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2020-086435

2020 Nov 24

9:53 AM

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

TRANSFER ON DEATH
SURVIVORSHIP AFFIDAVIT

CHNW2005857

STATE OF Indiana

File No.: CHNW 2005857

COUNTY OF Lake

Comes now Vicki Lynn Czazasty, who being duly sworn upon her oath, deposes and says:

That, Vicki Czazasty & Peggy Adkins (insert beneficiaries) are the beneficiaries under a Transfer on Death Deed dated 7-24-2020 executed by Wanda Jean Prince and recorded 7-28-2020 as Instrument Number 2020-047780, in the Office of the Recorder of Lake County, Indiana.

That, N/A account title to the premises by Trustee's Deed recorded --- and as Instrument Number --- in the Office of the Recorder of --- County, Indiana.

That, Wanda Jean Prince died domiciled in Lake County, Indiana, on 9-10-2020 at which time Vicki Czazasty & Peggy Adkins and --- and --- became the fee simple owners of the land, said real estate being described as follows:

For APN/Parcel ID(s): 45-16-05-326-04400-042

Property: see attached legal description 330 Summit Park Court South Crown Point, IN 46307

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to the following 2 parties, as joint tenants with rights of survivorship.

Name	Address	Percentage Interest
<u>Vicki Czazasty</u>	<u>9005 Van Buren St Crown Point IN 46307</u>	<u>50%</u>
<u>Peggy Adkins</u>	<u>4250 E 28th Ave Lake Station IN 46405</u>	<u>50%</u>

IN WITNESS WHEREOF, the undersigned have executed this document on this 12th day of NOVEMBER, 2020.

Vicki Lynn Czazasty
Signature

Vicki Lynn Czazasty
Print Name

CH 1820801939
#2500

FILED

NOV 20 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

AM

CHICAGO TITLE INSURANCE COMPANY



SURVIVORSHIP AFFIDAVIT
(continued)

STATE OF IN
COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Kevin Zarembo, this 12th day of NOVEMBER, 2020.

Kevin Zarembo
Notary Public Kevin Zarembo
Resident of Lake COUNTY
My Commission expires: Dec. 9, 2027

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
KEVIN ZAREMBA
Notary Public - Seal
Lake County, State of Indiana
Commission Number NP0630898
My Commission Expires Dec 9, 2027



Prepared by: Vicki Lynn Czarcasik

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. Kevin Zarembo

Return to: 9605 VAN BUREN ST
CRAWFORD POINT IN 46307

CERTIFICATE OF PROOF

WITNESS to the signature(s) on the foregoing instrument to which this Proof is attached:

Alexa Murray
Witness Signature

ALEXA MURRAY
Witness Printed Name

PROOF:

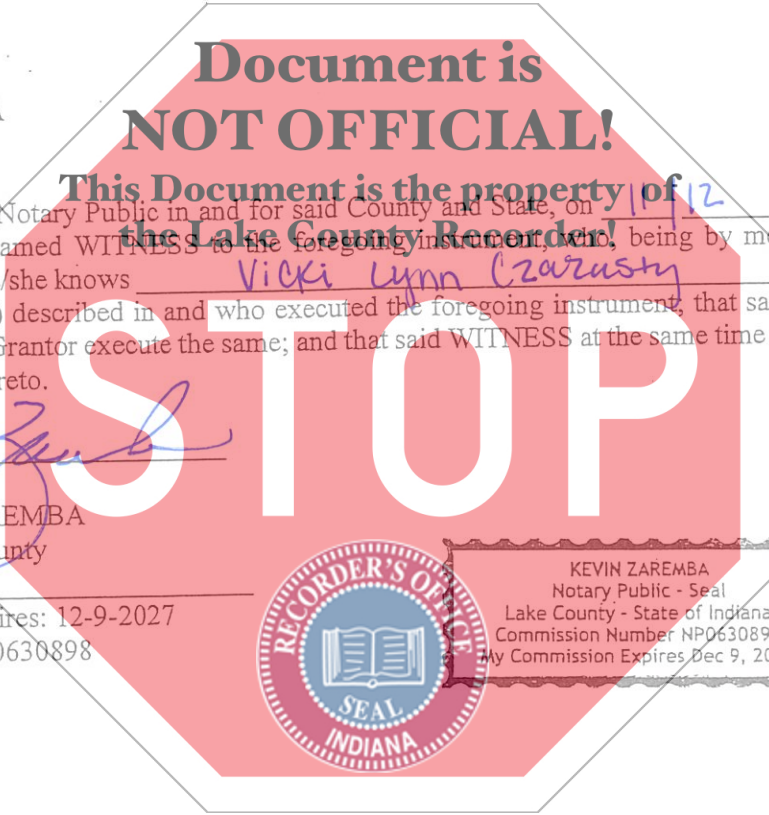
STATE OF INDIANA
COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, on 11/12, 2020, personally appeared the above named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows Vicki Lynn Czarusky to be the individual(s) described in and who executed the foregoing instrument, that said WITNESS was present and saw said Grantor execute the same; and that said WITNESS at the same time subscribed his/her name as a witness thereto.

Kevin Zarembo
NOTARY PUBLIC

Printed: KEVIN ZAREMBA
Resident of: Lake County
State of Indiana

My Commission Expires: 12-9-2027
Commission No. NP0630898



KEVIN ZAREMBA
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0630898
My Commission Expires Dec 9, 2027



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 248887

Local No 003926

EDR No 00000803465

State No 051214

1. Decedent's Legal Name (First, Middle, Last) WANDA JEAN PRINCE				1a. Maiden Name (If female) THOMPSON		2. Sex FEMALE	3. Time Of Death 03:29 AM	4. Date Of Death (Month/Day/Year) 09/10/2020	
5. Social Security Number 000-00-0000		6a. Age - Yrs 74	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) 09/23/1945		8. Birthplace (City and State or Foreign Country) POCAHONTAS, VA
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				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) ST ANTHONY MEDICAL CENTER OF CROWN POINT									
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					13. County Of Death LAKE		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 RECEPTIONIST		17. Kind Of Business/Industry RETAIL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18c. Street And Number 330 SUMMIT PARK COURT SOUTH	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. Parent's Name (First, Middle, Last) JAMES H THOMPSON		23a. Parent's Last Name Before First Marriage DALTON	
22. Parent's Name (First, Middle, Last) JAMES H THOMPSON		23. Parent's Name (First, Middle, Last) ELDRED M THOMPSON		23a. Parent's Last Name Before First Marriage DALTON		24. Informant's Name VICKI L CZAZASTY		24a. Relationship To Decedent DAUGHTER	
24. Informant's Name VICKI L CZAZASTY		24b. Mailing Address (Street And Number, City, State, Zip Code) 100 VAN BUREN STREET, CROWN POINT, IN 46307		24c. License Number (Of Licensee) FD20700059		25. Place Of Disposition CHapel LAWN MEMORIAL SERVICES		25c. Location - City, Town, And State SCHERERVILLE, IN	
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) CHapel LAWN MEMORIAL SERVICES		25c. Location - City, Town, And State SCHERERVILLE, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307		27a. Funeral Home License Number FH83002445		27b. Signature Of Indiana Funeral Service Licensee JAMES E. BURNS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD20700059	
27b. Signature Of Indiana Funeral Service Licensee JAMES E. BURNS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD20700059		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. RECURRENT ASPIRATION PNEUMONIA AND SEPSIS 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 Given in Part I. ACUTE KIDNEY INJURY		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	
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	
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			
36. Place Of Injury - State		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Location Of Injury - State		38a. City Or Town		38b. Street & Number	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
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: PRITI VIJAY NIKTE, 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: PRITI VIJAY NIKTE, 1201 S. MAIN STREET, CROWN POINT, IN 46307	
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: PRITI VIJAY NIKTE, 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: PRITI VIJAY NIKTE, 1201 S. MAIN STREET, CROWN POINT, IN 46307	
41. Signature, Of Person Certifying Cause Of Death: PRITI VIJAY NIKTE, 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: PRITI VIJAY NIKTE, 1201 S. MAIN STREET, CROWN POINT, IN 46307		44. License Number 01079724A		45. Date Certified 09/21/2020	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: PRITI VIJAY NIKTE, 1201 S. MAIN STREET, CROWN POINT, IN 46307		44. License Number 01079724A		45. Date Certified 09/21/2020		46. Additional Funeral Service Provider:		47. Aka's:	
46. Additional Funeral Service Provider:		47. Aka's:		48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) SEP 21 2020		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	



RAISED SEAL AFFIXED

LEGAL DESCRIPTION

Order No.: CTNW2005857

For APN/Parcel ID(s): 45-16-05-326-044.000-042

UNIT 330 IN BUILDING 8 OF SUMMIT PARK, HORIZONTAL PROPERTY REGIME CONDOMINIUMS AS CREATED BY A DECLARATION RECORDED IN INSTRUMENT NUMBER 763263 AND AS BUILT FLOOR PLANS RECORDED AS INSTRUMENT NUMBER 761164 IN PLAT BOOK 57 PAGE 29 AND SUPPLEMENTAL DECLARATION AND/OR AMENDMENT RECORDED AS INSTRUMENT NUMBER 843388 AND ANY ADDITIONAL SUPPLEMENTAL DECLARATIONS AND/OR AMENDMENTS THERETO WHICH ARE RECORDED IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON AREAS AND LIMITED COMMON AREAS.

