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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 013116

2019 MAR -4 PM 3:32

MICHAEL S. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Parcel No.: 45-17-09-401-006.000-044

TRANSFER ON DEATH DEED AFFIDAVIT

Randal A. Peterson a/k/a Randall A. Peterson, being first duly sworn on his oath, deposes and states as follows:

1. This Affidavit is made pursuant to IC 32-17-14-11.
2. Affiant is the transfer on death beneficiary of Owner, Karen Peterson a/k/a Karen J. Peterson, who died a resident of Lake County, State of Indiana on December 18, 2018.

3. At the time of death, Owner held title to the following real estate in fee simple and in transfer on death form:

Lot 161, in Lakes of the Four Seasons, Unit No. 2, as shown in Plat in Plat Book 37, page 76, in the Recorder's Office of Lake County, Indiana.

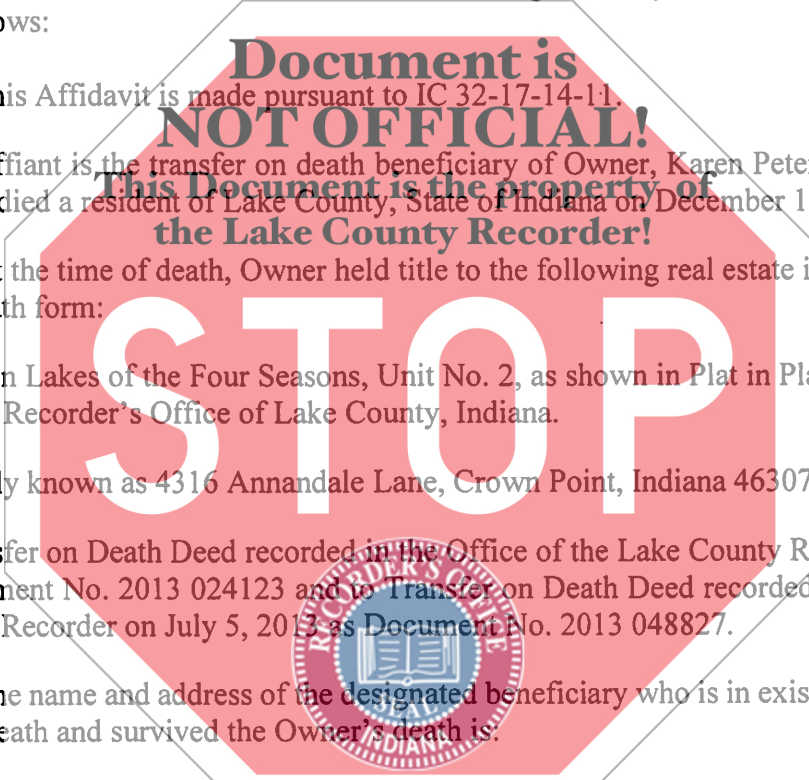
Commonly known as 4316 Annandale Lane, Crown Point, Indiana 46307

pursuant to Transfer on Death Deed recorded in the Office of the Lake County Recorder on April 4, 2013 as Document No. 2013 024123 and to Transfer on Death Deed recorded in the Office of the Lake County Recorder on July 5, 2013 as Document No. 2013 048827.

4. The name and address of the designated beneficiary who is in existence on the date of the Owner's death and survived the Owner's death is:

Randal A. Peterson a/k/a Randall A. Peterson
131 Henderlong Parkway, Crown Point, IN 46307

5. The purpose of this is to comply with IC 32-17-14-26(b)(20) and to set forth the present ownership of title of the above described real estate pursuant to Owner's beneficiary designation in such transfer on death deed.



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JOHN E. PETALAS
LAKE COUNTY AUDITOR

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6. This Affidavit shall be recorded in the Office of the Recorder of Lake County, Indiana and presented to the Auditor of such County for appropriate entering for taxation.

Dated: March 4, 2019.

Randal A. Peterson a/k/a Randall A. Peterson

STATE OF INDIANA)

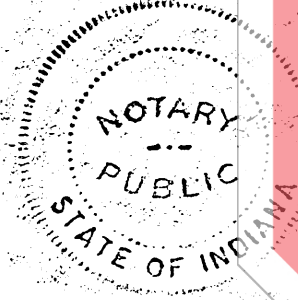
COUNTY OF LAKE)

Document is NOT OFFICIAL!

Before me the undersigned, a Notary Public for the State of Indiana, personally appeared Randal A. Peterson a/k/a Randall A. Peterson, and he, being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true this 4th day of March, 2019.

STOP

Diane M. Holdmann, Notary Public
My Commission Expires: 06/29/2022
Commission No. NP0655040
Resident of Lake County, Indiana



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. Victor H. Prasco

Document Prepared By: Victor H. Prasco, Burke Costanza & Carberry LLP, 9191 Broadway, Merrillville, IN 46410



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

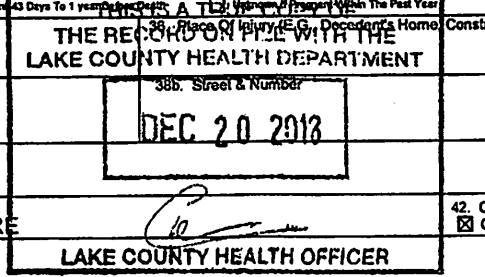
Tracking No. 180338

Local No 904288

EDR No 00000682365

State No 062328

Form fields including: 1. Decedent's Legal Name (KAREN J PETERSON), 2. Sex (FEMALE), 3. Time Of Death (02:50 AM), 4. Date Of Death (12/18/2018), 5. Social Security Number (73), 7. Date of Birth (07/16/1945), 8. Birthplace (GARY, IN), 11. Facility Name (SYMPHONY OF CROWN POINT), 12. City Or Town, State, And Zip Code (CROWN POINT, IN, 46307), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Widowed), 15. Surviving Spouse's Name, 16. Decedent's Usual Occupation (REGISTERED NURSE), 17. Kind Of Business/Industry (HOSPITAL), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (CROWN POINT), 18c. Street And Number (4316 ANNANDALE LANE), 18d. Apt. No., 18e. Zip Code (46307), 18f. Inside City Limits? (Yes), 19. Decedent's Education (ASSOCIATE DEGREE (AA, AS)), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Parent's Name (JOHN DENESUK), 23a. Parent's Last Name Before First Marriage (PETCOFF), 24. Informant's Name (RANDAL A PETERSON), 25. Place Of Disposition (NORTHWEST INDIANA CREMATION SERVICES), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (BURNS FUNERAL HOME), 27a. Funeral Home License Number (FH83002445), 27b. Signature Of Indiana Funeral Service Licensee (JAMES E. BURNS), 27c. License Number (FD20700059), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (GOBLET CELL CANCER APPENDIX, METASTATIC TO LIVER), 28. Part II. Enter Other Significant Conditions Contributing To Death, 29. Was An Autopsy Performed? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (Unknown), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death: (Natural), 34. Date Of Injury, 35. Time Of Injury, 36. Location Of Injury, 37. Injury At Work? (No), 38. Describe How Injury Occurred, 39. Signature, Of Person Certifying Cause Of Death (WILLIAM J PIERCE), 40. Certifier (Check Only One) (Certifying Physician), 41. License Number (01025010A), 42. Date Certified (12/20/2018), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (WILLIAM J PIERCE), 44. *Aids, 45. Signature of Local Health Officer (CHANDANA VAVILALA), 46. For Registrar Only - Date Filed (DEC 20 2018)



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