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2017 071012

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 OCT 20 AM 10:24

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

TRANSFER ON DEATH AFFIDAVIT OF SURVIVORSHIP

KENNETH L. CROSS, DAVID W. CROSS, and JAMES F. CROSS, being first duly sworn upon their oath, depose and say:

1. Affiants reside at _____, and _____, respectively.

GRANTEES' ADDRESSES

2. At the time of her death, HELEN T. CROSS, was the owner of the following described real estate:

Lot 28 in Block 3 in Louis E. Hohman's Addition to the Town, now City, of Hammond as per plat thereof, recorded in Plat Book 1 page 56, in the Office of the Recorder of Lake County, Indiana.

Key No.: 45-02-36-429-028.000-023
Property Address: 613 Kane Street, Hammond, IN 46320

3. Prior to her death, HELEN T. CROSS executed a Transfer on Death Warranty Deed which named KENNETH L. CROSS, DAVID W. CROSS, and JAMES F. CROSS as the beneficiaries of said real estate and provided that said property pass to KENNETH L. CROSS, DAVID W. CROSS, and JAMES F. CROSS upon her death.

4. The Transfer on Death Declaration made December 18, 2012, and recorded January 9, 2013, was never amended nor revoked and was in full force and effect at the time of death of HELEN T. CROSS. * and as document # 2013-001611

5. HELEN T. CROSS died on April 28, 2017. A certified copy of the death certificate of HELEN T. CROSS is attached hereto as "EXHIBIT A".

6. Upon the death of HELEN T. CROSS on April 28, 2017, KENNETH L. CROSS, DAVID W. CROSS, and JAMES F. CROSS became the owners of the above described real estate.

**FIDELITY NATIONAL
TITLE COMPANY**

FR 1702023

FILED

OCT 18 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

028087

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FR
nm

7. Further Affiants saith not.

KENNETH L. CROSS

David W. Cross
DAVID W. CROSS

James F. Cross
JAMES F. CROSS

STATE OF _____, COUNTY OF _____, SS:

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 2017, personally appeared KENNETH L. CROSS and acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: _____
Resident of _____ County _____, Notary Public

STATE OF IN, COUNTY OF Lake, SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 23 day of May, 2017, personally appeared DAVID W. CROSS and acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 8/7/22
Resident of Lake County _____, Notary Public

STATE OF IN, COUNTY OF Lake, SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 17th day of May, 2017, personally appeared JAMES F. CROSS and acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 8/7/22
Resident of Lake 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. Thomas L. Kirsch.

PREPARED BY: THOMAS L. KIRSCH, 131 Ridge Rd., Munster, IN 46321; 219-836-1384; Atty. # 5224-45

MAIL TO: David Cross 101 Pearl St Michigan City IN
46360



7. Further Affiants saith not.

Kenneth Cross

KENNETH L. CROSS

DAVID W. CROSS

JAMES F. CROSS



JANE KIRK
Notary Public - State of Arizona
MARICOPA COUNTY
My Commission Expires

STATE OF Arizona, COUNTY OF Maricopa, SS:

Before me, the undersigned, a Notary Public in and for said County and State, this May 28 day of May, 2017, personally appeared KENNETH L. CROSS and acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 05-28-17

Resident of 10010 25th County _____, Notary Public

STATE OF _____, COUNTY OF _____, SS:

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 2017, personally appeared DAVID W. CROSS and acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires:

Resident of _____ County _____, Notary Public

STATE OF _____, COUNTY OF _____, SS:

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 2017, personally appeared JAMES F. CROSS and acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

