

2019-082750

2019 Dec 3

8:45 AM

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

STATE OF INDIANA		
COUNTY OF LAKE )	SS:	
IN RE ESTATE OF:	)	
CLAYETTA M. LAWRI	ENCE, DECEASED 1	

## AFFIDAVIT OF BENEFICIARY ON TRANSFER ON DEATH DEED

Affiant, KEITH S. LAWRENCE, being first duty sworn upon his oath, deposes and says:

- 1. That Clayetta M. Lawrence died a resident of Lake County, Indiana, on November 18, 2019. A copy of the Indiana State Department of Health Certificate of Death is attached hereto and marked as Exhibit A.
- 2. That Clayetta M. Lawrence executed a Transfer on Death Deed on December 10, 2010, that was recorded on January 25, 2011, with the Lake County Recorder's Office as document no. 2011 004782 for the property legally described as follows:

Lot 1, Block 2, Elmwood Park, as shown in Plat Book 34, Page 2, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 4741 Ralston Place, Criffith, Indiana 46319

Parcel No.: 45-97-36-252-001.000-001

- 3. That KEITH S. LAWRÈNCE is the only designated beneficiary in the Transfer on Death Deed; that he survived Clayetta M. Lawrence, that he lives at 5348 W. 44th Avenue, Gary, Indiana 46408; and that all tax bills should be sent to 4741 Ralston Place, Griffith, Indiana 46319.
- 4. That there are no designated beneficiaries that did not survive Clayetta M. Lawrence.
- 5. That Affiant makes this Affidavit to induce the proper governmental authorities of Lake County, Indiana, to remove Clayetta M. Lawrence from the chain of title to the Real Estate and place KEITH S. LAWRENCE as the fee simple

FILED

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JOHN E. PETALAS LAKE COUNTY AUDITOR 25.00 (S AR owner of the property pursuant to Indiana Code §32-17-14-26(b)(20).

I affirm, under the penalties for perjury, that the foregoing representations are true.

EITH S. LAWRENCE

Dated: December 2, 2019.

NOT OFFICIAL!

STATE OF INDIANA

COUNTY OF LAKE

This Document is the property of the Lake County Recorder!

Before me, the undersigned, a Notary Public in and for said County and State, this 2nd day of December, 2019, personally appeared KEITH S. LAWRENCE and acknowledged the execution of the foregoing Affidavit of Beneficiary on Transfer on Death Deed. In Witness Whereof, I have hereunto subscribed my name and affixed my official seal.

KARL E. HAND Notary Public, State of Indiana

SEAL

Commission Number: NP0705899
My Commission Expires November 10, 2025

Karl E. Hand, Notary Public County of Residence: Lake

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, TOAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, ONLESS REQUIRED BY LAW.

This document was prepared by: Karl E. Hand, Attorney at Law, 1000 Eagle Ridge Drive, Suite F, Schererville, Indiana 46375.



