

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 046802

2017 JUL 28 AM 8:46

MICHAEL B. BROWN
RECORDER

TRANSFER ON DEATH BENEFICIARY AFFIDAVIT

3

STATE OF INDIANA)
COUNTY OF LAKE)

Dennis Lenaburg

, being first duly sworn, upon oath deposes and says:

1. Mary M. Michael ("Owner") died on June 29, 2017 a
resident of Lake County, Indiana, (a certified copy of the owner's death certificate is attached
as Exhibit A) owning at death an interest in the following described real estate:
SOUTHTOWN ANNEX ADDITION TO HIGHLAND, LOT 9
COMMONLY KNOWN AS 3701 41st LANE, HIGHLAND, IN 46322

Property address: 3701 41ST LANE, HIGHLAND, IN 46322
Parcel ID: 45-07-27-403-014.000-026

2. On JUNE 16, 2017, the owner signed a transfer on death deed transferring, on the owner's death, the
owner's interest, if any, in the real estate described above. This document was recorded on JUNE 16, 2017
in the office of the recorder of LAKE County, Indiana as Document #2017-036990

3. The designated beneficiary or beneficiaries in the transfer on death deed who did not survive the owner are (a
certified copy of the death certificate for each is attached:
DOES NOT APPLY

4. The designated beneficiary or beneficiaries in the transfer on death deed who survive the owner or are in
existence at the owner's death are:
Dennis Lenaburg, son of owner, 1070 SW 4th Street, Boca Raton, FL 33486, as sole owner

5. This affidavit shall be recorded in the recorder's office of LAKE County, Indiana, and presented
to the auditor of said county for appropriate entering for taxation.

6. The purpose of this affidavit is to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death the
owner's interest in the real estate described above to the transfer on death deed beneficiary.

AFFIRMED UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

FILED

JUL 28 2017

025857

JOHN E. PETALAS
LAKE COUNTY AUDITOR

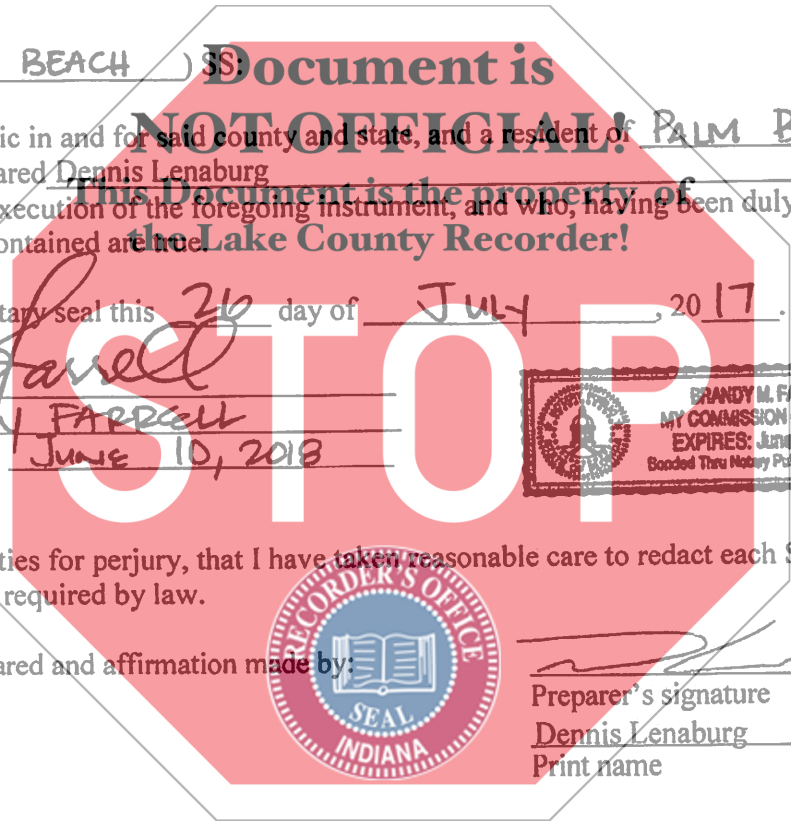
25
CASH
D

Dated this 26 day of JULY, 2017

[Signature]
Affiant's signature

Dennis Lenaburg
Print name

STATE OF FLORIDA)
COUNTY OF PALM BEACH) SS:



Before me, a notary public in and for said county and state, and a resident of PALM BEACH County, FLORIDA, personally appeared Dennis Lenaburg who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notary seal this 26 day of JULY, 2017.

