

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 086132

2017 DEC 19 AM 11:19

MICHAEL B. DROW
RECORDER

PARCEL NO. 45-16-16-202-008.000-042

MAIL TAX BILLS TO: Lynda D. Smith and
Debra Ann Smith, Grantees
GRANTEES' ADDRESS: 412 W. 117th Place
Crown Point, IN 46307

TRANSFER ON DEATH AFFIDAVIT

LYNDA D. SMITH and DEBRA ANN SMITH, being first duly sworn, make the following statements:

1. On August 31, 2016, SHARON LOUISE DIX ("Owner") signed a Transfer on Death Deed transferring to LYNDA D. SMITH and DEBRA ANN SMITH (the "Primary Beneficiaries"), as tenants-in-common and not as joint tenants with rights of survivorship on the Owner's death, the following described real estate in Lake County, Indiana:

Lot 5, Eastland Heights as shown on plat of Correction recorded April 20, 1963, in Miscellaneous Record 858, page 160, in Lake County, Indiana.

Commonly known as 412 W. 117th Place, Crown Point, Indiana 46307.

2. Such Transfer on Death Deed was recorded on August 31, 2016, in the Office of the Recorder of Lake County, Indiana, as Document Number 2016-059638.

3. The Owner died on November 29, 2017, owning a fee simple interest in and to the above-described real estate. A certified copy of the Owner's death certificate is attached to this Affidavit as "Exhibit A" and made part of it by reference.

4. The Primary Beneficiaries survived the Owner, and the names and addresses of the Primary Beneficiaries are:

Lynda D. Smith
412 W. 117th Place
Crown Point, IN 46307

Debra Ann Smith
592 Quail Drive
Hobart, IN 46342

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 fee simple interest in and to the above-described real estate.

FILED

DEC 19 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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Dated this 19th day of December, 2017.

Lynda D. Smith
Lynda D. Smith

Debra Ann Smith
Debra Ann Smith

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

**Document is
NOT OFFICIAL!**

Before me, the undersigned, a Notary Public in and for said County and State, this 19th day of December, 2017, personally appeared LYNDA D. SMITH and DEBRA ANN SMITH, and acknowledged the execution of the foregoing Transfer on Death Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:
November 21, 2023

Benjamin T. Ballou
Benjamin T. Ballou, Notary Public
Resident of Lake County



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.



Benjamin T. Ballou
Benjamin T. Ballou

This instrument prepared by: Benjamin T. Ballou
Attorney at Law
8700 Broadway
Merrillville, Indiana 46410

348732.1
18,532-2



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 142928

Local No 004195

EDR No 00000613192

State No 059549

| | | | | | | | | | | |
|---|--|--|----------------------------|---|--|--|---|---|--|---|
| 1. Decedent's Legal Name (First, Middle, Last) SHARON LOUISE DIX | | | | 1a. Maiden Name (If female) COPLIN | | 2. Sex FEMALE | 3. Time Of Death 03:30 AM | 4. Date Of Death (Month/Day/Year) 11/29/2017 | | |
| 5. Social Security Number [REDACTED] | | 6a. Age - Yrs 78 | 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) 07/03/1939 | | 8. Birthplace (City and State or Foreign Country) CHARLOTTE, MI | |
| 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) 412 WEST 117TH PLACE | | | | | | | | | | |
| 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 RESPIRATORY THERAPIST | | 17. Kind Of Business/Industry HOSPITAL | | |
| 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 412 WEST 117TH PLACE | | 19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE | | 20. Decedent Of Hispanic Origin NOT HISPANIC | | 21. Decedent's Race White | | | | |
| 22. Parent's Name (First, Middle, Last) EARL LEONARD COPLIN | | | | 23. Parent's Name (First, Middle, Last) NAOMI ALEEN COPLIN | | 23a. Parent's Last Name Before First Marriage SLOAN | | | | |
| 24. Informant's Name DEBRA ANN SMITH | | | | 24a. Relationship To Decedent DAUGHTER | | 24b. Address (Street, City, State, Zip Code) 5921 QUAIL DRIVE, HOAPT, IN 46342 | | 24c. License Number FD09000013 | | |
| 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) GEISEN CREMATION CENTRE | | | 25c. Location - City, Town, And State CROWN POINT, IN | | | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307 | | | | | | | | |
| 27b. Signature Of Indiana Funeral Service Licensee LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE | | 27c. License Number FD09000013 | | 27d. Complete With The LAKE COUNTY HEALTH DEPARTMENT | | | | 27e. Funeral Home License Number 10700031 | | |
| 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. CHRONIC COLITIS 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. C. D. | | | | | | | | Approximate Interval: Onset To Death DEC 07 2017 | | |
| Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause, Given In Part I. CHRONIC GI BLEEDING | | | | | | | | 29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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) | | | | |
| 41. Signature, Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, 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: KRISTINE MARIE TEODORI, 213 SOUTH COURT STREET, SUITE B, CROWN POINT, IN 46307 | | | | | | 44. License Number 02002441A | | 45. Date Certified 12/07/2017 | | |
| 46. Additional Funeral Service Provider: | | | | | | 47. *Axes: | | | | |
| 48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): DEC 07 2017 | | | | |