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 214870

Local No 904  1. Decedent's Legal Name (First, Middle, Last)	176			00007432	07	2. Sex		No Time O	0565		f Death (Month/Day/Year)		
CLAYETTA LAWRENCE	FIELD		READY			FEMA		11-	5 AM		11/18/2019		
E-12-12-17-17-17-17-17-17-17-17-17-17-17-17-17-	6b. Under 1 Ye					Birth (Month		8. B	rthplace (City	and State o	r Foreign Country)		
00	Occurred In A I	Days Hospital:	Hours	Minutes  10a. If Death Occu	rred Somewh		Than A Hospital						
Yes       No       Unknown       Inpatient       Emergency Department Outpatient       Dead on Arrival       Other (Specify)       Mursing Home/Long-term Care Facility   Other (Specify)													
11. Facility Name (If Not Institution, Give Street and Number) 4741 RALSTON PLACE 12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death													
GRIFFITH, IN. 46319	EEE			E ENTE ENTO ENTE ENTE ENTE E				☐ Married ☐ Married, But Separated ☐ D  ☑ Widowed ☐ Never Married ☐ Unkr					
15. Surviving Spouse's Name		THE T	15a. Last Name Befo	LAKE ore First Marriage		6. Deceden	t's Usual Oc	Comment of the	The same of the same	-	Of Business/Industry		
18. Residence - State		Ba. County	EITE EITE	18b. City Or To		USTOD	IAN	ITE.		EDUCA	TION		
INDIANA	EELE	AKE	21122112	GRIFFITH				1		GE!			
18c. Street And Number	19 245		2112 2112	-112-21111		211-17	18d. Apt. No	o.	18e. Zip C	Code	18f. Inside City Limits?		
4741 RALSTON PLACE  19. Decedent's Education	15 -11-	20. Decedent Of	Hispanic Orioin	1100001	ecedent's Ra	ace .			463	19	☐ Yes ☒ No		
HIGH SCHOOL GRADUATE OF COMPLETED		NOT HISPA	DUC	Whit	e_	1			112 21	SEL	TENER LIE		
22. Parent's Name (First, Middle, Last)		N	OTC	23. Parent's Name (	First, Middle,	Last)			23a. Pa	rent's Last N	Name Before First Marriage		
CLAYTON READY  24. Informant's Name		24a Relation	pacume	PAULINE RE	ADY S ISHEADAN	Number, Ci	O State, Zin	Sode)	HOW	ERTON			
DENEEN BRAKELY	= /=			CO 51184LJENRIS			Contract of the Contract of th	1	1 1				
25a. Method Of Disposition  ☑ Burial ☐ Cremation ☐ Donation ☐ Ento		Place Of Dispositio	n (Name Of Cemetery	. Place Of Disposition y, Crematory, Other Place)	25c. Loca	ation - City, T	own, And S	tate			11 2 11 2 11 2		
Removal From State		LUMET DAD	K CEMETERY		MEDD	11 ( ) (11 1	E IN		125				
	lame And Comp	olete Address Of Fu	neral Facility	HE CHEN		ILLVILL			TIE ET	100000000000000000000000000000000000000	eral Home License Number:		
☐ Yes ☑ No ☐ HILL 463.  27b. Signature Of Indiana Funeral Service Licen	22	NERAL HOM	E & CREMATI	ION CENTER, 89	141 KLEI	P. Carlotte	Lidense Ni		2112 00	FH1170	00003		
KEVIN BRYANT NORDYKE, B	YELECTR	RONIC SIGN		(See Instructions And	Examples)	FD	296000	DERD	ON FILE				
28, Part I, Enter The <u>Chain Of Events</u> - Dis Such As Cardiac Arrest, Respiratory Arrest,	eases, Injuries Or Ventricular	s, Or Complication r Fibrillation Witho	s - That Directly Cau	used The Death Do Not	Enter Termin	nal Events	garage more		Management and the		Interval: Onset To Death		
A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Condit	ion Resulting I	n Death)	A. HEPATOCEK	LAR EARCHOMANI				DEC	0 2 20	)19	LESS THAN 5 MONTHS		
Sequentially List Conditions, If Any, Leading To The Cause Listed On B.													
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last  Oue to (Or As A Consequence Of):  Due to (Or As A Consequence Of):  Du										ER THE THE			
				SEAL	Due to (Or As A	Consequence O	EXKE CO	JUNI	THEALT	01-1101			
Part II. Enter Other Significant Conditions Contrib	uting to Death E	But Not Resulting In	The Underlying Cause	GOOD AND ALLE		n Autopsy Pe		a To Co	Yes	⊠ No	th?		
31. Did Tobacco Use Contribute To Death?	32. If Fe	NAME OF TAXABLE PARTY.	Pregnant At Time Of De	eath Not Pregnant, But Preg			33. Manne	er Of De	ath:		Yes No		
Yes Probably No Unknown  34. Date Of Injury (Month/Day/Year)	☐ Not P		Days To 1 year Before Death	Unknown if Pregnant W	Ithin The Past Yea	==/1	Suicide	Co	uld Not Be De	termined	Injury At Work?		
	E TE		515							-	Yes No		
38. Location Of Injury - State	38a. Cit	y Or Town	388	b. Street & Number					38c. Apt. No	380	d. Zip Code		
39. Describe How Injury Occurred							40. If Tran	sportati	on Injury, Spec	cify:	her/(Specify)		
41. Signature, Of Person Certifying Cause Of De		STE SHE				42. Certif	ier (Check	- 11	ION	VALTO	UNLESS		
LYLE R MUNN , BY ELECTRON  43. Name, Address And Zip Code Of Person Cer			-11-		-		fying Physici		Coroner Number		Health Officer Date Certified		
LYLE R MUNN , 600 SUPERIO  46. Additional Funeral Service Provider:	R AVENU	E, MUNSTE	R, IN 46321	HISTORIAL STR	15115	2012		3158 Akas:	2A		11/19/2019		
48. Signature of Local Health Officer.	12 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1122112	THE SHE			9. For Real	11 1	i	Filed (Month/D	Day/Year):			
CHANDANA VAVILALA, VIA EL	ECTRONI			ICATE OF DEATH (EN	= =		115 - 11	1000000	NOV 19 2				
	THE ET												
							FILE						