

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 JUN 12 PM 1:57

MICHAEL B. BROWN
RECORDER

2019 035384

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Parcel No.: 45-12-32-229-002.000-029

TRANSFER ON DEATH AFFIDAVIT

KYLIE L. BORMAN, being first duly sworn on her oath, deposes and states as follows:

1. This Affidavit is made pursuant to I.C. §32-17-14-11.
2. Affiant is one of the transfer on death beneficiaries of Owner, LYNN R. FAUGHT HERRERA a/k/a LYNN ROCHELLE HERRERA, who died a resident of Lake County, State of Indiana on May 30, 2019, a redacted copy of the Certificate of Death is attached.

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

LOT 45 IN FOUNTAIN RIDGE ADDITION, UNIT 3, IN THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 39, PAGE 39 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 1903 W. 93rd Place, Crown Point, Indiana 46307

pursuant to the Deed (Transfer on Death) recorded in the Office of the Lake County Recorder on April 24, 2019 as Document No. 2019 023567.

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

Kylie L. Borman, 9045 East 124th Court, Crown Point, IN 46307, as to an undivided one-half interest as a tenant in common, and

Leana R. Wozniak, 693 East 900 North, Westville, IN 46391, as to an undivided one-half interest as a tenant in common.

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

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5. The purpose of this is to comply with I.C. §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 designation of beneficiaries in such transfer on death deed.

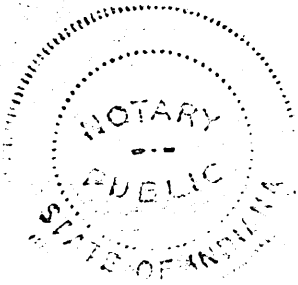
6. This Affidavit shall be recorded in the Office of the Recorder of Lake County, Indiana and presented to the Auditor of such County for appropriate entering for taxation.

Dated: June 12, 2019.

Kylie Borman
Kylie L. Borman

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for the State of Indiana, personally appeared Kylie L. Borman, and she, being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true this 12th day of June, 2019.



Diane M. Holdmann
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

Mail Tax Bills to: 1903 West 93rd Place, Crown Point, Indiana 46307

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



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 197697

Local No 901983

EDR No 00000713120

State No 026751

1 Decedent's Legal Name (First, Middle, Last) LYNN ROCHELLE HERRERA				1a. Maiden Name (If female) FAUGHT		2 Sex FEMALE	3. Time Of Death 07:22 AM	4 Date Of Death (Month/Day/Year) 05/30/2019	
5. Social Security Number		6a. Age - Yrs 61	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) 09/14/1957		8. Birthplace (City and State or Foreign Country) GARY, IN
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) METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE									
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410-7099					13 County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input 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 PROFESSIONAL STUDENT		17. Kind Of Business/Industry EDUCATION	
18. Residence - State INDIANA		18a County LAKE			18b City Or Town CROWN POINT				
18c. Street And Number 1903 WEST 93RD PLACE						18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19 Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)		20 Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) RICHARD C. FAUGHT				23. Paront's Name (First, Middle, Last) FRIEDA LOU FAUGHT			23a. Parent's Last Name Before First Marriage BRATCHER		
24. Informant's Name KYLIE L BORMAN		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 9045 EAST 124TH COURT, CROWN POINT, IN 46307					
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) WOODLAWN CREMATORY			25c. Location - City, Town, And State FOREST PARK, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322					27a. Funeral Home License Number: FH10300021		
27b. Signature Of Indiana Funeral Service Licensee: AUDRA MARIA BROOKS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD21500005			
Cause Of Death (See Instructions And Examples)									
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.								Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. _____		Due to (Or As A Consequence Of):		3 DAYS	
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):		6 MONTHS	
				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						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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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 Of _____ THIS IS THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT			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: BHARAT H. BARAI, 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: BHARAT H. BARAI, 200 E. 89TH AVE., SUITE 2A, MERRILLVILLE, IN 46410						44. License Number 01030107A		45. Date Certified 05/31/2019	
46. Additional Funeral Service Provider: LAKE COUNTY HEALTH OFFICES						47. *As:			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUN 04 2019			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
11: METHODIST HOSPITAL SOUTHLAKE CAMPUS 12-Street: 12-City: CROWN POINT 49: 06/03/2019 12-Zip Ext: 8701 BROADWAY 12-Zip: 46307									