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2019-087944

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

2019 Dec 19 9:16 AM

TRANSFER ON DEATH AFFIDAVIT

JAMIE D. MEFFORD, upon personal knowledge and belief, make these statements:

1. NANCY C. MEFFORD, ("Owner") died November 7, 2019 (a certified copy of the Owner's death certificate is attached as Exhibit "A") owning at death an interest in the following described real estate:

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THE NORTHEASTERLY 41 FEET OF LOT 16 IN BLOCK 2 IN PLUM CREEK VILLAGE 5TH ADDITION TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLATBOOK 60, PAGE 34, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Key No.: 45-11-05-254-017.000-036

Address: 228 Bluegrass Drive, Schererville, IN 46375

2. On July 12, 2017, Owner signed a Transfer on Death Deed transferring, on Owner's death, Owner's interest in the real estate described above which document was recorded July 14, 2017 in the office of the Recorder of Lake County, Indiana, as Document No. 2017 043347.

3. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who survive the Owner or are in existence at Owner's death are:

JAMIE D. MEFFORD
228 Bluegrass Drive
Schererville, IN 46375

004609

FILED

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

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006567
AK

4. The purpose of this Affidavit is to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death Owner's interest in the real estate described above to the Transfer on Death Deed beneficiary(ies).

Dated this 16 day of December, 2019.

~~Document is~~ Jamie D. Mefford
JAMIE D. MEFFORD
NOT OFFICIAL!

Witness my hand and notary seal this 16 day of December, 2019
This Document is the property of the Lake County Recorder!



My Commission Expires:
August 20, 2027

Julie Shrader
Notary Public
Julie Shrader
Printed Name of Notary

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.
Robert F. Tweedle

This instrument was prepared at the request of Owner or Beneficiary and is based solely on information supplied by one or more of those parties and without examination for accuracy. This preparer assumes no liability for any errors, inaccuracies or omissions in this instrument resulting from the information provided. No legal opinion has been rendered during the preparation of this Deed. The Parties accept this disclaimer by Owner's execution of this document

This instrument prepared by:
Robert F. Tweedle, Atty No. 20411-45
Attorney at Law
2850 - 45th Street, Suite A
Highland, IN 46322
(219) 924-0770 | rtweedle@tweedlelaw.com



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 212932

Local No 904038

EDR No 00000741258

State No 054926

1. Decedent's Legal Name (First, Middle, Last) NANCY C MEFFORD
1a. Maiden Name (If female) LEDFORD
2. Sex FEMALE
3. Time Of Death 09:28 AM
4. Date Of Death (Month/Day/Year) 11/07/2019
5. Social Security Number
6a. Age - Yrs 88
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 10/21/1931
8. Birthplace (City and State or Foreign Country) HARVEY, IL
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) 228 BLUEGRASS DRIVE
12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46375
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name
15a. Last Name Before First Marriage
16. Decedent's Usual Occupation NURSE
17. Kind Of Business/Industry MEDICAL
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town SCHERERVILLE
18c. Street And Number 228 BLUEGRASS DRIVE
18d. Apt. No.
18e. Zip Code 46375
18f. Inside City Limits?
19. Decedent's Education ASSOCIATE DEGREE (AA, AS)
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Parent's Name (First, Middle, Last) EDGAR E LEDFORD
23. Parent's Last Name Before First Marriage GUNN
24. Informant's Name JAMIE MEFFORD
24a. Relationship To Decedent SON
24b. Mailing Address (Street And Number, City, State, Zip Code) 228 BLUEGRASS DRIVE, SCHERERVILLE, IN 46375
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) SOLAN PRUZIN CREMATORY
25c. Location - City, Town, And State SCHERERVILLE, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375
27a. Funeral Home License Number: FH10200037
27b. Signature Of Indiana Funeral Service Licensee: JOHN S PRUZIN JR, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD29600100
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. ACUTE RESPIRATORY FAILURE WITH DYSPHAGIA
B. DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE
C.
D.
Approximate Interval: Onset To Death
DAYS
5 YEARS
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?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
38. Location Of Injury - State
38a. City Or Town
38b. Apt. No.
38c. 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):
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321
44. License Number 01081582A
45. Date Certified 11/07/2019
46. Additional Funeral Service Provider: LAKE COUNTY HEALTH OFFICER
47. Akas:
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE
49. For Registrar Only Date Filed (Month/Day/Year): NOV 12 2019



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

NOV 12 2019

NOT VALID UNLESS