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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 013068

2019 MAR -4 AM 11:14

MICHAEL B. BROWN
RECORDER

Parcel Number: 45-08-05-407-007.000-004

TRANSFER ON DEATH AFFIDAVIT

Kathy D. Shiels a/k/a Kathy Wilkins-Shields, being first duly sworn, makes the following statements based upon personal knowledge:

1. On August 20, 2010, Katherine Wilkins (the "Owner") signed a Transfer on Death Deed transferring to Kathy Wilkins Shields (a/k/a Kathy D. Shiels), on the Owner's death, the Owner's interest in the following described real estate in Lake County, Indiana:

Lot 27 in Block 16 in Gary Land Company's Fourth Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 14, page 15, in the Office of the Recorder of Lake County, Indiana

Commonly Known As: 529 Roosevelt, Gary, IN 46404

2. Said Transfer on Death Deed was recorded on September 22, 2010, in the office of the Recorder of Lake County, Indiana, as document number 2010 055097.

3. The Owner died on February 5, 2019, as the fee simple owner of the above-described real estate. A true and accurate copy of the Owner's death certificate (with social security number and cause of death redacted) is attached to this Affidavit as Exhibit "A."

4. The name and address of each designated primary beneficiary who survives the Owner are as follows:

<u>Name</u>	<u>Address</u>
Kathy D. Shiels	4366 Creek Manor Lane, Memphis, TN 38125

Kathy D. Shiels is one and the same person as Kathy Wilkins-Shields, the primary beneficiary under the aforementioned Transfer on Death Deed, and I make this statement to clarify and correct any misspelling regarding my name.

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

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Kathy D. Shiels is one and the same person as Kathy Wilkins-Shields, the primary beneficiary under the aforementioned Transfer on Death Deed, and I make this statement to clarify and correct any misspelling regarding my name.

5. There are no designated primary beneficiaries who failed to survive the Owner.

6. This Affidavit is made, executed and recorded to comply with the requirements of I.C. §32-17-14-26(b)(20) to transfer the Owner's interest in the above-described real estate to Kathy Wilkins-Shields.

FURTHER AFFIANT SAYETH NOT.

Date: March 1, 2019

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
Kathy D. Shiels
Kathy D. Shiels a/k/a Kathy Wilkins-Shields

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Kathy D. Shiels a/k/a Kathy Wilkins-Shields, and she being first duly sworn by me upon her oath, stated that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 1st day of March, 2019



Laura L. Rybicki
Resident Of
Lake County
My Commission Expires:
8/27/2024



Laura L. Rybicki
LAURA L. RYBICKI, Notary Public

THIS DOCUMENT WAS PREPARED BY:

Laura L. Rybicki, Attorney No.: 21389-45
LAURA L. RYBICKI, LLC
9495 Keilman, Suite 2B, St. John, Indiana 46373
Telephone: (219) 365-7766

**Grantee's Address and
Mail Tax Statements To:**
Kathy Wilkins-Shields
4366 Creek Manor Lane
Memphis, TN 38125

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.

Laura L. Rybicki



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 800068

EDR No 00000694755

State No 009169

1. Decedent's Legal Name (First, Middle, Last) KATHERINE WILKINS				1a. Maiden Name (if female) YOUNG		2. Sex FEMALE	3. Time Of Death 02:40 AM	4. Date Of Death (Month/Day/Year) 02/05/2019	
5. Social Security Number 308-46-5676		6a. Age - Yrs 73	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) 01/16/1946		8. Birthplace (City and State or Foreign Country) MARKTREE, AR
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"/> Bed 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) METHODIST HOSPITAL NORTHLAKE						12. City Or Town, State, And Zip Code GARY, IN, 46402		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 SUPERVISOR		17. Kind Of Business/Industry US STEEL MILL
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 539 ROOSEVELT STREET			19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American		
22. Parent's Name (First, Middle, Last) PHYLLIP YOUNG			23. Parent's Name (First, Middle, Last) ROSA LEE BARNES			23a. Parent's Last Name Before First Marriage BARNES			
24. Informant's Name SANDRA LYNN WILKINS-SABLACK			24a. Relationship To Decedent DAUGHTER			24b. Mailing Address (Street And Number, City, State, Zip Code) 1800 W. MERRILLVILLE, IN 46410			
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) FERN OAK CEMETERY		25c. Location - City, Town, And State GRIFFITH, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility MANUEL MEMORIAL FUNERAL HOME, 421 W 5TH ST, GARY, IN 46402					27a. Funeral Home License Number: FH11100005		
27b. Signature Of Indiana Funeral Service Licensee: ANGELA R MANUEL, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20600080			
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. RESPIRATORY Due to (Or As A Consequence Of): 1HR									
B. MYOCARDIAL INFARCTION Due to (Or As A Consequence Of): 30MIN									
C. _____ Due to (Or As A Consequence Of): _____									
D. _____ Due to (Or As A Consequence Of): _____									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.						28. Was An Autopsy Performed? <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 Within 42 Days Of Death <input checked="" 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: OKECHI N. NWABARA, 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: OKECHI N. NWABARA, 3535 BROADWAY, GARY, IN 46409						44. License Number 01033511A		45. Date Certified 02/26/2019	
48. Signature Of Local Health Officer: REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 26 2019			
48. Additional Funeral Service Provider:						47. *Akas:			

