

3

TRANSFER ON DEATH AFFIDAVIT

Nora Nowacki Rios, Upon personal knowledge and belief, makes these
(Name of Beneficiary)

statements.

1. Barbara M. Hawkins (Owner) died 4-13-2017 (Date of Death) (a certified AKA Barbara Marie Hawkins)
(Owner's name)

copy of the Owner's death certificate is attached as Exhibit A) owning an interest in the following described real estate:

Document is NOT OFFICIAL!
(Description)
The East half of Lot Fifty-eight (58); Lot Fifty-nine (59) and the West half of Lot Sixty (60), Block Two (2), Charles F. Blank's Resubdivision of Block 13, in the City of Gary, as shown in Plat Book 8, page 20, in Lake County, Indiana. Common Address: 5736 E. 6th Ave., Gary, IN 46403 Parcel ID:

2. On June 19, 2014 (Date of Transfer on Death Deed), Owner signed a Transfer on Death Deed transferring on

Owner's death, Owner's interest in the real estate described above which document was recorded 7-21-14 (Date of Recording) in the Office of the Recorder of Lake (Name of County) County, Indiana as

Document Number 2014 04 3080

3. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who did not survive the Owner or were not in existence when Owner's died are:

(Name of predeceased beneficiary and address)

FILED None

JUL 12 2017

025508

JOHN E. PETALAS
LAKE COUNTY AUDITOR

4. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who survive the Owner or are in existence at Owner's death are:

2017 04 29 74

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER
2017 JUL 13 11:17

\$25.00

✓ # 7619

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JS

(Name of Beneficiary (ies) and addresses)

1. Jo Ellen Gutierrez, 3108 Wisconsin St., Hobart, IN 46342
 2. Nora Nowacki, now known as Nora Nowacki Rios
4835 E. 25th Ave, Lake Station, IN 46405
- Each as to an undivided 1/2 interest as Tenants in Common.

5. The purpose of this Affidavit is to comply with the requirements of I.C. 32-17-14(S6(B))(20) to transfer on death Owner'(s)' interest in the real estate described above to the Transfer on Death Deed beneficiary(ies)

Dated this 12th day of May, 2017

Nora Nowacki Rios
Nora Nowacki Rios

Document is NOT OFFICIAL!
Affiant

Affiant

This Document is the property of the Lake County Recorder!

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a notary public in and for said county and state residing in Lake County, Indiana, personally appeared Nora Nowacki Rios, and acknowledged the execution of the foregoing document, and who(m), having been duly sworn, stated that the representations therein contained are true.

Witness my hand and notarial seal this 12th day of May

2017

My Commission Expires:
7-1-17



Ervin C. Carstensen
Notary Public

Ervin C. Carstensen

Printed Name of Notary Public

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.

[Signature]

✓

THIS INSTRUMENT WAS PREPARED BY: ERVIN C. CARSTENSEN, ATTORNEY AT LAW,
503 MAIN STREET, HOBART, IN 46342
ATTORNEY I.D. #3141-45



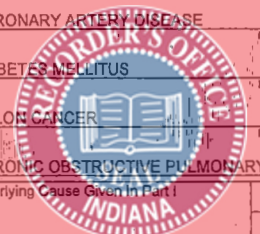
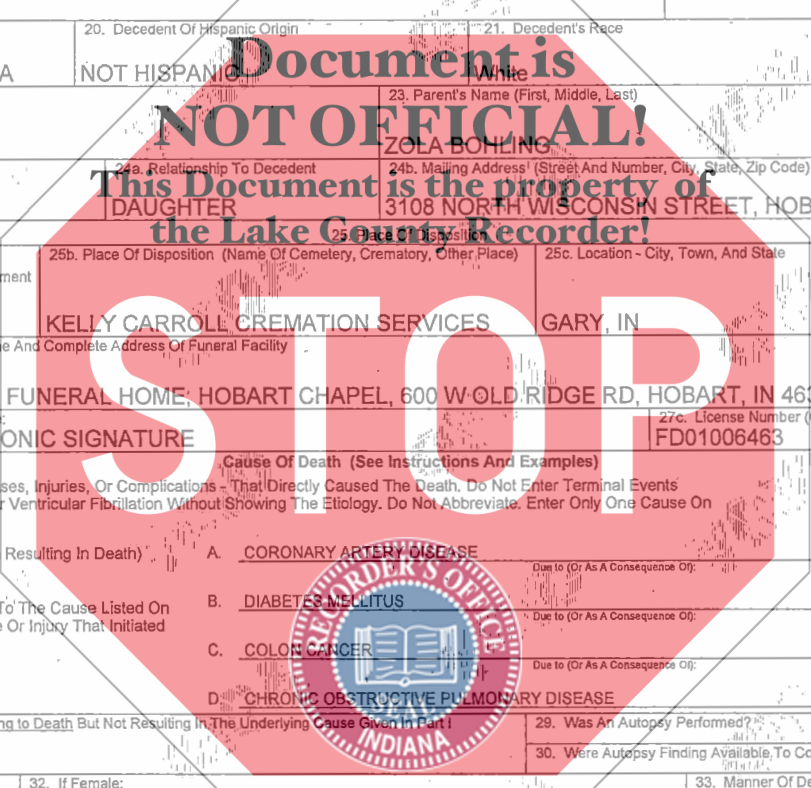
**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **000191**

EDR No **000000572415**

State No **019692**

1. Decedent's Legal Name (First, Middle, Last) BARBARA MARIE HAWKINS				1a. Maiden Name (If female) BOHLING		2. Sex FEMALE	3. Time Of Death 05:55 PM	4. Date Of Death (Month/Day/Year) 04/13/2017			
5. Social Security Number [REDACTED]		6a. Age - Yrs 80	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) 10/23/1936		8. Birthplace (City and State or Foreign Country) GARY, 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 <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) 5736 EAST 6TH AVENUE						12. City Or Town, State, And Zip Code GARY, IN, 46403		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 HOMEMAKER		17. Kind Of Business/Industry HOME			
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town GARY						
18c. Street And Number 5736 EAST 6TH AVENUE						18d. Apt. No.	18e. Zip Code 46403	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White						
22. Parent's Name (First, Middle, Last) ED BOHLING				23. Parent's Name (First, Middle, Last) ZOLA BOHLING			23a. Parent's Last Name Before First Marriage KNICK				
24. Informant's Name JO GUTIERREZ				24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 3108 NORTH WISCONSIN STREET, HOBART, IN 46342					
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 checked="" type="checkbox"/> Yes <input 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					
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. <u>CORONARY ARTERY DISEASE</u> Due to (Or As A Consequence Of): B. <u>DIABETES MELLITUS</u> Due to (Or As A Consequence Of): C. <u>COLON CANCER</u> Due to (Or As A Consequence Of): D. <u>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</u> Due to (Or As A Consequence Of):									Approximate Interval: Onset To Death YEARS YEARS YEARS YEARS		
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 Finding 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 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past 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		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)					
41. Signature Of Person Certifying Cause Of Death: ADOLPHUS A ANEKWE, 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: ADOLPHUS A ANEKWE, 3195 BROADWAY, GARY, IN 46409						44. License Number 01036654A		45. Date/Certified 04/19/2017			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 19 2017					



AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED