

2

2019-074996
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER
2019 Oct 31 8:44 AM

**INDIANA T.O.D. DEED BENEFICIARY AFFIDAVIT
IC 32-17-14-26(b)(20)**

Affiant, GARY A. WAGNER, states under oath that the affiant is a surviving beneficiary named in a Transfer on Death Deed executed on July 5, 2017 by CAROLYN J. WATSON (Owner), who died on September 7, 2019.

A. The property subject to the Transfer on Death Deed is legally described as follows:

LOT 2 IN BLOCK 1 IN HIGHLAND GARDENS, IN THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 32, PAGE 76, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel No: 45-07-16-376-014.000-026

Address: 8046 Gordon Place
Highland, IN 46322-1050

B. A copy of the Death Certificate of the Owner is attached hereto.

C. The name and address of each designated beneficiary who survived the owner or that was in existence on the date of the owner's death is as follows:

Gary A. Wagner
10327 St. James Place
Munster, IN 46321-4393

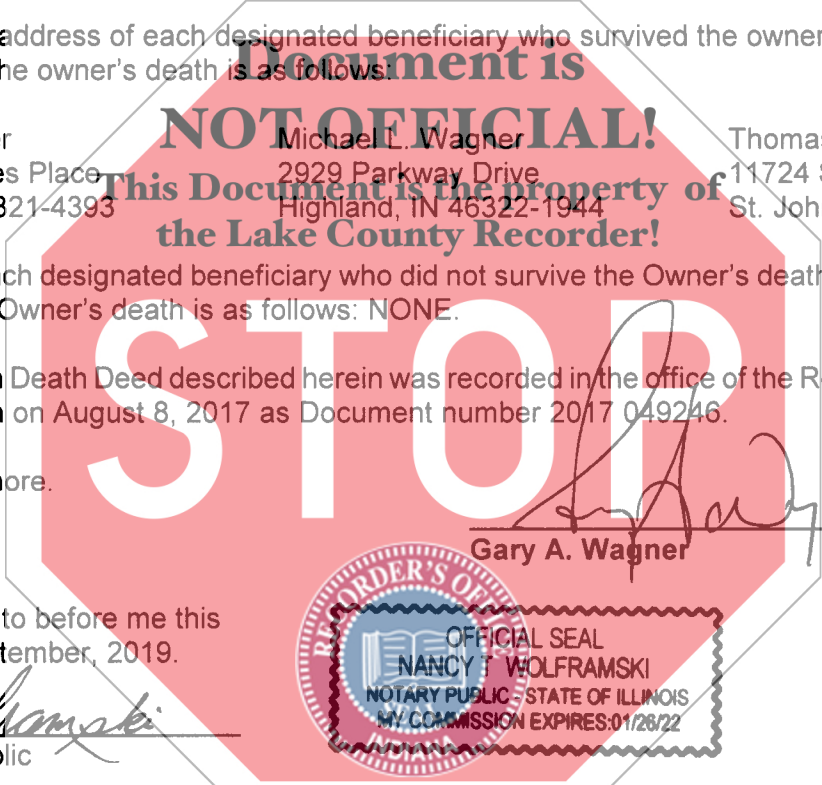
Michael L. Wagner
2929 Parkway Drive
Highland, IN 46322-1944

Thomas S. Wagner
11724 South Oakridge Drive
St. John, IN 46473-9468

D. The name of each designated beneficiary who did not survive the Owner's death or is not in existence on the date of the Owner's death is as follows: NONE.

E. The Transfer on Death Deed described herein was recorded in the office of the Recorder of Deeds of Lake County, Indiana on August 8, 2017 as Document number 2017 049246.

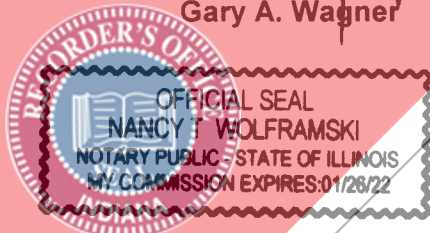
The affiant states no more.



Gary A. Wagner

Subscribed and sworn to before me this 19th day of September, 2019.

Nancy J. Wolframski
Notary Public



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 - Peter B. Canalia

PREPARED BY, RECORD AND RETURN TO:

Peter B. Canalia, Esq.
Canalia & Clark LLC
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

004214

L:\ESTATE PLANNING\Watson, Carolyn (IN)\TOD Deed Beneficiary Affidavit.wpd

FILED

OCT 30 2019

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

\$ 25.00
#13456
EUB



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

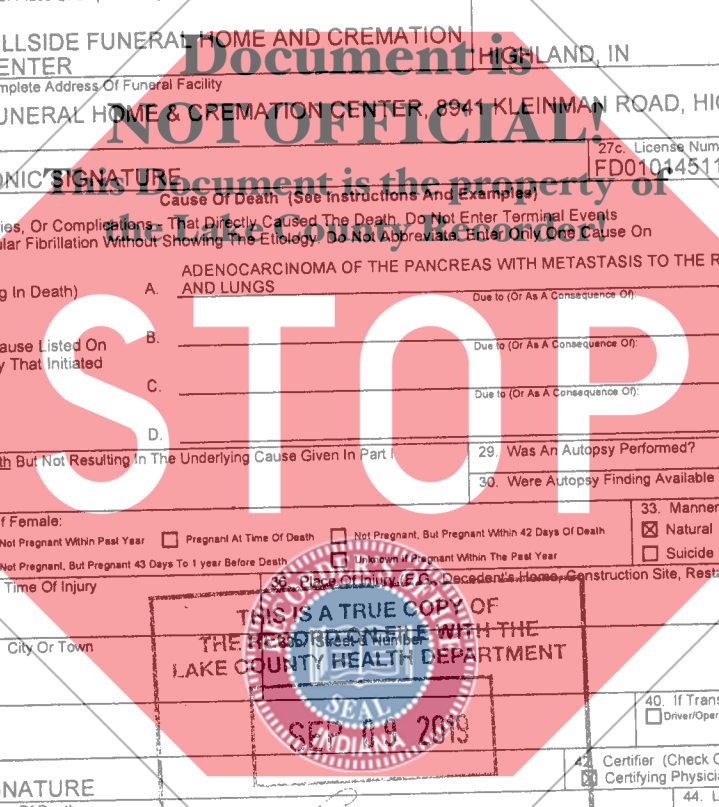
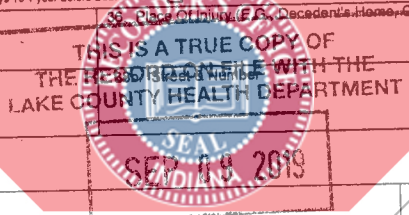
Tracking No. 207030

Local No 903245

EDR No. 00000730280

State No 043512

1. Decedent's Legal Name (First, Middle, Last) CAROLYN JOYCE WATSON		1a. Maiden Name (If female) FRAZEE		2. Sex FEMALE	3. Time Of Death 08:00 AM	4. Date Of Death (Month/Day/Year) 09/07/2019	
5. Social Security Number [REDACTED]	6a. Age - Yrs 76	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) 05/09/1943	
8. Birthplace (City and State or Foreign Country) MORGANTOWN, WV						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 checked="" 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) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE							
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321				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 SECRETARY		17. Kind Of Business/Industry CHURCH
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18d. Apt. No.	
18c. Street And Number 8046 GORDON PLACE						18e. Zip Code 46322	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						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) RALPH MILTON FRAZEE			23. Parent's Name (First, Middle, Last) ALBERTA RUTH FRAZEE			23a. Parent's Last Name Before First Marriage SMELL	
24. Informant's Name GARY WAGNER		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 10327 ST. JAMES PLACE, MUNSTER, IN 46321			
25. Place Of Disposition							
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) HILLSIDE FUNERAL HOME AND CREMATION CENTER			25c. Location - City, Town, And State HIGHLAND, IN		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HILLSIDE FUNERAL HOME & CREMATION CENTER, 8941 KLEINMAN ROAD, HIGHLAND, IN 46322				27a. Funeral Home License Number: FH11700003	
27b. Signature Of Indiana Funeral Service Licensee: CORNELIUS A. KUIPER, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD01044511			
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. ADENOCARCINOMA OF THE PANCREAS WITH METASTASIS TO THE RETROPERITONEAL NODES AND LUNGS						Due to (Or As A Consequence Of)	
B. _____						Due to (Or As A Consequence Of)	
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 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 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				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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)		38. Apt. No.	
38. Location Of Injury - State		38a. City Or Town		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 LYLE R MUNN, 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: LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321						44. License Number 01031582A	
46. Additional Funeral Service Provider:						45. Date Certified 09/08/2019	
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): SEP 09 2019	



NOT VALID UNLESS

RAISED SEAL AFFIXED