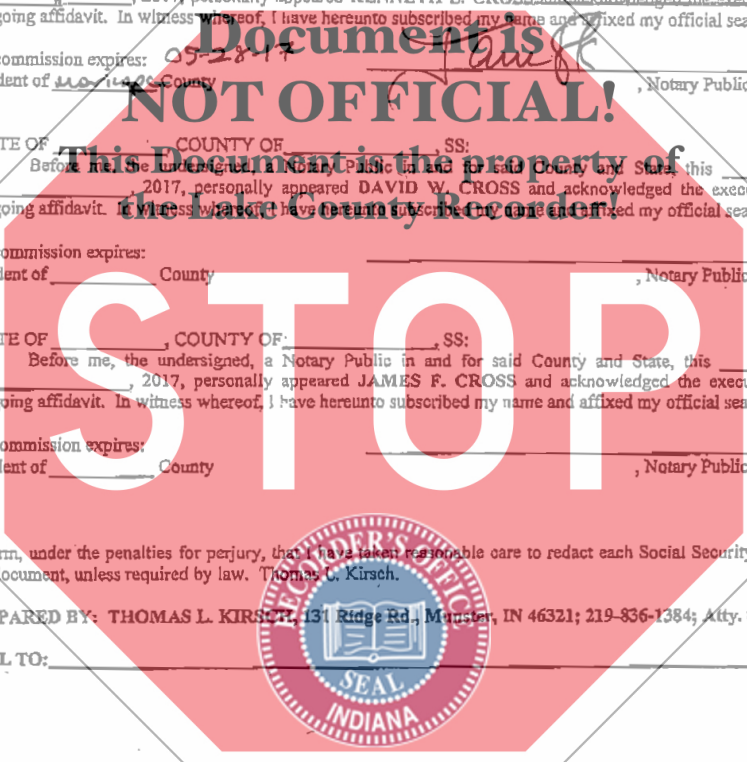
My commission expires:

Resident of _____ 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. Thomas C. Kirsch.

PREPARED BY: THOMAS L. KIRSCH, 131 Ridge Rd., Munster, IN 46321; 219-836-1384; Atty. # 5224-45

MAIL TO: _____





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

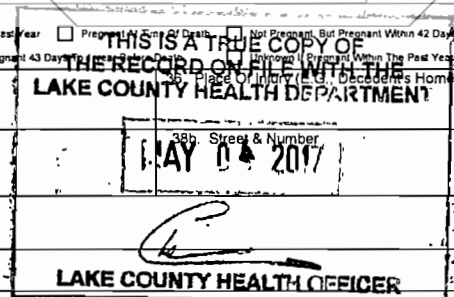
Tracking No. 122853

Local No 001603

EDR No 000000575143

State No 022456

1. Decedent's Legal Name (First, Middle, Last) HELEN T CROSS				1a. Maiden Name (if female) TOMKO		2. Sex FEMALE	3. Time Of Death 03:15 PM	4. Date Of Death (Month/Day/Year) 04/28/2017	
5. Social Security Number XXXXXXXXXX		6a. Age - Yrs 95	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Min. es	7. Date of Birth (Month/Day/Year) 05/21/1921		8. Birthplace (City and State or Foreign Country) WHITING, 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 checked="" 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 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) FRANCISCAN HOSPITAL (LAKE)									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					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 OWN HOME	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HAMMOND		18d. Apt. No.	18e. Zip Code 46320	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 613 KANE STREET									
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 (First, Middle, Last) GEORGE TOMKO				23. Parent's Name (First, Middle, Last) JULIA TOMKO			23a. Parent's Last Name Before First Marriage KAMINSKY		
24. Informant's Name DAVID CROSS				24a. Relationship To Decedent SON			24b. Mailing Address (Street And Number, City, State, Zip Code) 501 PEARL STREET, MICHIGAN CITY, IN 46360		
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) ELMWOOD CEMETERY			25c. Location - City, Town, And State HAMMOND, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-HAMMOND, 5840 HOHMAN AVE, HAMMOND, IN 46321						27a. Funeral Home License Number: FH83002819	
27b. Signature Of Indiana Funeral Service Licensee BRIAN T. BURNS, BY ELECTRONIC SIGNATURE							27c. License Number (Of Licensee): FD08601763		
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. CARDIOPULMONARY ARREST Due to (Or As A Consequence Of) _____ MINUTES 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 B. _____ Due to (Or As A Consequence Of) _____ C. _____ Due to (Or As A Consequence Of) _____ D. _____								Approximate Interval: Onset To Death	
Part II Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I HYPERTENSION, DIABETES							29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" 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 Or More Before Time Of Death			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			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 MAY 04 2017		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 PARUL DOSHI, 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: PARUL DOSHI, 9800 VALPARAISO COURT, MUNSTER, IN 46321						44. License Number 01032154A	45. Date Certified 05/02/2017		
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). MAY 04 2017			



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