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~~2019-084233~~  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B BROWN  
RECORDER  
2018 Dec 5 10:50 AM

State of Indiana

SS:

2020-044568

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

County of Lake

2020 Jul 15

10:41 AM

In the Matter of  
VIRGINIA NELLETT  
Deceased.

**Document is**  
**AFFIDAVIT OF DEATH TO TRANSFER PROPERTY**  
**UNDER TRANSFER ON DEATH DEED**  
**NOT OFFICIAL!**

**This Document is the property of  
the Lake County Recorder!**

VIRGINIA ORTIZ, after being duly sworn on her oath, states as follows:

- 1. VIRGINIA NELLETT held a fee simple interest in the following parcel of real estate located within Lake County, Indiana, to wit:

Common Address: 10650 Keystone Lane, Crown Point, Indiana 46307

Legal Description: Lot 7, except the South 35.0 Feet thereof in Country Meadows Planned Unit Development Residential, an addition to the Town of Winfield, Indiana, as per Plat thereof, recorded in Plat Book 90, Page 58, in the Office of the Recorder of Lake County, Indiana.

Tax I.D. Number 45-17-05-432-007,000-047

- 2. VIRGINIA NELLETT caused a Transfer on Death Deed pursuant to be recorded in the Office of the Recorder of Lake County, Indiana, which was recorded on September 25, 2017 as Instrument No.: 2017 064842.
- 3. The Transfer on Death Deed recorded on September 25, 2017 has not been revoked, modified, or otherwise altered since it was recorded.
- 4. The Transfer on Death Deed provided that title to the Property described about shall transfer to VIRGINIA ORTIZ and PAUL NELLETT at the time VIRGINIA NELLETT passed away.
- 5. VIRGINIA NELLETT passed on October 21, 2019 as reflected by a redacted copy of VIRGINIA NELLETT's death certificate which is attached hereto as Exhibit A.

\* Being re-recorded to correct name.

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~~FILED~~  
DEC 05 2019  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

~~054094~~

Office of the Lake County Assessor  
JUL 14 2020  
By: [Signature]  
No Sales Tax Disclosure Needed

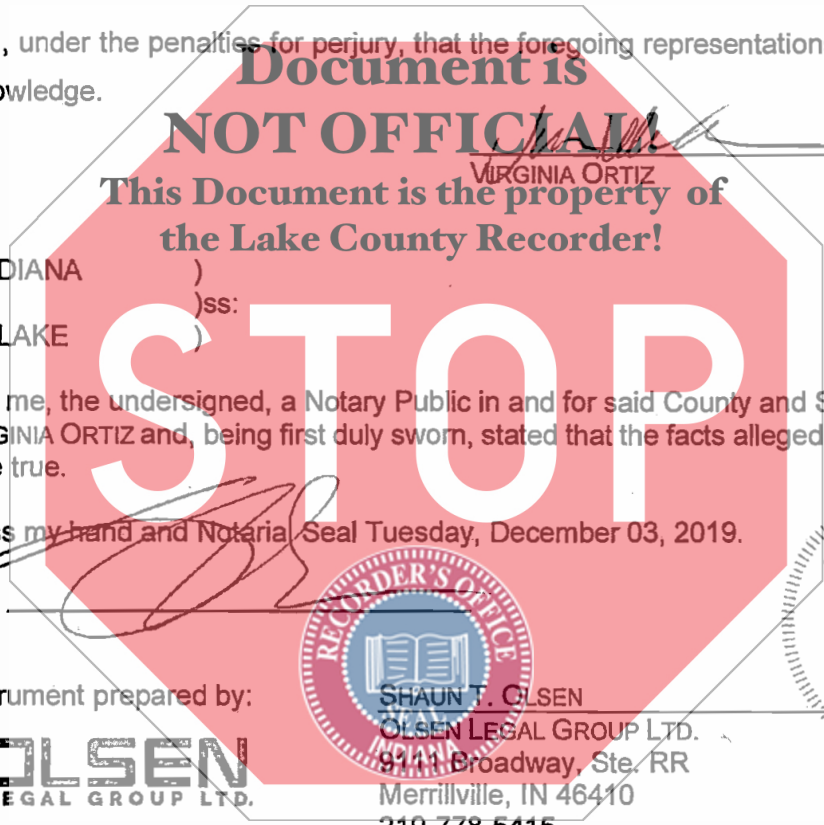
FILED  
JUL 15 2020  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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25/00  
[Signature]  
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6. Accordingly, the purpose of this Affidavit is to induce the transfer of title for the Property, in fee simple, to VIRGINIA ORTIZ and PAUL NELLETT as undivided tenants in common.
7. No Indiana inheritance taxes, inheritance taxes from other states or countries, federal estate taxes, or other taxes accruing are owed by reason of 's passing.

I affirm, under the penalties for perjury, that the foregoing representations are true to the best of my knowledge.

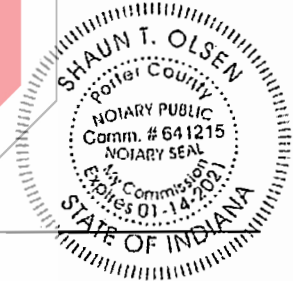


STATE OF INDIANA )  
 )ss:  
 COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared VIRGINIA ORTIZ and, being first duly sworn, stated that the facts alleged in the foregoing instrument are true.

Witness my hand and Notarial Seal Tuesday, December 03, 2019.

