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2020-054871

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

2020 Aug 21

2:08 PM

PARCEL NO.: 45-07-18-102-018.000-023

**TRANSFER ON DEATH AFFIDAVIT**

STATE OF INDIANA )

) SS

COUNTY OF LAKE )

LUIS HUMBERTO MARQUEZ, being first duly sworn, upon oath deposes and says as follows:

1. This Affidavit is made pursuant to IC 32-17-14-26(b)(20).
2. The undersigned is the Transfer on Death Beneficiaries of Owner ENIDINA MARQUEZ, who died a resident of Lake County, Indiana on the 1<sup>st</sup> day of August, 2020. A Certified copy of the Death Certificate of Owner is attached hereto.
3. At the time of death of Owner, the Owner held the following Real Estate in Transfer on Death Beneficiary form:

THE WEST 20 FEET OF LOT 27 AND THE EAST 20 FEET OF LOT 28, BLOCK TWO, CALUMET LAWN ADDITION, TO HAMMOND, AS SHOWN IN PLAT BOOK 17 PAGE 2 IN LAKE COUNTY, INDIANA

Key No.: 45-07-18-102-018.000-023

4. That the wording in the deed creating the TOD Beneficiary is as follows: **ENEDINA MARQUEZ, an unmarried woman and LUIS HUMBERTO MARQUEZ, an unmarried man, in joint tenancy and to the survivor of them, of 918- 173<sup>rd</sup> Place, Hammond, Lake County, Indiana ("Owners"), Convey and Quit Claim to EDIDINA MARQUEZ of 918- 173<sup>rd</sup> Place, Hammond, Indiana, TOD TO LUIS HUMBERTO MARQUEZ (the "TOD Grantee")**
5. The TOD Deed dated October 21, 2019 and was recorded October 24, 2016 as Document No. 2016 071452, in the Office of the Recorder of Lake County Indiana.

**FILED**

AUG 21 2020

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

025407

25.00  
CC  
KK

6. The name and address of each designated beneficiary who survived the Owner's death or was in existence on the date of the owner's death is:

LUIS HUMBERTO MARQUEZ 918- 173<sup>rd</sup> Pl.  
Hammond, Indiana  
Relationship to Owner: Portion of Property:  
SON 100%

*Luis Humberto Marquez*

LUIS HUMBERTO MARQUEZ

Before me, Robert H. Sorge a Notary for the State of Indiana, this 18<sup>th</sup> day of August, 2020, **LUIS HUMBERTO MARQUEZ** acknowledged the execution of the foregoing or attached TRANSFER ON DEATH AFFIDAVIT as his voluntary act for the purposes/state therein.

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

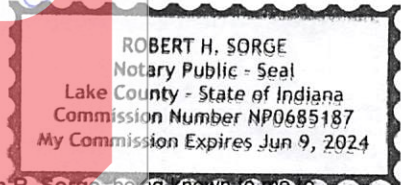
*RHS*  
ROBERT H. SORGE / NOTARY PUBLIC

EXECUTED AND DELIVERED IN MY PRESENCE:

*Aaron R. Sorge*  
Witness's Signature

*Aaron R. Sorge*  
Witness's Printed Name

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )



Before me, a Notary Public in and for said County and State, personally appeared Aaron R. Sorge, being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by **LUIS HUMBERTO MARQUEZ**, in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

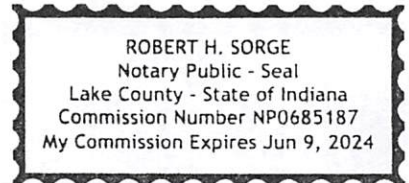
Witness my hand and Notarial Seal this 18<sup>th</sup> day of August, 2020.

My Commission Expires: 06/09/2024  
Resident of Lake County

*RHS*  
ROBERT H. SORGE / NOTARY PUBLIC

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.

PREPARED BY: *RHS*



This Document Prepared By: Attorney Robert H. Sorge, 6243 Hohman Avenue, Hammond, IN 46324 Attorney No. 17775-45



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 244271

Local No 003308

EDR No 00000795800

State No 043131

1. Decedent's Legal Name (First, Middle, Last) <b>ENEDINA MARQUEZ</b>				1a. Maiden Name (If female) <b>HARO</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>10:39 PM</b>	4. Date Of Death (Month/Day/Year) <b>08/01/2020</b>		
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>78</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>03/11/1942</b>		8. Birthplace (City and State or Foreign Country) <b>SAN LORENZO, MX</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>918 173RD PLACE</b>						12. City Or Town, State, And Zip Code <b>HAMMOND, IN, 46320</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>LABORER</b>		17. Kind Of Business/Industry <b>MANUFACTURING</b>			
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>		18c. Street And Number <b>918 173RD PLACE</b>	18d. Apt. No.	18e. Zip Code <b>46320</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>8TH GRADE OR LESS</b>		20. Decedent Of Hispanic Origin <b>MEXICAN, MEXICAN AMERICAN, CHICANO</b>		21. Decedent's Race <b>MEXICAN</b>		22. Parent's Name (First, Middle, Last) <b>REYNALDO HARO</b>		23a. Parent's Last Name Before First Marriage <b>SALAZAR</b>		
24. Informant's Name <b>IRENE MARQUEZ</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street, Apt. Number, City, State, Zip Code) <b>918 173RD PLACE HAMMOND, IN 46320</b>						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) <b>NORTHWEST INDIANA CREMATION SVS</b>		25c. Location - City, Town, And State <b>CROWN POINT, IN</b>		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307</b>		27a. Funeral Home License Number <b>FH83002445</b>
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES E. BURNS, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20700059</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>SMALL CELL LEFT UPPER LOBE LUNG CARCINOMA WITH METASTASIS TO THE BRAIN</b> Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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									Approximate Interval: Onset To Death	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Give In Part I.)						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 type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 If 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 type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town <b>LAKE COUNTY</b>		38b. Street & Number <b>AUG 11 2020</b>		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)		<b>NOT VALID UNLESS</b>		
41. Signature, Of Person Certifying Cause Of Death: <b>JAIME EDUARDO RUIZ-MONTERO, BY ELECTRONIC SIGNATURE</b>						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: <b>JAIME EDUARDO RUIZ-MONTERO, 2020 E. COLUMBUS DR. STE A, EAST CHICAGO, IN 46312</b>						44. License Number <b>01052348A</b>		45. Date Certified <b>08/10/2020</b>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>AUG 10 2020</b>				

