



4. Prior to his death, Richard G. Powell executed and recorded a Transfer on Death Deed, which was recorded May 24, 2017, as Document Number 2017 032055, in the Office of the Recorder of Lake County, Indiana, designating **Jenice A. Powell, James R. Powell and David J. Powell** as the beneficiaries upon his death. A true and correct copy of the recorded Transfer on Death Deed is attached to this Affidavit as **Exhibit "B"** and made a part of this Affidavit by reference.

5. **Jenice A. Powell, James R. Powell and David J. Powell** are the owner of said real estate as a result of the death of Richard G. Powell and being designated as the beneficiaries on said Transfer on Death Deed, which was executed and recorded before his death pursuant to Indiana Code § 32-17-14-11(a).

6. The purposes of the filing and recording of this Affidavit are to:

induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that **Jenice A. Powell, James R. Powell and David J. Powell** are the owners of said real estate; and

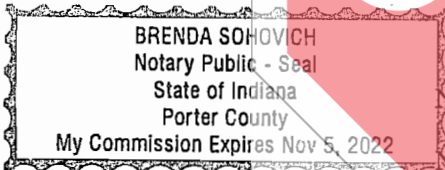
place of record with the Lake County Recorder's Office evidence that **Jenice A. Powell, James R. Powell and David J. Powell** are the record title holders of said real estate;

Further Affiant said not.  
This Document is the property of  
the Lake County Recorder!

Dated this 28th day of November, 2017.

  
David J. Powell

Subscribed and sworn to by David J. Powell, the Affiant, before me, the undersigned Notary Public in and for said County and State, on this 28th day of November, 2017.



Notary's Signature: 

Notary's Printed Name: Brenda Schovich

Notary's County of Residence: Porter

Notary's Commission Expires: 11/5/2022

The foregoing Affidavit of Beneficiaries of Transfer on Death Deed was prepared by Chris Fox, Attorney at Law, Indiana License No. 19091-64; Address: 516 East 86<sup>th</sup> Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366), referencing Greater Indiana Title Company Commitment Number IN002711.

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. Chris Fox



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 001308

EDR No 00000607221

State No 054220

1. Decedent's Legal Name (First, Middle, Last) <b>RICHARD G POWELL</b>		1a. Maiden Name (if female)		2. Sex <b>MALE</b>	3. Time Of Death <b>07:31 PM</b>	4. Date Of Death (Month/Day/Year) <b>11/02/2017</b>	
5. Social Security Number [REDACTED]	5a. Age - Yrs <b>79</b>	6b. Under 1 Year Months: Days: Hours: Minutes:	6c. Under 1 Month Days: Hours: Minutes:	6d. Under 1 Day Hours: Minutes:	6e. Under 1 Hour Minutes:	7. Date of Birth (Month/Day/Year) <b>10/09/1938</b>	
8. Birthplace (City and State or Foreign Country) <b>WHITING, IN</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 checked="" 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) <b>VNA HOSPICE CENTER</b>				13. County Of Death <b>PORTER</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	
12. City Or Town, State, And Zip Code <b>VALPARAISO, IN, 46383</b>		15. Surviving Spouse's Name		16a. Last Name Before First Marriage		16. Decedent's Usual Occupation <b>REFRIGERATION REPAIR</b>	
17. Kind Of Business/Industry <b>STEEL</b>		18. Decedent's Usual Occupation		19. Residence - State <b>OREGON</b>		19a. County <b>MULTNOMAH</b>	
19b. City Or Town <b>PORTLAND</b>		18c. Street And Number <b>104 SOUTHEAST 30TH PLACE</b>		18d. Apt. No.		18e. Zip Code <b>97214</b>	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race	
22. Parent's Name (First, Middle, Last) <b>JOSEPH POWELL</b>		23. Parent's Name (First, Middle, Last) <b>ELIZABETH POWELL</b>		23a. Parent's Last Name Before First Marriage <b>BOLECK</b>			
24. Informant's Name <b>JENICE POWELL</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>805 S. WASHINGTON PLACE, PORTLAND, OR 97214</b>			
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, Funeral Home, Crematorium, Etc., City, Town, And State) <b>KELLY CARROLL CREMATION SERVICES, GARY, IN</b>		25c. Place Of Disposition (Name Of Cemetery, Funeral Home, Crematorium, Etc., City, Town, And State)			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>FAGEN-MILLER FUNERAL GARDENS, INC.-HIGHLAND, 2828 HIGHWAY AVENUE, HIGHLAND, IN 46322</b>		27a. Funeral Home License Number <b>FH83003035</b>			
27b. Signature Of Indiana Funeral Service Licensee <b>LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee) <b>FD01006015</b>		28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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) <b>A. SEPSIS DUE TO UNKNOWN ORGANISM</b>		28. Approximate Interval: Onset To Death <b>HOURS</b>		28. Sequence of Events (List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Pleasease On Injury That Initiated The Events Resulting In Death) Last)			
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>NA</b>		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 checked="" 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 type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown (Specify) 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		37. Injury At Work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		36. Time Of Injury		38. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		38c. Apt. No.	
35. Location Of Injury - State		38a. City Or Town		38b. Street & Number		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 <b>OBAID SHAFIQ, 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>0107020235</b>		45. Date Certified <b>11/07/2017</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>OBAID SHAFIQ, 85 E. US HIGHWAY 6, VALPARAISO, IN 46383</b>		46. Signature of Local Health Officer <b>MARIA L STAMP, VIA ELECTRONIC SIGNATURE</b>		46. For Registrar Only: Date Filed (Month/Day/Year) <b>NOV 07 2017</b>			

