

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 049187

2017 AUG -8 AM 8:52

MICHAEL B. BROWN
RECORDER

Mail Recorded Document To: HILBRICH LAW FIRM, 2637-45th Street, Highland, IN 46322

Please Mail Tax Statements to:

PARCEL NO. #45-15-22-327-007.000-014

MS. DIANA K. HAMMAR AND
MR. MICHAEL L. HAMMAR
1121 Maple Stream Drive
Indianapolis, Indiana 46217

STATE OF INDIANA)
COUNTY OF LAKE)

IN RE: DECEDENT,
SS: **This Document is the property of
the Lake County Recorder!**



Comes now DIANA K. HAMMAR, who being duly sworn upon oath states as follows:

1. That I have personal knowledge of the assertions herein and my relationship to the decedent, RAYMOND L. HAMMAR, JR., is a daughter.
2. That RAYMOND L. HAMMAR, JR. died on July 9, 2017, a resident of Lake County, Indiana, as evidenced by a redacted copy of his death certificate attached hereto and made a part hereof, marked as Exhibit "A".
3. That RAYMOND L. HAMMAR, JR. died owning an interest in the following described real estate in Lake County, Indiana.

Lot 4, in Woodland Hills 1st Addition, Unit No. 1, in the Town of Cedar Lake, as per plat thereof, recorded in Plat Book 41, page 137, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 8901 W. 129th Place
Cedar Lake, Indiana 46303-9230

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AUG 04 2017

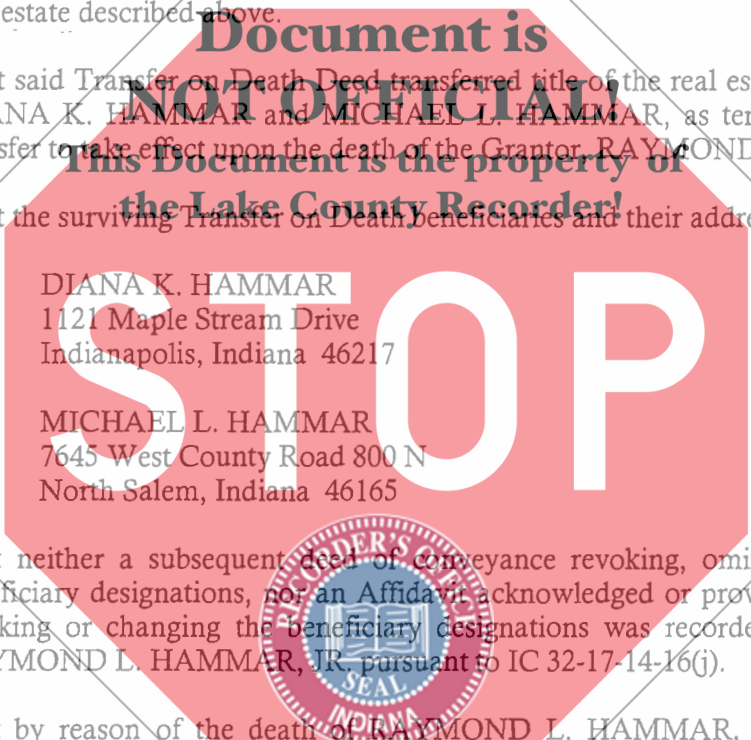
NO SALES DISCLOSURE NEEDED

Approved Assessor's Office **JOHN E. PETALAS**
LAKE COUNTY AUDITOR

By: [Signature]

AMOUNT \$ 25 -
 CASH _____ CHARGE _____
 CHECK # 17630566541
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK [Signature]

Parcel Number: 45-15-22-327-007.000-014

4. That prior to his demise, RAYMOND L. HAMMAR, JR. executed a Transfer on Death Deed on April 6, 2016, which was duly recorded on April 15, 2016, as Document No. #2016 023189, in the Office of the Lake County Recorder, Lake County, Indiana, as to the real estate described above.
5. That said Transfer on Death Deed transferred title of the real estate described above to DIANA K. HAMMAR and MICHAEL L. HAMMAR, as tenants in common, said transfer to take effect upon the death of the Grantor, RAYMOND L. HAMMAR, JR.
6. That the surviving Transfer on Death beneficiaries and their addresses are:


