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MICHAEL B. 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.

 the Lake County Recorder!
- 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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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 OT 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 duty sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true this 4th day of March, 2019.

Diane M. Holdmann, Notary Public
My Coronission 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. <u>Victor H. Prasco</u>

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 90		EDR No 000000682365			State No 062328 2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Year)					
Decedent's Legal Name (First, Middle, Las	ii)			(ii iemaie)						
KAREN J PETERSON 5. Social Security Number 6a. Age - Yrs	6b. Under 1 Yea	ar 6c. Under 1 M	DENESUK fonth 6d. Under 1 Day	6e. Under 1 Hour	7. Date of Bi	FEMALE rth (Month/Day/Y	02:50 (ear) 8. Bir			12/18/2018 Foreign Country)
1 -	Months	Days	Hours	Minutes	07	/16/1945	GΔ	RY, IN		
9. Ever in U.S. Armed Forces? 10. If De	ath Occurred In A H		1	10a. If Death Occur	rred Somewhe	re Other Than A I	Hospital	·····	Cons Fr -1er	
		y Department Outpa	atient Dead on Arrival	Hospice Facility Other (Specify)	∐ Deced	ent's Home	Nursing Hor	me/Long-term (Care Facilit	y
11. Facility Name (If Not Institution, Give Str SYMPHONY OF CROWN PO										
12. City Or Town, State, And Zip Code				13. County Of Death				14. Marital Status At Time Of Death ☐ Married ☐ Married, But Separated ☐ Divorced		
CROWN POINT, IN, 46307			LAKE			☑ Widowed ☐ Never Married ☐			Married Unknown	
15. Surviving Spouse's Name			15a. Last Name Before Fi	rst Marriage	16	Decedent's Usu	al Occupation	ł	17. Kind C	H Business/Industry
						GISTERED	NURSE	. <u> </u>	HOSPIT	AL
18. Residence - State	18	a. County		18b. City Or Tow	νn					
INDIANA	LA	KE		CROWN PC	TNIC	104 4	at No.	18e. Zip Co	ada 1	18f. Inside City Limits?
18c. Street And Number						18d. A	pt. No.	186. ZIP CI	ode	⊠ Yes □ No
4316 ANNANDALE LANE				100 01 11 1				4630	07	2 703 2 700
19. Decedent's Education		20. Decedent Off	tispani s Origin	men	ecedents Rac	8				
ASSOCIATE DEGREE (AA, A	(S)	NOT HISPAI	VIC TO	White	First Middle I	asti		23a Par	ent's Last &	Iame Before First Marriag
22. Parent's Name (First, Middle, Last)			1010	A. Landing Mails (الجرار					
JOHN DENESUK	/	This	Documen	ANGELINE D	ENESUK	thy cof	te Zin Kadat	PETC	OFF	
24. Informant's Name		24a, Relations	e Lake Co	_				DOINT I	1 46207	,
RANDAL A PETERSON		ISON CIT		e Of Disposition	WORE HI	MANUVAY, C	NOVVIN Y	OUNT, IN	v 4030/	
25a. Method Of Disposition ☐ Burlal ☑ Cremation ☐ Donation ☐ E ☐ Removal From State ☐ Other (Specify):	Entombment NOI		NDIANA CREMA			on - City, Town, A				
	7. Name And Comp		neral Facility						27a. Fune	ral Home License Numbe
☐ Yes ☒ No	LIRNS FLINE	RAI HOME	(CROWN POINT)	10101 BRO	ADWAY.	CROWN PO	DINT. IN	46307	FH8300	02445
27b. Signature Of Indiana Funeral Service Li	censee:		(CICOUIT CITT)	, 10101 01101		27c. Licen FD2070	iso Number (C	f Licensee):		
JAMES E. BURNS , BY ELEC			Cause Of Death (See				30039			Approximate
28. Part I. Enter The <u>Chain Of Events</u> - Such As Cardiac Arrest, Respiratory Arr A Line, Add Additional Lines if Necessa	rest, Or Ventric <mark>ular</mark>	s. Or Complication Fibrillation Witho	ns - That Directly Caused out Showing The Etiology.	The Death, Do Not Do Not Abbreviate.	Enter Termina Enter Only C	al Events Ine Cause On				Interval: Onset To Death
Immediate Cause (Final Disease Or Co		n Death)	A. GOBLET CELL CA	ICER APPENDIX				J		6 YEARS
•				N/ED	Due to (Or As A C	(ensequence OI):				3 MONTHS
Sequentially List Conditions, If Any, Let Line A. Enter The Underlying Cause (D	ading To The Caus disease Or Injury Ti	se Listed On hat Initiated	B. METASTATIO TO L		Oue to (Or As A C	Consequence Of):	/			- CMONTIO
The Events Resulting In Death) Last			c		Due to (Or As A C	Consequence O():				
			D. [E] *	SEAL	/					
Part II. Enter Other Significant Conditions Con	ntributing to Death B	But Not Resulting In	The Underlying Cause Gly	ad HPan Inn		Autopsy Perform		☐ Yes	⊠ No	
				•	30. Were A	dopsy Finding Av	ailable To Cor Manner Of De		use Of Dea	th? Yes No
31. Did Tobacco Use Contribute To Death?	32. If Fe	omalo: Pregnent Within Past Y <u>gar</u>		Not Premier But Prem	nant Within 42 Days	oroesth 🖾 N	latural 🔲 Ho	micide 🔲 A		Pending Investigation
Yes Probably No Unknown	Not P	regnant, But Pregnant 43	Dans To 1 more Reduced Post 10 - 3	- T. Hatman # Promotel W	ithin The Part Year	i ins	uicide Co	uld Not Be Det Wooded Area)	termined	Injury At Work?
34. Dato Of Injury (Month/Day/Year)	35. ftm	ne Of Injury	THE RECORDS	ON PILE WITH EALTH DEPAR	THE		.,			Yes No
38. Location Of Injury - State	38a. Cit	ly Or Town		reet & Number				38c, Apt No	380	d. Zip Code
		1	her	2 0 2013	,					
39. Describe How Injury Occurred				<u> </u>		40. I	f Transportation	on Injury, Spec	ify:	Wishell EOO
	Of Coasts:)	<u> </u>				VALI	D'UNLESS
41. Signature, Of Person Certifying Cause (WILLIAM J PIERCE, BY ELE	CTRONIC S		(10			42. Certifier (C ⊠ Certifying F	hysician !!	Coroner		Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:			LAKE COUNTY HEALTH OFFICER				44. Liceriso		45	Date Certified
WILLIAM J PIERCE , 210 E	90TH DRIVE	, MERRILLV	ILLE, IN 46410				0102501 47. *Akas:			12/20/2018
48. Additional Funeral Service Provider:								\$ 4 G		
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						9. For Registrar		Filed (Month/D DEC 20 2		
CHANDANA VAVILALA, VIA	ELEC I KUNI	AMEN	IDMENT TO CERTIFICA	TE OF DEATH (EN	TRY OR ORI	GINAL)				
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