

INDIANA TRANSFER ON DEATH BENEFICIARY AFFIDAVIT

The undersigned, being first duly sworn upon his oath, and in accordance with I.C. 32-17-14-26(b)(20) states:

1. That the legal description of the property is as follows:

Parcel No. 45-15-35-402-005.000-043

THE EAST 1 ACRE OF THE NORTH 6.50 ACRE TRACT OF THE NORTHWEST QUARTER OF THE SOUTHEAST CORNER OF SECTION 35, TOWNSHIP 34 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE POINT IN THE NORTHEAST CORNER OF SAID 6.50 ACRE TRACT; THENCE SOUTH, ALONG THE EAST LINE OF SAID TRACT, 214.5 FEET TO A STAKE; THENCE WEST ALONG THE SOUTH LINE OF SAID TRACT, 203.08 FEET TO A STAKE; THENCE NORTH PARALLEL TO THE EAST LINE OF SAID TRACT, 214.5 FEET TO A POINT IN THE NORTH LINE OF SAID TRACT, WHICH IS ALSO THE NORTH LINE OF THE SAID SOUTHEAST QUARTER OF SAID SECTION 35; THENCE EAST ALONG SAID NORTH LINE, 203.08 FEET TO THE PLACE OF BEGINNING; EXCEPTING FROM SAID TRACT THE WEST 101.33 FEET BY PARALLEL LINES THEREOF.

Commonly Known As: 6825 W. 145th Avenue, Cedar Lake, Indiana 46303

2. That Linda Dianne Granger, Owner, died in Hobart, Indiana on August 11, 2017.
3. That Linda Dianne Granger, Owner, recorded a Transfer on Death Deed which transferred and quitclaimed the property on death to Steven Phernetton, the Primary Beneficiary.
4. That the undersigned is the Primary Beneficiary named on the Transfer on Death Deed with Recorded Document Number 2016-073048, and recorded on October 28, 2016.
5. I reside at 6721 W. 144th Avenue, Cedar Lake, IN 46303.

FURTHER AFFIANT SAITH NOT.

I AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Dated this 30th day of August, 2017.

FILED

SEP 01 2017

**JOHN E. PETALAS
LAKE COUNTY AUDITOR
031489**


STEVEN PHERNETTON

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MICHAEL S. BRON
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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STATE OF INDIANA)
)
COUNTY OF LAKE)

Before me the undersigned Notary Public in and for said County and State this 30th day of August, 2017, personally appeared before Steven Phernetton, and acknowledged the execution of the forgoing affidavit.

IN WITNESS THEREOF, I have hereunto subscribed my name and affixed my official seal.

Theresa A. Henderson-Stockton
NOTARY

My Commission Expires: 7/16/25
County of Residence: Lake



I affirm, under the penalties of perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. *Theresa A. Henderson-Stockton*

This Document Prepared by
Theresa A Henderson-Stockton
Attorney at Law
363 W Lakeview Drive,
Lowell, IN 46356
219-765-9969



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 132560

Local No 002818

EDR No 00000592885

State No 039866

Form fields including: 1. Decedent's Legal Name (LINDA DIANNE GRANGER), 2. Sex (FEMALE), 3. Time Of Death (05:28 PM), 4. Date Of Death (08/11/2017), 5. Social Security Number, 6a. Age - Yrs (65), 7. Date of Birth (01/27/1952), 8. Birthplace (WINCHESTER, KY), 11. Facility Name (ST MARY MEDICAL CENTER INC), 12. City Or Town, State, And Zip Code (HOBART, IN, 46342), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Widowed), 15. Surviving Spouse's Name, 16. Decedent's Usual Occupation (HOMEMAKER), 17. Kind Of Business/Industry (DOMESTIC), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (CEDAR LAKE), 18c. Street And Number (6825 WEST 145TH AVENUE), 18d. Apt. No., 18e. Zip Code (46303), 18f. Inside City Limits? (Yes), 19. Decedent's Education (HIGH SCHOOL GRADUATE OR GED COMPLETED), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Parent's Name (WILLIAM PHERNETTON SR), 23. Parents Name (ARLENE PHERNETTON), 23a. Parent's Last Name Before First Marriage (AUSTIN), 24. Informant's Name (STEVE PHERNETTON), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (GERMAN METHODIST CEMETERY), 25c. Location - City, Town, And State (CEDAR LAKE, IN), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303), 27a. Funeral Home License Number (FH83002461), 27b. Signature Of Indiana Funeral Service Licensee (KENNETH JOHN PUENT, BY ELECTRONIC SIGNATURE), 27c. License Number (FD21600024), 28. Part I. Enter The Chain Of Events (ACUTE RESPIRATORY FAILURE, CARDIOGENIC SHOCK, PULMONARY EDEMA, ACUTE MYOCARDIAL INFARCTION), 28. Part II. Enter Other Significant Conditions Contributing to Death (END STAGE KIDNEY DISEASE ON DIALYSIS), 29. Was An Autopsy Performed? (No), 30. Were Autopsy Findings Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female (Not Pregnant Within Past Year), 33. Manner Of Death (Natural), 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? (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 (Driver/Operator, Passenger, Pedestrian, Other), 41. Signature, Of Person Certifying Cause Of Death (OSAMA AYAD, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (OSAMA AYAD, 800 MACARTHUR BLVD, SUITE 7, MUNSTER, IN 46321), 44. License Number (01066512A), 45. Date Certified (08/14/2017), 46. Additional Funeral Service Provider, 47. *Akas, 48. Signature of Local Health Officer (CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (Month/Day/Year) (AUG 15 2017)



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. AUG 15 2017. LAKE COUNTY HEALTH DEPARTMENT

RAISED SEAL AFFIXED