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 PRETITED A BOINT 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, JN 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 STÉVEN PHÉRNETTON

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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. https://discontinuous.com/ NOTARY NOT
NOTARY
My Commission Expires: The Document is
County of Residence.
AN PUNCO
This Document of the Property of
the Lake County tour Ro-702326 refer! My Commission Expires 07/16/25 OF IND OF IND
I affirm, under the penalties of perjury, that I have taken reasonable care to reduct each social
security number in this document, unless required by law harve H.H. thekton
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 00281 1. Decedent's Legal Name (First, Middle, Last)	8 ED	R No 0000		5	2. Sex	tate No	03980 of Death		Peath (Month/Day/Year)	
LINDA DIANNE GRANGER		PHERNETTO	ON			05:2	5:28 PM		08/11/2017	
	Inder 1 Year 6c. Under 1 Mont	West of the latest of the late			f Birth (Month/Day/		Mileto Dispray	Annual An	oreign Country)	
9. Ever in U.S. Armed Forces? 10. If Death Occur	The second of the second of the second of the	Hours	Minutes 10a. If Death Occurr Hospice Facility	ed Somev	The state of the s	Hospital	INCHEST ome/Long-term	11-11-11		
☐ Yes ☑ No ☐ Unknown ☑ Inpatient ☐ 11. Facility Name (If Not Institution, Give Street and N	Emergency Department Outpatien	nt Dead on Arrival	Other (Specify)		Cedent's Home	_ Nursing Fi	ome/Long-term	Care racility		
ST MARY MEDICAL CENTER INC 12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death										
HOBART, IN, 46342			LAKE			☐ Married ☐ ☑ Widowed			Married, But Separated Divorced	
15. Surviving Spouse's Name	15	a. Last Name Before Fir			16. Decedent's Usu		The second of	The second second	Business/Industry	
18. Residence - State	18a. County		18b. City Or Town		HOMEMAKER	?		DOMEST	ic	
INDIANA	LAKE		CEDAR LAK	111.11				TET		
18c. Street And Number		The second secon	Marie Distance Distan		18d. A	pt. No.	18e. Zip C	ode	18f. Inside City Limits? ☐ Yes ☒ No	
6825 WEST 145TH AVENUE 19. Decedent's Education	20. Decedent of Hisp	anic Origin	20 00 1-De	gedent's F	Rack		463	03	☐ Tes ☑ No	
HIGH SCHOOL GRADUATE OR GE COMPLETED	NOT HISPANIC		White	19			The state of the s			
22. Parent's Name (First, Middle, Last)							11: 11:	rent's Last Na	me Before First Marriage	
WILLIAM PHERNETTON SR 24. Informant's Name ARLENE PHERNETTON AUSTIN AUSTIN										
STEVE PHERNETTON BROTHER LAKE COUGARD WEST CHATTER LAKE, IN 46303										
25a. Method Of Disposition ☑ Burial ☐ Cremation ☐ Donation ☐ Entombrie	25b. Place Of Disposition (N	25, Place lame Of Cemetery, Crer	natory, Other Place)	25c. Loc	cation - City, Town, A	and State	11:11:11:			
Removal From State Other (Specify):	GERMAN METHO	DIST CEMETE	3	CEDA	AR LAKE, IN		THE			
26. Was Coroner Contacted? 27. Name /	And Complete Address Of Funeral			OLDI	THE TIME, IN	1000		27a. Funera	Home License Number:	
☐ Yes ☑ No BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE,						46303 FH83002461				
KENNETH JOHN PUENT, BY ELEC	C	ause Of Death (See			FD2160	00024		TEXTING CARD	7 Approximate	
28. Part I. Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary.	s, Injuries, Or Complications - T entricular Fibrillation Without S	That Directly Caused 1 howing The Etiology.	The Death, Do Not Er Do Not Abbreviate, E	nter Term nter Only	one Cause On	S A TRU	E COPY C	STATE OF THE PARTY OF	Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition	esuiting In Death) A.	ACUTE RESPREN		tue to (Or As	LAKE COUNT	TY HEA	TH DEPAI	RTMENT	ACUTE	
Sequentially List Conditions, If Any, Leading To	The Cause Listed On B.	CARDICGENIC SHO	OCK		A Consequence DP:	1	5 2017		ACUTE	
Line A. Enter The Underlying Cause (Disease O The Events Resulting In Death) Last	r Injury That Initiated C.	PULM CNARY EDEN		Due to (Or As		20 1	J 7011		ACUTE	
Tributed Linear martin m		ACUTE MYOCARD	ALINEARCTION	de to (Or As	A Consequence City	12			ACUTE	
Part II. Enter Other Significant Conditions Contributing to	o Death But Not Resulting In The	Underlying Cause Cive	HARRION	100	An Autopsy Performe	THITY H	MINISTER CO	No Use Of Death?		
END STAGE KIDNEY DISEASE ON DIALYSIS 31. Did Tobacco Use Contribute To Death?	32. If Female: Not Pregnant Within Past Year	Pregnant At Time Of Death	Not Pregnant, But Pregnan	t Within 42 Da	THE RESERVE AND ADDRESS OF THE PARTY OF THE	fanner Of D	eath:	11711	Yes No	
Yes ☐ Probably ☒ No ☐ Unknown 34. Date Of Injury (Month/Day/Year)	Not Pregnant, But Pregnant 43 Days T 35. Time Of Injury	o 1 year Before Death	Of Injury (E.G., Deced	The Past Ye	ar S	uicide 🔲 Ce	ould Not Be Det	ermined	jury At Work?	
								F	Yes No	
38. Location Of Injury - State	38a. City Or Town	38b. Str	eet & Number				38c. Apt. No	38d.	Zip Code	
39. Describe How Injury Occurred				77.1	40. If	Transportat	ion Injury, Spec	ify:	MILESS	
41. Signature, Of Person Certifying Cause Of Death:	CONSTUDE			- 11 	42. Certifier (Ch	neck Only Or	ne)			
OSAMA AYAD , BY ELECTRONIC S 43. Name, Address And Zip Code Of Person Certifying					☐ Certifying PI	44. License	Number Number		alth Officer ate Certified	
OSAMA AYAD , 800 MACARTHUR 46. Additional Funeral Service Provider:	BLVD, SUITE 7, MUN	NSTER, IN 4632	21			0106651	2A		08/14/2017	
48. Signature of Local Health Officer:				11:11	49. For Registrar C		Filed (Month/D	ay/Year):		
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					RIGINAL)		AUG 15 2	017		
							nell-ne		WALLEY TO THE	
				===	= -			THE T		
State Form 53395 ATTENTION ESTATE: The Soc	cial Security # is being requeste	ed by this state agency	in order to pursue re	esponsibi	lity. Disclosure is	voluntary ar	BAISEL	SEA	AFFIXED	