

3

2019-082750

2019 Dec 3

8:45 AM

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

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

IN RE ESTATE OF:                                    )  
CLAYETTA M. LAWRENCE, DECEASED            )

**AFFIDAVIT OF BENEFICIARY ON TRANSFER ON DEATH DEED**

Affiant, KEITH S. LAWRENCE, being first duly 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, Griffith, Indiana 46319

Parcel No.: 45-07-36-252-001.000-001

3. That KEITH S. LAWRENCE is the only designated beneficiary in the Transfer on Death Deed; that he survived Clayetta M. Lawrence, that he lives at 5348 W. 44<sup>th</sup> 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**

DEC - 3 2019

31251

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

25.00  
CS  
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.

*Keith Lawrence*

KEITH S. LAWRENCE

Dated: December 2, 2019.

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

**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.**



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 904176

EDR No 00000743207

State No 056504

Form fields including: 1. Decedent's Legal Name (CLAYETTA LAWRENCE), 2. Sex (FEMALE), 3. Time Of Death (11:25 AM), 4. Date Of Death (11/18/2019), 5. Social Security Number, 6a. Age - Yrs (80), 7. Date of Birth (07/29/1939), 8. Birthplace (HAMMOND, IN), 11. Facility Name (4741 RALSTON PLACE), 12. City Or Town, State, And Zip Code (GRIFFITH, IN, 46319), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Widowed), 15. Surviving Spouse's Name, 15a. Last Name Before First Marriage, 16. Decedent's Usual Occupation (CUSTODIAN), 17. Kind Of Business/Industry (EDUCATION), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (GRIFFITH), 18c. Street And Number (4741 RALSTON PLACE), 18d. Apt. No., 18e. Zip Code (46319), 18f. Inside City Limits? (No), 19. Decedent's Education (HIGH SCHOOL GRADUATE OR GED COMPLETED), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Parent's Name (CLAYTON READY), 23. Parent's Name (PAULINE READY), 23a. Parent's Last Name Before First Marriage (HOWERTON), 24. Informant's Name (DENEEN BRAKELY), 24a. Relationship To Decedent (DAUGHTER), 24b. Mailing Address (244 N. HILLMAN PLACE, GARY, IN 46408), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (CALUMET PARK CEMETERY), 25c. Location - City, Town, And State (MERRILLVILLE, IN), 26. Was Coroner Contacted? (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 (KEVIN BRYANT NORDYKE, BY ELECTRONIC SIGNATURE), 27c. License Number Of Licensee (FD28600006), 28. Part I. Enter The Chain Of Events (HEPATOCELLULAR CARCINOMA WITH ASCITES), 28. Part II. Enter Other Significant Conditions Contributing to Death, 29. Was An Autopsy Performed? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (Unknown), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death: (Natural), 34. Date Of Injury, 35. Time Of Injury, 36. Place Of Injury, 37. Injury At Work? (No), 38. Location Of Injury, 38a. City Or Town, 38b. Street & Number, 38c. Apt. No., 38d. Zip Code, 39. Describe How Injury Occurred, 40. If Transportation Injury, Specify, 41. Signature, Of Person Certifying Cause Of Death (LYLE R MUNN, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 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 (11/19/2019), 46. Additional Funeral Service Provider, 47. \*Akas, 48. Signature of Local Health Officer (CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only (Date Filed: NOV 19 2019)

