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**TRANSFER ON DEATH DEED AFFIDAVIT**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA     )  
                                  ) SS:     2017 081674  
COUNTY OF LAKE     )

2017 DEC -1 AM 10:38  
MICHAEL B. BROWN  
RECORDER

BRENDA R BJURSTROM, being first duly sworn, upon oath deposes and says:

1. This Affidavit is made pursuant to IC 32-17-14-26(b)(20).
2. The undersigned is a TOD Beneficiary of Owner CAROLE A BJURSTROM, who died a resident of Lake County, Indiana, on the 19th day of October, 2017. A certified copy of the death certificate of any non surviving beneficiary is attached hereto.
3. At the time of death of Owner, the Owner held the following Real Estate in TOD Beneficiary Form: **the Lake County Recorder!**  
The real estate and premises commonly known as:  
2013 Church Street, Dyer, Indiana 46311, Parcel No: 45-10-12-455-003.000-034 and more particularly described as follows, to wit: Lot 22, Keilman's First Addition to Dyer, as shown in Plat Book 12, page 32, in the Office of the Recorder of Lake County, Indiana. #12-14-30-22.
4. That the wording in the deed creating the TOD beneficiaries is as follows:



This indenture witnesseth, that the Grantor, CAROLE A BJURSTROM, surviving spouse of RICHARD CARL BJURSTROM, of Lake County, Indiana pursuant to IC 32-17-14 convey and warrant to CAROLE A BJURSTROM, a widow not having remarried, transfer on death to my daughter, BRENDA R BJURSTROM.

To have and to hold the said real estate with all improvements as set forth herein.

Upon the death of the Owner, title to the above described real estate shall vest in BRENDA R BJURSTROM, as set forth above.

A purchaser for value of the above described real estate or a lender who acquires a security interest in the property from the beneficiary, in good faith, shall take the property free of any claims of or liability to the Owner's estate, creditor's of the Owner's estate, persons claiming rights as beneficiaries or heirs of the Owner's estate, in absence of actual knowledge that the transfer was improper; and a purchaser of lender of value

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JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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shall have no duty to verify sworn information contained in this deed.

5. The TOD deed was dated October 10, 2017, was recorded on October 17, 2017, and was recorded as Instrument No. 042413 in the Recorder's Office of Lake County, Indiana.

6. The name and address of each designated beneficiary who survived the Owner's death of was in existence on the date of the Owner's death is:

<b>a. Name:</b>	<b>Address</b>
Brenda R Bjurstrom	2013 Church Street, Dyer, Indiana 46311

<b>Relationship to Owner:</b>	<b>Portion of Property</b> (All or fractional share as tenant in common)
Daughter	<u>All as tenant in common</u>

7. All the beneficiaries named in the TOD deed survived the Owner.

8. The purpose of this Affidavit is to comply with I.C. 32-17-14-26(b)(20) and to set forth the present ownership of title to the above described real estate pursuant to the beneficiary designated in said TOD Deed.

The present owners and title held are: BRENDA R BJURSTROM, Beneficiary

9. This Affidavit shall be recorded in the Recorder's Office of Lake County, Indiana, and presented to the Auditor of said county for appropriate endorsement and entering for taxation.

10. All the facts set forth herein are true and correct as this Affiant is informed and verily believes.

Dated: December 1, 2017

Signature: Brenda R Bjurstrom

Printed Name: Brenda R. Bjurstrom

Before me, the undersigned Notary Public, personally appeared Brenda R. Bjurstrom on this 1st day of December, 2017, and being first duly sworn upon oath states that the above facts are true and accurate and acknowledged that execution of the above Affidavit.

Erica Mason  
Notary Public Erica Mason  
Resident of Lake  
County, Indiana

My Commission Expires: March 31, 2021

**Document is NOT OFFICIAL**

ERICA MASON  
NOTARY PUBLIC  
SEAL  
LAKE COUNTY, STATE OF INDIANA  
EXPIRES 03/31/2021

The undersigned, having prepared the above instrument, articles, and the penalties of perjury, that I have taken reasonable care to read each social security number in this instrument, unless required by law.

Document prepared and affirmation made by LYNN M STIDHAM, 8973 Luann Drive, South, DeMotte, Indiana 46310.

Lynn M. Stidham  
LYNN M STIDAM

**Attachments:**

Death Certificate of CAROLE A BJURSTROM



**MAIL TAX BILLS TO:**

Brenda R Bjurstrom  
2013 Church Street  
Dyer, Indiana 46311

**PARCEL NO. 45-10-12-455-003.000-034**

**Note: Must be endorsed by County Auditor.**





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 139317

Local No 003619

EDR No 00000604550

State No 051306

1. Decedent's Legal Name (First, Middle, Last) <b>CAROLE BJURSTROM</b>				1a. Maiden Name (if female) <b>STRAUSS</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>01:25 AM</b>	4. Date Of Death (Month/Day/Year) <b>10/19/2017</b>			
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>75</b>	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) <b>03/24/1942</b>		8. Birthplace (City and State or Foreign Country) <b>HAMILTON, OH</b>		
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) <b>2013 CHURCH STREET</b>						12. City Or Town, State, And Zip Code <b>DYER, IN, 46311</b>		13. County Of Death <b>LAKE</b>		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 <b>HOME MAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>			
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>DYER</b>		18d. Apt. No.	18e. Zip Code <b>46311</b>	18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		22. Parent's Name (First, Middle, Last) <b>ROY STRAUSS</b>		23. Parent's Last Name Before First Marriage <b>BORDERS</b>			
24. Informant's Name <b>LYNN STIDHAM</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street, and Number, City, State, Zip Code) <b>307 S. LANNAN ROAD SOUTH, DEMOTTE, IN 46310</b>		25. Place Of Disposition <b>MIDWEST CREMATION CENTER LA PORTE, IN</b>		25c. Location - City, Town, And State			
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):		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>LAKEVIEW FUNERAL HOME &amp; CREMATORY, INC., 247 W. JOHNSON ROAD, LA PORTE, IN 46350</b>		27a. Funeral Home License Number: <b>FH10600025</b>		27b. Signature Of Indiana Funeral Service Licensee: <b>CASMIER PULASKI, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD08900012</b>	
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. <b>ALZHEIMERS DEMENTIA AND COLOVESICAL FISTULA</b> Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ 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  <b>YEARS</b>			
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I.						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 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) <b>THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</b>	37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Location Of Injury - State		38a. City Or Town <b>LAKE</b>		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)		<b>NOT VALID UNLESS</b>			
41. Signature, Of Person Certifying Cause Of Death: <b>LYLE R MUNN, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number: <b>01031582A</b>		45. Date Certified: <b>10/19/2017</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321</b>						47. *Akas:		49. For Registrar Only - Date Filed (Month/Day/Year): <b>OCT 23 2017</b>			
46. Additional Funeral Service Provider:						48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			



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