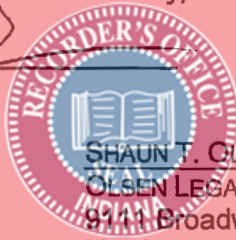
Signature



This instrument prepared by:



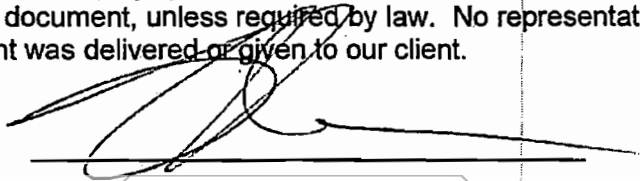
**OLSEN**  
 LEGAL GROUP LTD.



SHAUN T. OLSEN  
 OLSEN LEGAL GROUP LTD.  
 8711 Broadway, Ste. RR  
 Merrillville, IN 46410  
 219-778-5415

Grantee: Virginia Ortiz and Paul Nellett, 10650 Keystone Ln, Crown Point, Indiana 46307  
 Tax Bills To: Virginia Ortiz and Paul Nellett, 10650 Keystone Ln, Crown Point, Indiana 46307  
 Return To: Virginia Ortiz and Paul Nellett, 10650 Keystone Ln, Crown Point, Indiana 46307

\*\*\*I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. No representation is made as to any time after this instrument was delivered or given to our client.

A handwritten signature in black ink, appearing to be a stylized name, positioned above a horizontal line.





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 212632

Local No 903986

EDR No 00000738184

State No 054155

1. Decedent's Legal Name (First, Middle, Last) <b>VIRGINIA ROSE NELLETT</b>				1a. Maiden Name (If female) <b>SCHULTZ</b>		2. Sex <b>FEMALE</b>		3. Time Of Death <b>11:36 PM</b>		4. Date Of Death (Month/Day/Year) <b>10/21/2019</b>			
5. Social Security Number <b>1386</b>		8a. Age - Yrs <b>79</b>		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) <b>1940</b>		8. Birthplace (City and State or Foreign Country) <b>BLUE ISLAND, IL</b>											
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) <b>10650 KEYSTONE LANE</b>													
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</b>						13. County Of Death <b>LAKE</b>			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 <b>SALESPERSON</b>		17. Kind Of Business/Industry <b>RETAIL</b>			
18. Residence - State <b>INDIANA</b>				18a. County <b>LAKE</b>				18b. City Or Town <b>CROWN POINT</b>					
18c. Street And Number <b>10650 KEYSTONE LANE</b>						18d. Apt. No.		18e. Zip Code <b>46307</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>					
22. Parent's Name (First, Middle, Last) <b>WILLIAM HENRY SCHULTZ</b>				23. Parent's Name (First, Middle, Last) <b>MARGARET CECELIA SCHULTZ</b>				23a. Parent's Last Name Before First Marriage <b>NEERING</b>					
24. Informant's Name <b>VIRGINIA NELLETT-ORTIZ</b>				24a. Relationship To Decedent <b>CHILD</b>				24b. Mailing Address (Street and Number, City, State, Zip Code) <b>12100 PIKE STREET, CROWN POINT, IN 46307</b>					
25a. Method Of Disposition: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) <b>ANATOMICAL EDUCATION PROGRAM</b>				25c. Location - City, Town, And State <b>INDIANAPOLIS, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>KELLER MORTUARY SERVICE, LLC, 801 N. MAIN ST., LAPEL, IN 46051-0431</b>				27a. Funeral Home License Number: <b>FH11200031</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>KELSEY TERESE BYERS, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD21500037</b>							
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. <b>RENAL CELL CANCER</b> Due to (Or As A Consequence Of): B. <b>METASTATIC LUNG CANCER</b> Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. Due to (Or As A Consequence Of): 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. <b>HYPERTENSION</b>													
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 Within Past Year <input type="checkbox"/> Not Pregnant, But Pregnant During The Year Preceding The Death				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)					
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 checked="" type="checkbox"/> Other				<b>NO VALID UNLESS</b>					
41. Signature, Of Person Certifying Cause Of Death: <b>RODOLFO SAN JUAN, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check 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: <b>RODOLFO SAN JUAN, 11161 RANDOLPH ST, CROWN POINT, IN 46307</b>						44. License Number: <b>01064429A</b>		45. Date Certified: <b>11/06/2019</b>					
46. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>NOV 06 2019</b>							
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>													
<b>Exhibit A</b>													



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE CLERK OF COURT  
LAKE COUNTY HEALTH DEPARTMENT  
NOV 07 2019



*Michael B. Brown*

**Recorder of Deeds  
Lake County Indiana  
2293 North Main Street  
Crown Point, IN 46307  
219-755-3730**

# Certification Letter

State of Indiana )  
County of Lake ) SS

**Document is NOT OFFICIAL!**

**This Document is the property of the Lake County Recorder!**

This is to certify that I, Michael B. Brown, Recorder of Deeds of Lake County, Indiana am the custodian of the records of this office, and that the foregoing is a full, true and complete copy of a

**AFFIDAVIT OF DEATH TO TRANSFER PROPERTY UNDER TRANSFER ON DEATH DEED**

**STOP**

as recorded as **2019-084233** **12/5/2019**

as this said document was present for the recordation when **MICHAEL B. BROWN** was Recorder at the time of filing of said document

Dated this **10TH** day of **July**, **2020**

*Beverly A. Bridgeman*  
Deputy Recorder

*Michael B. Brown*

Michael B. Brown, Recorder of Deeds  
Lake County Indiana

Form # 0023 Revised 5/2002