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2019-080860

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

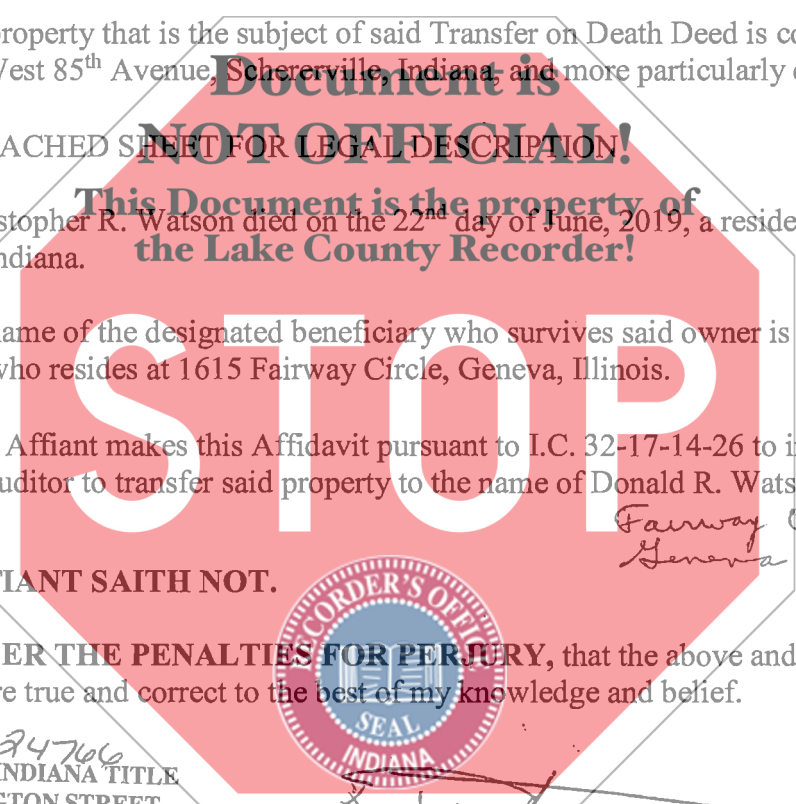
2019 Nov 22 10:38 AM

AFFIDAVIT

The undersigned being first duly sworn upon his oath states:

1. That your Affiant is the beneficiary of a Transfer on Death Deed recorded September 16, 2016, as Document No. 2016-063482.
2. That the property that is the subject of said Transfer on Death Deed is commonly known as 8426 West 85th Avenue, Schererville, Indiana, and more particularly described as:

SEE ATTACHED SHEET FOR LEGAL DESCRIPTION
3. That Christopher R. Watson died on the 22nd day of June, 2019, a resident of Lake County, Indiana.
4. That the name of the designated beneficiary who survives said owner is Donald R. Watson, who resides at 1615 Fairway Circle, Geneva, Illinois.
5. That your Affiant makes this Affidavit pursuant to I.C. 32-17-14-26 to induce the Lake County Auditor to transfer said property to the name of Donald R. Watson of 1615 Fairway Circle, Geneva IL 60134



FURTHER AFFIANT SAITH NOT.

I AFFIRM UNDER THE PENALTIES FOR PERJURY, that the above and foregoing representations are true and correct to the best of my knowledge and belief.

24766
NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100



Donald R. Watson

30998

FILED

NOV 21 2019


**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

AMOUNT \$ 25
 CASH _____ CHARGE _____
 CHECK # 2923
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK AM

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me a Notary Public this 2d day of November, 2019, personally appeared Donald R. Watson, who being first duly sworn upon his oath that the allegations contained in the Affidavit are true and correct.

Given under my hand and official seal this 2d day of November, 2019.

 RICHARD A. ZUNICA
Commission Number 656363
My Commission Expires 08/31/22
County of Residence Porter County
My Commission Expires: 08/31/2022

County of Residence: Porter

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.

RICHARD A. ZUNICA

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law, 162 Washington St., Lowell IN 46356
File No.19-24766/RL



LEGAL DESCRIPTION

PARCEL 1: THE SOUTH 527.8 FEET OF THE EAST 82.535 FEET OF THE FOLLOWING DESCRIBED TRACT: THE EAST 412.67 FEET OF THE EAST 20 ACRES OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER (EXCEPT THE EAST HALF OF THE EAST HALF OF THE EAST 20 ACRES OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER) SECTION 22, TOWNSHIP 35 NORTH, RANGE 9 WEST OF THE 2ND P.M., IN LAKE COUNTY, INDIANA.

PARCEL 2: THE WEST 83.375 FEET OF THE EAST HALF OF THE WEST HALF OF THE EAST HALF OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 22, TOWNSHIP 35 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, EXCEPT THE SOUTH 522.5 FEET THEREOF.

