

2
2020-017146

2020 Mar 12

8:47 AM

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

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

Affiant, MARCIA DAWSON, states under oath that the affiant is a surviving beneficiary named in a Transfer on Death Deed executed on February 15, 2019 by ROBERT J. DAWSON (Owner), who died on February 17, 2020.

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

LOTS 28 AND 29, BLOCK 3, F.R. MAAS, SECOND ADDITION TO GARY, LAKE COUNTY, INDIANA.

Parcel Number: 45-08-07-456-017.000-004

Address: 3776 West 21st Avenue
Gary, IN 46404-2849

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:

Derek Dawson
536 W. 44th Avenue
Merrillville, IN 46410

Marcia Dawson
2850 Dartmouth Lane
Olympia Fields, IL 60461

Kathy Dawson Poston
28025 S. Harwich Drive
Farmington Hills, MI 48334

Shelly Dawson Kirk
1934 Bigger Street
Gary, IN 46404

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 March 8, 2019 as Document number 2019-013965.

The affiant states no more.

Subscribed and sworn to before me this
3rd day of March, 2020.

David G. Clark
Notary Public



DAVID G. CLARK
NOTARY PUBLIC
SEAL
LAKE COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES NOVEMBER 18, 2023
COMMISSION NO. 705318

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 - David G. Clark

PREPARED BY, RECORD AND RETURN TO:

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

L:\ESTATE PLANNING\Dawson, Robert & Rose (IN)\TOD Deed Beneficiary Affidavit.wpd

FILED

020963

MAR 11 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25.00
✓ 3546
AR

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000074

EDR No 00000761742

State No

1. Decedent's Legal Name (First, Middle, Last) ROBERT J DAWSON JR		1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 01:01 PM	4. Date Of Death (Month/Day/Year) 02/17/2020
5. Social Security Number [REDACTED]	6a. Age - Yrs 90	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) 09/19/1929
8. Birthplace (City and State or Foreign Country) HURTSBORO, AL	9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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 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) METHODIST HOSPITAL NORTHLAKE	12. City Or Town, State, And Zip Code GARY, IN, 46402	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 checked="" 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 DENTIST	17. Kind Of Business/Industry DENTISTRY	18. Residence - State INDIANA	18a. County LAKE
18b. City Or Town GARY	18c. Street And Number 3776 WEST 21ST AVENUE	18d. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19. Decedent's Education DOCTORATE (PHD, EDD), PROFESSIONAL (MD, DDS, DVM, LLB, JD)	20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race Black or African American	22. Parent's Name (First, Middle, Last) ROBERT J DAWSON SR	23. Parent's Name (First, Middle, Last) BENNIE LOU BATTLE	23a. Parent's Last Name Before First Marriage ALLEN	24. Informant's Name MARCIA DAWSON	24a. Relationship To Decedent DAUGHTER	24b. Mailing Address (Street And Number, City, State, Zip Code) 2850 DARTMOUTH LANE, OLYMPIA FIELDS, IL 60461
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) RIDGELAWN CEMETERY	25c. Location - City, Town, And State GARY, IN	26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE), 4859 ALEXANDER AVE, EAST CHICAGO, IN 46312	27a. Funeral Home License Number: FH83001520	27b. Signature Of Indiana Funeral Service Licensee: TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): F008600238	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. HYPERTENSION 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 B. C. D.	28. Cause Of Death (See Instructions And Examples) 10 YEARS	28. Approximate Interval: Onset To Death	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 checked="" type="checkbox"/> No	31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 or 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	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	38. Location Of Injury - State
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)	41. Signature, Of Person Certifying Cause Of Death: AUGUSTINE IKECHUKWU IZAH, 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: AUGUSTINE IKECHUKWU IZAH, 5857 BROADWAY, MERRILLVILLE, IN 46410	44. License Number 01042994A	45. Date Certified 02/20/2020	46. Additional Funeral Service Provider:	47. *Akas:	48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): FEB 21 2020	AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					



State Form 53395 - ATTENTION: ORIGINAL DOCUMENTS MUST BE RETURNED TO THE STATE DEPARTMENT OF HEALTH AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT
WARNING: TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.