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2017 084907

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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MICHAEL B. BROWN
RECORDER

LAKE COUNTY RECORDER OF DEEDS

Document is
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TRANSFER ON DEATH AFFIDAVIT
This Document is the property of
the Lake County Recorder!
ON PROPERTY LOCATED AT

STOP

8445 Manor Avenue, Unit 306
Munster, IN 46321

PIN# 45-06-24-183-042.000-027



DATE
November 27, 2017
INDIANA



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Oak Forest, IL 60452

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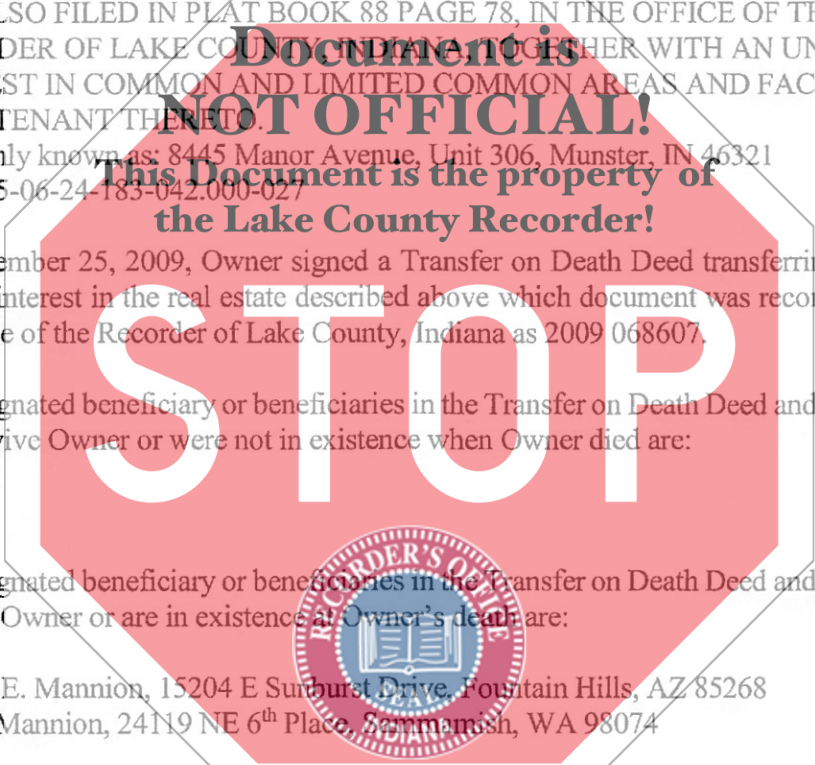
TRANSFER ON DEATH AFFIDAVIT

Gregory E. Mannion and Allen J. Mannion, upon personal knowledge and belief, makes these statements.

1. Helen Mannion ("Owner") died June 23, 2017 (a certified copy of the Owner's death certificate is attached as Exhibit A) owning at death an interest in the following described real estate:

UNIT NO. 306 AND GARAGE PARKING SPACE NO. 306, AT 8445 MANOR AVENUE, IN RENAISSANCE CONDOMINIUMS, INC., A HORIZONTAL PROPERTY REGIME AS CREATED BY A CERTAIN DECLARATION OF CONDOMINIUM, RECORDED ON JUNE 27, 2000 AS DOCUMENT NO. 2000 045384 AND ALSO FILED IN PLAT BOOK 88 PAGE 78, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA TOGETHER WITH AN UNDIVIDED INTEREST IN COMMON AND LIMITED COMMON AREAS AND FACILITIES APPURTENANT THERETO.

Commonly known as: 8445 Manor Avenue, Unit 306, Munster, IN 46321
KEY# 45-06-24-183-042.000-027



2. On September 25, 2009, Owner signed a Transfer on Death Deed transferring, on Owner's death, Owner's interest in the real estate described above which document was recorded October 9, 2009 in the office of the Recorder of Lake County, Indiana as 2009 068607.

3. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who did not survive Owner or were not in existence when Owner died are:

None

4. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who survive the Owner or are in existence at Owner's death are:

Gregory E. Mannion, 15204 E Sunburst Drive, Fountain Hills, AZ 85268
Allen J. Mannion, 24119 NE 6th Place, Sammamish, WA 98074

5. The purpose of this Affidavit is to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death Owner's interest in the real estate described above to the Transfer on Death Deed beneficiary.

Dated this ⁴⁵²⁴26 day of November, 20¹⁷₁₇

43501

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DEC 11 2017

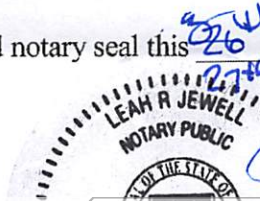
JOHN E. PETALAS
LAKE COUNTY AUDITOR

Gregory E. Mannion
Gregory E. Mannion
Allen J. Mannion
Allen J. Mannion

STATE OF Arizona, COUNTY OF Maricopa, SS:

Before me, a notary public in and for said county and state residing in Maricopa County, State of Arizona, personally appeared Gregory E Mannion, and acknowledged the execution of the foregoing document.

Witness my hand and notary seal this 26th day of November, 2017

 [Signature]
Notary Public

My Commission Expires:

June 15, 2020


Document is NOT OFFICIAL!
Leah R Jewell
(printed name of notary)

This Document is the property of the Lake County Recorder!

STATE OF Washington, COUNTY OF King, SS:

Before me, a notary public in and for said county and state residing in King County, State of Washington, personally appeared Gregory E Mannion, and acknowledged the execution of the foregoing document.

Witness my hand and notary seal this 26th day of November, 2017

 [Signature]
Notary Public

My Commission Expires:

August 5, 2020

STOP
Rosemary Cole
(printed name of notary)

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.

THIS INSTRUMENT WAS PREPARED BY _____



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 127960

Local No 002256

EDR No 000000585039

State No

1. Decedent's Legal Name (First, Middle, Last) HELEN MANNION				1a. Maiden Name (If female) JAKUBAS		2. Sex FEMALE	3. Time Of Death 01:22 AM	4. Date Of Death (Month/Day/Year) 06/23/2017			
5. Social Security Number ██████-0009	6a. Age - Yrs 94	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) 03/02/1923		8. Birthplace (City and State or Foreign Country) CALUMET CITY, IL			
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) MUNSTER COMMUNITY HOSPITAL						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 MUNSTER			18c. Street And Number 8445 MANOR AVENUE	18d. Apt. No.	18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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) WALTER JAKUBAS SR		23a. Parent's Last Name Before First Marriage JEDRZEJEWSKI		
22. Parent's Name (First, Middle, Last) WALTER JAKUBAS SR		23. Parent's Name (First, Middle, Last) FRANCES JAKUBAS		23b. Relationship To Decedent SON			23c. Home Address (Street And Number, City, State, Zip Code) 15204 EAST SUNBURS DRIVE, FOUNTAIN HILLS, AZ 85268				
24. Informant's Name GREGORY E MANNION		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) HOLY CROSS CEMETERY		25c. Location - City, Town, And State CALUMET CITY, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321			27a. Funeral Home License Number. FH10700038		27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD01021590		
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. CONGESTIVE HEART FAILURE Due to (Or As A Consequence Of): 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. AORTIC STENOSIS						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 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. 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)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. 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 <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) NOT VALID UNLESS					
41. Signature, Of Person Certifying Cause Of Death: SHEEYIP JOSIAH CHAN, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 02001071A		45. Date Certified 06/30/2017	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SHEEYIP JOSIAH CHAN, 911 A FRAN LIN PARKWAY, MUNSTER, IN 46321						47. *Akas:					
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUN 30 2017					

