

Mail tax bills to:
8039 Linden Ave.
Munster, Indiana 46321
(owner address)

Tax Key No. 45-07-18-453-014.000-027

TRANSFER ON DEATH AFFIDAVIT

Rebecca Anderson, upon personal knowledge and belief makes these statements:

- 1) Loretta M. Kraus (Owner) died September 5th, 2020 (a certified copy of the Owner's death certificate is attached as Exhibit A) owning an interest in the following described real estate:

Lot 3 Block 4, Chayes Manor Addition to the Town of Munster, as shown in Plat Book 31, page 35, in Lake County, Indiana.

Commonly known as: 8039 Linden Avenue, Munster, Indiana 46321

- 2) On June 19, 2020, 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 June 24, 2020 in the Office of the Recorder of Lake County, Indiana as Document Number 2020-038632.

- 3) The designated beneficiary or beneficiaries in the Transfer on Death Deed who did not survive Owner or were not in existence when Owner died are:

Not applicable.

- 4) The designated beneficiary or beneficiaries in the Transfer on Death Deed and their address who survive the Owner or are in existence at Owner's death are:

Rebecca Anderson, 14918 Salamander Place, Tampa, Florida 33625

The interest of Transfer of Dead deed alternate beneficiary Sean Fraid was contingent upon a failure of primary beneficiary Rebecca Anderson to survive grantor Loretta M. Kraus. The contingency was unfulfilled given the survivorship of Rebecca Anderson.

- 5) 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 Rebecca Anderson of Hillsborough County, Florida.

Date: 10/05/2020

Rebecca Anderson
Rebecca Anderson

Greater Indiana Title Company
1N009992

FILED

026829

OCT 08 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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

2020-072153

10:56 AM

2020 Oct 8

25-
CASH
FD

STATE OF INDIANA)
)
) SS:
COUNTY OF LAKE)

Before me, Amanda m Van BEEK (Name of Notary) this 5th day of October, 2020, Rebecca Anderson acknowledged the execution of the foregoing or attached Affidavit as her voluntary act for the purposes stated therein.

My Commission Expires

10/05/2023

Amanda m Van BEEK
Notary Public
Resident of Lake County, Indiana

Amanda m Van BEEK
Printed Name of Notary



EXECUTED AND DELIVERED IN MY PRESENCE

[Handwritten Signature]

Witness Signature

Traci Enstrom

Printed Name of Witness

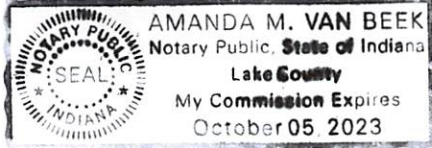
STATE OF INDIANA)

SS:

COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared *Traci Enstrom* (Name of Witness) 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 Rebecca Anderson 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 5th day of October, 2020.



My Commission Expires

[Handwritten Signature]
Notary Public
Resident of Lake County, Indiana

10/05/2023

Amanda M Van Beek
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.

Amanda M Van Beek

This instrument prepared by and should be mailed to: Stuart J. Friedman, Attorney at Law, Hinshaw & Culbertson LLP, 322 Indianapolis Blvd., Suite 201, Schererville, Indiana 46375, (219) 864-4053.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 247632

Local No 003768

EDR No 00000802828

State No 049030

1. Decedent's Legal Name (First, Middle, Last) LORETTA M KRAUS				1a. Maiden Name (If female) JONES		2. Sex FEMALE	3. Time Of Death 08:33 PM	4. Date Of Death (Month/Day/Year) 09/05/2020		
5. Social Security Number [REDACTED]		6a. Age - Yrs 88	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) 04/13/1932		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN	
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival <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) COMMUNITY HOSPITAL										
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					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 HOMEMAKER		17. Kind Of Business/Industry AT HOME		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town MUNSTER			18d. Apt. No.	18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 8039 LINDEN AVENUE					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 (First, Middle, Last) HERMAN JONES				23. Parent's Name (First, Middle, Last) EVA JONES		23a. Parent's Last Name Before First Marriage UNKNOWN				
24. Informant's Name LOIS ANDERSON			24a. Relationship To Decedent SISTER-IN-LAW		24b. Mailing Address (Street And Number, City, State, Zip Code) 5041 JOHNSON STREET, KNOX, IN 46534					
25. Place Of Disposition										
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) KELLY CARROLL CREMATORY			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 BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321						27a. Funeral Home License Number: FH83004968		
27b. Signature Of Indiana Funeral Service Licensee: BRIAN T. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08601763				
Cause Of Death (See Instructions And Examples)										
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.								Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. VENTRICULAR FIBRILLATION		Due to (Or As A Consequence Of):		2 HOURS		
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. HYPOXIA		Due to (Or As A Consequence Of):		2 HOURS		
				C.		Due to (Or As A Consequence Of):				
				D.		Due to (Or As A Consequence Of):				
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I CHRONIC KIDNEY DISEASE, DIABETES, ATRIAL FIBRILLATION, CORONARY ARTERY DISEASE						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		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: MADHUSUDHAN TARIGOPULA, 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: MADHUSUDHAN TARIGOPULA, 901 MACARTHUR BOULEVARD, MUNSTER, IN 46321						44. License Number 01089788A		45. Date Certified 09/10/2020		
46. Additional Funeral Service Provider:						47. *Akas				
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): SEP 10 2020				

THE ORIGINAL COPY OF
 THE RECORD ON FILE WITH THE
 LAKE COUNTY HEALTH DEPARTMENT
SEP 10 2020
 AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)
 LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

RAISED SEAL AFFIXED