DIANA K. HAMMAR
1121 Maple Stream Drive
Indianapolis, Indiana 46217

MICHAEL L. HAMMAR
7645 West County Road 800 N
North Salem, Indiana 46165
7. That neither a subsequent deed of conveyance revoking, omitting, or changing the beneficiary designations, nor an Affidavit acknowledged or proved under IC 32-21-2-3 revoking or changing the beneficiary designations was recorded before the death of RAYMOND L. HAMMAR, JR. pursuant to IC 32-17-14-16(j).
8. That by reason of the death of RAYMOND L. HAMMAR, JR., the real property commonly known as 8901 W. 129th Place, Cedar Lake, Lake County, Indiana 46303, and herein legally described, was by operation of law, transferred to beneficiaries, DIANA K. HAMMAR and MICHAEL L. HAMMAR, as tenants in common.
9. That Affiant makes this Affidavit for the sole purpose of informing proper authorities of the death of the Transfer on Death Deed Grantor, RAYMOND L. HAMMAR, JR., and also for the purposes of perfecting the transfer of the real property to the transfer on death beneficiaries, DIANA K. HAMMAR and MICHAEL L. HAMMAR, as tenants in

common, in accordance with the terms of said Transfer on Death Deed and the Indiana Transfer on Death Property Act.

Affiant further sayeth not, this 14th day of July, 2017.

Document is NOT OFFICIAL!

Diana K. Hammar
DIANA K. HAMMAR, Affiant

This Document is the property of the Lake County Recorder!

STATE OF INDIANA)

COUNTY OF Indiana)

Before me, the undersigned, a Notary Public for Marion County, State of Indiana, personally appeared DIANA K. HAMMAR and acknowledged the execution of the foregoing Transfer on Death Affidavit.

Witness my hand and Notarial Seal this 14 day of July, 2017.

My Commission Expires:

10/28/21



Abby E. Henson
Printed Name: Abby E. Henson
Resident of Marion County

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.
Cori A. Mathis, Attorney at Law

THIS INSTRUMENT PREPARED BY:

Cori A. Mathis, Esq. (#31617-45)

HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP

2637 - 45th Street

Highland, Indiana 46322

(219) 924-2427

ABBY E HENSON
Notary Public - Seal
State of Indiana
Marion County
My Commission Expires Oct 28, 2021



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 129005

Local No. 002397

EDR No. 00000587605

State No. 034192

1. Decedent's Legal Name (First, Middle, Last) RAYMOND LAWRENCE HAMMAR Jr.		1b. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 05:21 PM		4. Date Of Death (Month/Day/Year) 07/09/2017	
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5. Social Security Number		6a. Age - Yrs 69		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) 05/19/1948		8. Birthplace (City and State or Foreign Country) EVERGREEN PARK, IL	
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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)							
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11. Facility Name (If Not Institution, Give Street and Number) 8901 WEST 129TH PLACE									
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12. City Or Town, State, And Zip Code CEDAR LAKE, IN, 46303			13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
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15. Surviving Spouse's Name		16a. Last Name Before First Marriage		16. Decedent's Usual Occupation MANAGEMENT		17. Kind Of Business/Industry FINANCIAL INSTITUTE	
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18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CEDAR LAKE	
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18c. Street And Number 8901 WEST 129TH PLACE		18d. Apt. No.		18e. Zip Code 46303		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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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	
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22. Parent's Name (First, Middle, Last) RAYMOND LAWRENCE HAMMAR Sr.		23. Parent's Name (First, Middle, Last) CAROLINE ESTHER HAMMAR		23a. Parent's Last Name Before First Marriage KUHLMAN	
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24. Informant's Name DIANA HAMMAR		24a. Relationship To Decedent DAUGHTER		24b. Informant's Address (Street, City, State, Zip Code) 1121 MAPLESTREAM DRIVE, INDIANAPOLIS, IN 46217	
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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) WOODLAWN CREMATORY		25c. Location - City, Town, And State FOREST PARK, IL	
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26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERVILLE, IN 46375		27a. Funeral Home License Number FH19900051	
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27b. Signature Of Indiana Funeral Service Licensee: SHELIA C. KIRBY, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee FD29500088	
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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. CAUSE OF DEATH PENDING Due to (Or As A Consequence Of) B. Due to (Or As A Consequence Of) C. Due to (Or As A Consequence Of) D.		29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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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 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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
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34. Date Of Injury (Month/Day/Year) 07/09/2017		35. Time Of Injury 17:21		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) RESIDENCE		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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38. Location Of Injury - State INDIANA		38a. City Or Town CEDAR LAKE		38b. Street & Number 8901 WEST 129TH PLACE		38c. Apt. No.		38d. Zip Code 46303	
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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)	
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41. Signature Of Person Certifying Cause Of Death: MERRILEE D. FREY, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One): <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307		44. License Number		45. Date Certified: 07/12/2017	
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46. Additional Funeral Service Provider		47. Akas	
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48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year): JUL 12 2017	
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
JUL 12 2017
LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED