

2020-086264

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

2020 Nov 24 9:20 AM

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

Affiant, MICHAEL A. KENESON, states under oath that the Affiant is the surviving beneficiary named in a Transfer on Death Deed executed on APRIL 28, 2020 by LYNNE K. KENESON (Owner), who died on JULY 14, 2020.

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

LOT 152 IN LAKES OF THE FOUR SEASONS, UNIT NO. 2, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 37, PAGE 76, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL NO.: 45-17-09-401-002.000-044 ADDRESS: 3045 Sunrise Drive
Lakes of the Four Seasons
Crown Point, IN 46307-8826

- 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:
Michael A. Keneson
3533 Sunrise Drive
Crown Point, IN 46307
- 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 May 19, 2020 as Document number 2020 027273.

The Affiant states no more.



Michael A. Keneson
Michael A. Keneson

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a notary public in and for said county and state residing in Lake County, Indiana, personally appeared Michael A. Keneson, and acknowledged the execution of the foregoing document, and who, having been sworn, stated that the representations therein contained are true.

Witness my hand and notarial seal this 11th day of November, 2020.



Staci M. Finch
Notary Public

FILED
NOV 23 2020
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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7818
E RM

EXECUTED AND DELIVERED in my presence:

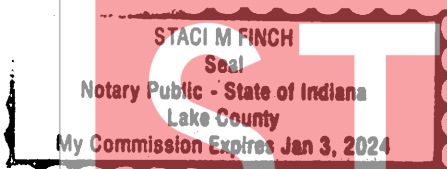
Witness: Nancy T. Wolframski

printed name: Nancy T. Wolframski

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Nancy T. Wolframski, 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 Michael A. Keneson 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 17th day of November, 2020.



Staci M. Finch
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 - 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



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000950

EDR No 00000792356

State No 038894

1. Decedent's Legal Name (First, Middle, Last) LYNNE K'KENESON			1a. Maiden Name (if female) EISSENS		2. Sex FEMALE	3. Time Of Death 11:45 PM	4. Date Of Death (Month/Day/Year) 07/14/2020	
5. Social Security Number [REDACTED]	6a. Age - Yrs 73	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) 01/07/1947		8. Birthplace (City and State or Foreign Country) THOMPSON, IL
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 checked="" 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) VNA HOSPICE CENTER								
12. City Or Town, State, And Zip Code VALPARAISO, IN, 46383				13. County Of Death PORTER		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input 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 ACCOUNTS PAYABLE		17. Kind Of Business/Industry HVACR	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT				
18c. Street And Number 3045 SUNRISE DRIVE				18d. Apt. No.	18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Parents Name (First, Middle, Last) CHARLIE EISSENS			23. Parents Name (First, Middle, Last) ARLENE EISSENS		23a. Parents Last Name Before First Marriage SIKEMA			
24. Informant's Name MICHAEL KENESON			24b. Relationship To Decedent SON		24c. Mailing Address (Street And Number, City, State, Zip Code) 3533 SUNRISE DRIVE, CROWN POINT, IN 46307			
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 CREMATION SERVICES		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 REES FUNERAL HOME, WINFIELD CHAPEL, 10909 RANDOLPH STREET, CROWN POINT, IN 46307			27a. Funeral Home License Number: FB41200017			
27b. Signature Of Indiana Funeral Service Licensee: JOSHUA R KRAUSE, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee: FD29700036		28. Cause Of Death (See Instructions And Examples) Approximate Interval: Onset To Death DAYS				
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. PANCREATIC CA 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 B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____								
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. NATURAL					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 checked="" 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: RUPESH J. SHAH, 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: RUPESH J. SHAH, 202 E 86TH PLACE, MERRILLVILLE, IN 46411					44. License Number 02002106A		45. Date Certified 07/17/2020	
46. Additional Funeral Service Provider:					47. *AKS:			
48. Signature of Local Health Officer: MARIA L STAMP, VIA ELECTRONIC SIGNATURE					49. For Registrar Only - Date Filed (Month/Day/Year): JUL 20 2020			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.