PARCEL 3: THE EAST 20 ACRES OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 22, TOWNSHIP 35 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, EXCEPTING THEREFROM THE FOLLOWING:

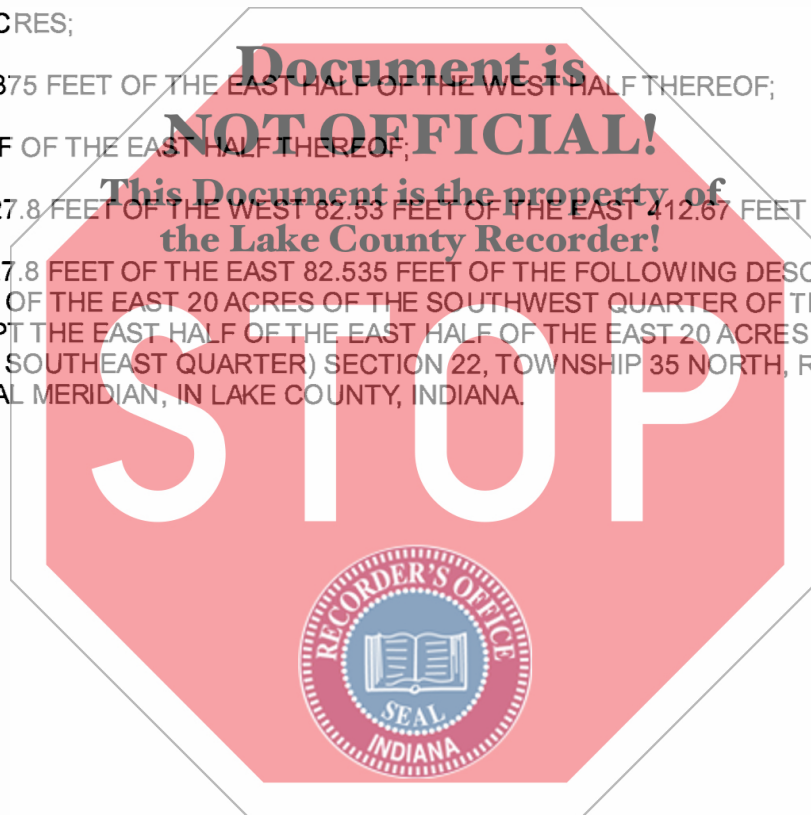
(A) THE WEST 5 ACRES;

(B) THE WEST 83.375 FEET OF THE EAST HALF OF THE WEST HALF THEREOF;

(C) THE EAST HALF OF THE EAST HALF THEREOF;

(D) THE SOUTH 527.8 FEET OF THE WEST 82.53 FEET OF THE EAST 412.67 FEET THEREOF;

(E) THE SOUTH 527.8 FEET OF THE EAST 82.535 FEET OF THE FOLLOWING DESCRIBED TRACT: THE EAST 412.67 FEET OF THE EAST 20 ACRES OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER, (EXCEPT THE EAST HALF OF THE EAST HALF OF THE EAST 20 ACRES OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER) SECTION 22, TOWNSHIP 35 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 199999

Local No 902329

EDR No 00000717909

State No 031494

1. Decedent's Legal Name (First, Middle, Last) CHRISTOPHER WATSON				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 03:30 PM		4. Date Of Death (Month/Day/Year) 06/22/2019		
5. Social Security Number [REDACTED]		6a. Age - Yrs 59		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) 05/19/1960				8. Birthplace (City and State or Foreign Country) HAMMOND, 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 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 checked="" 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) 8426 85TH AVENUE												
12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46375						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 type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation CONSTRUCTION		17. Kind Of Business/Industry CONSTRUCTION		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town SCHERERVILLE			18d. Apt. No.		18e. Zip Code 46375	
18c. Street And Number 8426 85TH AVENUE									18f. Inside City Limits? <input checked="" 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) DONALD R WATSON SR				23. Parent's Name (First, Middle, Last) SHIRLEY WATSON				23a. Parent's Last Name Before First Marriage CULVER				
24. Informant's Name DONALD WATSON				24a. Relationship To Decedent BROTHER				24b. Mailing Address (Street And Number, City, State, Zip Code) 1615 FAIRWAY CIRCLE, GENEVA, IL 60134				
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) REGIONAL CREMATION SERVICE				25c. Location - City, Town, And State MUNSTER, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321				27a. Funeral Home License Number FH10700038				
27b. Signature Of Indiana Funeral Service Licensee KEVIN W. KISH, BY-ELECTRONIC SIGNATURE				27c. License Number (Of Licensee) FD01021590								
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. ADENOCARCINOMA OF THE PROSTATE METASTATIC TO BONE AND URINARY BLADDER										5 YEARS		
Due to (Or As A Consequence Of) - B.												
Due to (Or As A Consequence Of) - C.												
Due to (Or As A Consequence Of) - D.												
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												
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"/> Pregnant Within 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. Location (Home, Construction Site, Restaurant, Wooded Area)				
37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				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)				NOT VALID UNLESS				
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		45. Date Certified 06/27/2019				
46. Additional Funeral Service Provider						47. *Akas:						
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUN 28 2019						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

