 933-4715.

Mail to: Margaret Royce Galvin, Attorney at Law, 5930 Hohman Avenue, Suite 103, Hammond, Indiana 46320



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

Tracking No. 119745

1010		Local No 001214 EDR No 00000570386							State No 016960					
1 Decedent's Legal		liddle, Last)				1a. Maiden Nan	ne (if female)		2. Sex	-	Time Of			Death (Month/Day/Year)
5. Social Security N		ge - Yrs	6b. Under 1	Year 6c.	Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of	Birth (Mont			OPM rthplace (Cit)		14/03/2017 Foreign Country)
	_	77	Months	Day		Hours	Minutes		8/16/19		W	HITING, I	IN	
9. Ever in U.S. Arm ☐ Yes ☒ No			n Occurred In		ant Outcation	t 🔲 Dead on Arriva	10a. If Death Occi	y 🔲 Dec	here Other T edent's Hom			me/Long-tern	n Care Facility	
11 Facility Name	(If Not Institution	, Give Stree	t and Number)			Other (Specify)			_	-			
WILLIAM J. F 12. City Or Town, S			RESIDE	NCE, H	DSPICE		13. County	Of Death			14	4. Marital Sta	atus At Time O	Death
MUNSTER, IN, 46321_						LAKE					☐ Married ☐ ☑ Widowed	Married Married, But Separated Divorced Mdowed Never Married Unknown		
15. Surviving Spou					15a	ı. Last Name Before i			16 Deceder	nt's Usual O	ccupatio	n	17. Kind O	f Business/Industry
18 Residence - St	210			18a. Count			18b. City Or To		IPEFIT	TER WE	LDEF	₹	STEEL	MILL
	ate			LAKE	,		WHITING	MALL.						
18c. Street And Nu	ımber			LAKE			ING			18d, Apt N	lo.	18e. Zip	Code	18f. Inside City Limits?
1512 STEIBE		Т				,						46	394	⊠ Yes □ No
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED 20. Decedent of Hispanic Caracteris Race														
22. Parent's Name		ast)		NOT	ISPANIC	TOF	White 23, Parent's Name	te (First, Middle	, Last)			23a. P	arent's Last N	ame Before First Marriage
PETER J PR	ENETA			TOTAL .	140	1 01	STELLA PRE	ENETA	10	2		ној	KA	
24. Informant's Nan	no						346 Maling Addre	ss (Street An				1		
MRS JULIE \		<u> </u>		DA	UGUTER		916 CARAMI	NA PANE	LANE,	HENDE	-RSO	N, NV 89	9002	
25a. Method Of Dis	•	ation 🔲 Ent		5b. Place Of	Disposition (N	ame Of Cemetery, Cr	ematory, Other Place) 25c. Loc	ation - City,	Town, And S	State			
Removal From			Н	IOLY CR	OSS CEN	METERY		CALU	MET CI	TY. IL				
26. Was Coroner C		27.			ess Of Funeral			10,10					27a, Funer	ral Home License Number.
☐ Yes ☒ No		BA	RAN & S	ON INC,	1235 119	OTH STREET,	WHITING, IN	46394	1 274	- Linones h	lumb of t	Of Licensee):	FH8300	7267
MARTIN A. E	DYBEL , B	Y ELEC	TRONIC	SIGNAT		ausa Oi Doath (Sa	e Instructions And	Syamples		0010194		Of Elcensee).	·	
28. Part I Enter Such As Cardia	The Chain Of	Events - D	liseases, Inju	ries, Or Con	olioghoon T	hat Directly Caused	The Death. Do Not	Enter Term	One Caul	HMS IS A	TRU	E COPY	OF	Approximate Interval: Onset To Death
A Line, Add Ad	iditional Lines It	Necessary	'.			SEVERE SERSIS	WITH SEPTIC SHO	CK, ACUTE	RESHEA	RECORU		計學問	HITHENT	LESS THAN 1
Immediate Caus	se (Final Disea:	se Or Cond	ILIOO Resulti	ig in Death)		HEMORRHAGE	**************************************	Due to (OtAs	A Consequence	on.	. /		7	WONTH
Sequentially Lis Line A. Enter Ti	he Underlying (Cause (Disc	ing To The C ease Or Injur	ause Listed That Initia	On B.			Due to (Or As	A Consequence	APF	0	2017	1	-
The Events Res	suiting in Death) Last			C.			Due to (Or As	A Consequence		<u> </u>		٠.	
Part II. Enter Other	Significant Cond	ditions Contri	ibuting to Dea	th But Not Re	D.	Underlying Gauss/Gl	en in Pert Lyst	29, Was /	An Autopsy F	Perform 602				
						The state of the s	Thinns .	30. We's	1	Girlig Availa	T To Co	molete The S	ause Ot Deat	h? ☐ Yas ☐ No
31. Did Tobacco U				if Female: Not Pregnant With	in Past Year	Pregnant At Time Of Death	Not Pregnant, But Pre	gnant Within 42 O	ays Of Death	33. Man			Accident	Pending Investigation
34. Date Of Injury	·			Not Pregnant, But Time Of Inju	-	o 1 year Before Death 36 Pla	Unknown If Pregnant to GB Of Injury (E.G., De					ould Not Be D , Wooded Are		Injury At Work?
											• .	~ `		☐ Yes ☐ No
38. Location Of Inj	ury - State		38a.	City Or Town	1	38b. \$	Street & Number					38c Apt. I	No. 38d	I. Zip Code
39. Describe How	Injury Occurred									40. If Tra	ansportat	ion Injury, Sp Paurite (1)	ecify:	MANI ECC
41. Signature, Of	Person Certifyin	g Cause Of	Death:						42 Cert	tifier (Check			VAEL	HUNLESS
LYLE R MUN 43. Name, Address	NN , BY ÈL	ECTRO	NIC SIG						☑ Cen	tifying Physi	ician _i	Corona Number		dealth Officer Date Certified
LYLE R MUN	NN . 85 E	US HIG	HWAY 6	, MEDIC	AL PLAZ	A, STE 235. V	ALPARAISO,	IN 4638:	3	010	03 158	32A		04/04/2017
48. Additional Fun										47.	, *Akas			
48. Signature of Lo			LECTRO	NIC SIG	NATURF				49. For Re	gistrar Only		Filed (Month APR 05		
							TE OF DEATH (EN	TRY OR OF	RIGINAL)		-			
											!			
State Form 53395	ATTENTION	ESTATE:	The Social S	ecurity # is t	eing requeste	ed by this state age	ncy in order to pursu	ie responsib	ility. Disclo	sure is volu	untary a	RAISI	ED. SETA	AFFIXED