Notary signature: [Signature]
Print name: BRANDY FARRELL
My commission expires: JUNE 10, 2018



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.

This document was prepared and affirmation made by:
Dennis Lenaburg
1070 SW 4th Street
Boca Raton, FL 33486
(219) 576-2922



[Signature]
Preparer's signature
Dennis Lenaburg
Print name

After recording, please return instrument to:
Dennis Lenaburg
1070 SW 4th Street
Boca Raton, FL 33486



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

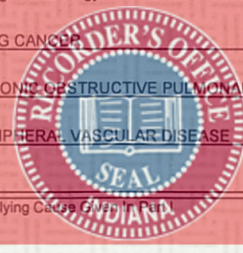
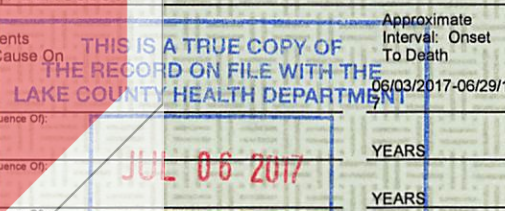
Tracking No. 128376

Local No 002267

EDR No 00000585578

State No 032490

1. Decedent's Legal Name (First, Middle, Last) MARY MARGARET MICHAEL				1a. Maiden Name (If female) ROLLAND		2. Sex FEMALE	3. Time Of Death 11:18 AM	4. Date Of Death (Month/Day/Year) 06/29/2017		
5. Social Security Number [REDACTED]		6a. Age - Yrs 72	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) 01/20/1945		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, 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				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) 3701 41ST LANE										
12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322					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 SPECIAL EDUCATION TEACHER		17. Kind Of Business/Industry EDUCATION		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HIGHLAND			18d. Apt. No.	18e. Zip Code 46322	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 3701 41ST LANE										
19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) MICHAEL ROLLAND				23. Parent's Name (First, Middle, Last) ELEANOR H. ROLLAND			23a. Parent's Last Name Before First Marriage SAKO			
24. Informant's Name RENEE SWART				24a. Relationship To Decedent DAUGHTER			24b. Mailing Address (City, State, Zip Code) 8922 RICHARD STREET, HIGHLAND, IN 46322			
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) ANATOMICAL EDUCATION PROGRAM			25c. Location - City, Town, And State INDIANAPOLIS, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KELLER MORTUARY SERVICE, LLC, 801 N. MAIN ST., LAPEL, IN 46051-0431						27a. Funeral Home License Number: FH11200031		
27b. Signature Of Indiana Funeral Service Licensee KELSEY T. BYERS, BY ELECTRONIC SIGNATURE						27c. License Number Of Licensee: FD21500037				
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>LUNG CANCER</u> Due to (Or As A Consequence Of): B. <u>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</u> Due to (Or As A Consequence Of): C. <u>PERIPHERAL VASCULAR DISEASE</u> Due to (Or As A Consequence Of): D. _____ 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								Approximate Interval: Onset To Death 06/03/2017-06/29/17 _____ YEARS _____ YEARS		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Use Part I.)								29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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: SUSAN RAMIREZ, 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: SUSAN RAMIREZ, 8437 KENNEDY AVE., HIGHLAND, IN 46322						44. License Number 01055919A		45. Date Certified 06/30/2017		
46. Additional Funeral Service Provider: HILLSIDE FUNERAL HOME						47. *Akas:				
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 03 2017				



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