

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 083698

2017 DEC 11 AM 11:59

MICHAEL B. BROWN
RECORDER

TRANSFER ON DEATH AFFIDAVIT

Donald M. Good being first duly sworn, makes the following statements:

- 4
1. On August 7, 2010, Elisabet Good, ("Grantor") signed a Transfer on Death Deed transferring to Donald M. Good and Ronald W. Good ("Primary Beneficiaries") upon the owner's death, the owner's interest in the following described real estate in Lake County, Indiana:

NOT OFFICIAL!
 This Document is the property of
 the Lake County Recorder!

The East 20.00 feet of the West 151.0 feet of the South 73.0 feet of the North 83.0 feet of Lot L in Prairie View, Unit 3, in the City of Crown Point, as per plat thereof, recorded in Plat Book 88 page 59, in the Office of the Recorder of Lake County, Indiana


Parcel Number: 45-16-09-276-005.000-042
 Commonly Known as: 1822 Elderberry Ct., Crown Point, IN 46307

2. Such Transfer on Death Deed was recorded on August 16, 2010, in the office of the Recorder of Lake County, Indiana as Document Number 2010-047020.
3. The owner, Elisabet Good AKA Elisabet Erma Good AKA Elisabet E. Good, died on November 28, 2017, owning an interest in the above-described real estate. Copy of death certificate is attached.
4. All of the Primary Beneficiaries survived the owner. The Primary Beneficiaries' name and address are as follows:

Donald M. Good, 1488 W. 131st Ct., Crown Point, IN 46307
 Ronald W. Good, 1008 Seabrook, Plano, TX 75023

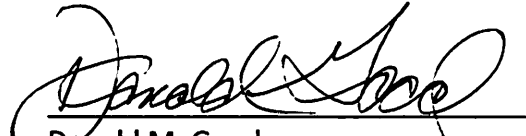
FILED
 DEC 11 2017
 JOHN E. PETALAS
 LAKE COUNTY AUDITOR

043170

25
 CASW


5. This Affidavit is made, executed and recorded to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death the owner's interest in the above-described real estate.

Dated this 7th day of December, 2017.


Donald M. Good


STATE OF INDIANA

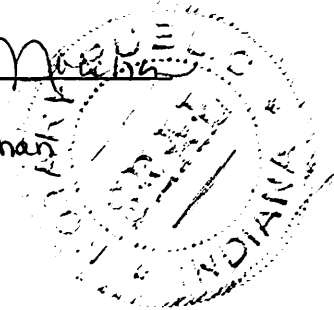
COUNTY OF LAKE

Document is NOT OFFICIAL!

Subscribed and sworn to by Donald M. Good before me, a Notary Public in and for said County and State, this 7th day of December, 2017.

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


Notary Public
Denise A. Molchan



My Commission Expires: June 9, 2023
Resident of Lake County, Indiana



I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.


Donald M. Good

Mail tax statements to and Return Affidavit to:
Donald M. Good
1488 W. 131st Ct.
Crown Point, IN 46307

Tax Mailing Address: 1822 Elderberry Ct., Crown Point, In 46307
Grantee's Address: 1822 Elderberry Ct., Crown Point, In 46307

2010 04 7020

TRANSFER ON DEATH DEED

THIS INDENTURE WITNESSETH, that Elisabeth Good
GRANTOR(S) of 1822 Elderberry Ct., Crown Point
County of Lake, in the State of Indiana
TRANSFER(S) to Elisabeth Good then transfer upon death (TOD) to Donald M. Good and Ronald M. Good

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 AUG 16 AM 8:54
MICHÉLE FAJMAN
RECORDER

in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which
hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana



Legal Description: The East 30.00 feet of the West 151.0 feet of the South 73.0 feet of the North 83.9 feet of Lot L in Prairie View, Unit 3, in the City of Crown Point, as per plat thereof, recorded in Plat Book 33 page 39 in the Office of the Recorder of Lake County, Indiana

Parcel Number: 45-16-09-276-005-000-042
Commonly known as: 1822 Elderberry Ct., Crown Point, In 46307

Dated this 7th day of August, 2010

Elisabet Good
Grantor's Signature

Elisabet Good
Grantor's Printed Name



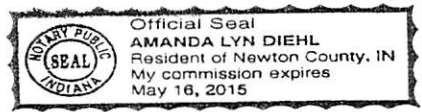
DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
AUG 16 2010
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA, COUNTY OF LAKE) SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 7th day of August, 2010 personally appeared: Elisabeth Good foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: May 16, 2015
Resident of Newton County

Signature *Amanda Lynn Diehl*
Printed Amanda Lynn Diehl, 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."
PREPARED BY: *EG*

This instrument prepared by: Elisabeth Good, 1822 Elderberry Ct., Crown Point, In 46307 (219) 226-0457

AFTER RECORDED MAIL TO: Elisabeth Good, 1822 Elderberry Ct., Crown Point, In 46307

\$17
CS
CA



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 142382

Local No 004126

EDR No 00000611840

State No

1. Decedent's Legal Name (First, Middle, Last) ELISABET ERMA GOOD				1a. Maiden Name (If female) SNYDER		2. Sex FEMALE	3. Time Of Death 01:25 PM	4. Date Of Death (Month/Day/Year) 11/28/2017											
5. Social Security Number [REDACTED]	6a. Age - Yrs 91	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) 08/12/1926		8. Birthplace (City and State or Foreign Country) PITTSBURGH, PA											
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 type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Other (Specify) SON'S HOME														
11. Facility Name (If Not Institution, Give Street and Number) 1488 WEST 131ST COURT						12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307		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 CLAIMS ADJUSTER		17. Kind Of Business/Industry GEICO INSURANCE											
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
18c. Street And Number 1822 ELDERBERRY COURT				19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		23a. Parent's Last Name Before First Marriage KOTORA									
22. Parent's Name (First, Middle, Last) JOHN K. SNYDER				23. Parents Name (First, Middle, Last) MARY SNYDER				24. Informant's Name DONALD M GOOD											
24a. Relationship To Decedent SON				24b. Mailing Address (Street And Number, City, State, Zip Code) 1488 WEST 131ST COURT, CROWN POINT, IN 46307															
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, Crematory, Other Place) KELLY CARROLL CREMATION SERVICE				25c. Location - City, Town, And State CALUMET TWP, IN													
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307						27a. Funeral Home License Number: FH83001261											
27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01009893													
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 On One Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE RENAL FAILURE Due to (Or As A Consequence Of): B. Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D.										28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (List In Part I)		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. 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		Approximate Interval: Onset To Death 1-2 WEEKS	
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 To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Date Of Injury (Month/Day/Year)		34. Time Of Injury		35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		36. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No									
37. 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger (If Pedestrian) <input type="checkbox"/> Other (Specify) NOT VALID UNLESS													
41. Signature, Of Person Certifying Cause Of Death: RAJARAJESWARI MAJETY, 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: RAJARAJESWARI MAJETY, 2050 N. MAIN STREET SUITE F, CROWN POINT, IN 46307						44. License Number 01055426A		45. Date Certified 11/30/2017											
46. Additional Funeral Service Provider:						47. *AKAs: ELIZABETH E. GOOD													
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year). DEC 01 2017													



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
DEC 01 2017

LAKE COUNTY HEALTH OFFICER