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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-024886

8:36 AM 2021 Mar 19

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

TRANSFER ON DEATH DEED AFFIDAVIT

PAUL P. SAVICKIS, being first duly sworn upon his oath, deposes and says:

1. This Affidavit is made pursuant to I.C. 32-17-14-26)(20).
2. The undersigned is a Transfer on Death Beneficiary of Owner, ANN SAVICKIS, who died a resident of Lake County Indiana on December 30, 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:

Lot No. Four (4) and the North Half of Lot No. Five (5), in Block No. Seven (7), as marked and laid down on the recorded plat of Buena Vista Addition to Hammond, in Lake County, Indiana, as the same appears of record in Plat Book 18, page 31, in the Recorder's Office of Lake County, Indiana. Commonly known as: 7211 Howard, Hammond, IN 46324

4. That the wording in the deed creating the TOD Beneficiary is as follows: ANN SAVICKIS, of Lake County, Indiana, transfers on death to PAUL P. SAVICKIS and ANTHONY J. SAVICKIS, as Tenants in common.

5. The TOD Deed was dated May 18, 2017, and was recorded on May 25, 2017 as Document No. 2017-032624, in the Office of the Recorder of Lake County, Indiana.

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:

Paul P. Savickis, adult son; 6543 Nebraska, Hammond, IN 46323, as to an undivided one-half (1/2) interest; and <<GRANTEE'S ADDRESS

Anthony J. Savickis, adult son; 3130 Glenwood, Highland, IN 46322, as to an undivided one-half (1/2) interest.

Further your Affiant sayeth not.

Paul P. Savickis

PAUL P. SAVICKIS

FILED

MAR 18 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR



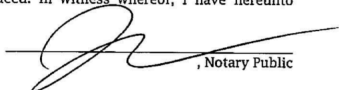
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NOT AN OFFICIAL DOCUMENT

State of Indiana, Lake County, ss: _____

Before me, the undersigned, a Notary Public in and for said County and State, this ___ day of _____, 2021, personally appeared: **PAUL P. SAVICKIS** and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Expires:
Resident of Lake County


_____, Notary Public

I, Joseph Banasiak, 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. Joseph Banasiak

PREPARED BY and MAIL TO: Joseph Banasiak, 2546 45th Street, Highland, IN 46322,
Atty. at Law, Attorney No. 10769-45

Proprietor of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

Tracking No. 264756



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 005742

EDR No 000011059788

State No 2020-078125

1. Decedent's Legal Name (First, Middle, Last) Ann Savickis				1a. Maiden Name (if female) Humljan		2. Gender Female		3. Time of Death 07:19 AM		4. Date of Death (Month/Day/Year) 12/30/2020	
5. Social Security Number [REDACTED]		6a. Age - Yrs 97		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) 05/04/1923						8. Birthplace (City and State or Foreign Country) Hammond, Indiana					
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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (if Not Institution, Give Street and Number) Symphony Of Dyer											
12. City or Town, State, And Zip Code Dyer, Indiana, 46311						13. County Of Death Lake			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input 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 Homemaker		17. Kind Of Business/Industry Own Home	
18. Residence - State IN		18a. County Lake			18b. City Or Town Hammond			18c. Street And Number 7211 Howard Avenue		18d. Apt. No.	
18e. Zip Code 46324		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 <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) Anthony Humljan				23. Parent's Name (First, Middle, Last) Anna Humljan				23a. Parent's Last Name Before First Marriage Klemencic			
24. Informant's Name Paul Savickis Jr				24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 6543 Nebraska Avenue, Hammond, IN, 46323					
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) Saint John Saint Joseph Cemetery				25c. Location - City, Town, And State Hammond, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Solan-Pruzin Funeral Service Inc. Dba Solan-Pruzin 14 Kennedy Avenue, Schererville, Indiana, 46375				27a. Funeral Home License Number FH10200037		27b. Signature Of Indiana Funeral Service Licensee Jolita J Pruzin Jr			
27c. License Number Of Licensee Electronically Signed				27d. License Number Of Licensee FD29600199				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. Cardiopulmonary arrest			
28a. Immediate Cause (Final Disease Or Condition Resulting In Death) A. unknown				28b. Subsequent 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 C. unknown				28c. Cause Of Death (See Instructions And Examples) unknown			
Part II. Enter Other Significant Conditions Contributing to Death, But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" 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"/> Unknown If Pregnant Within Past Year		32. If Male: <input type="checkbox"/> Not Pregnant, But Pregnant Within 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Nature <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Death Not To Be Determined		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury	
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number		36c. Apt. No.		36d. Zip Code		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: Alexander A Stemer						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: Alexander A Stemer 761 45th Street, Munster, IN 46321		
46. Additional Funeral Service Provider:				44. Local File Number 0102591A		45. Date of Death 02/04/2021		47. AMC#			
48. Signature of Local Health Officer:				49. For Registrar Only - Date Filed (Month/Day/Year): 02/10/2021		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
FEB 10 2021

NOT VALID UNLESS

State Form 55395e 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.

RAISED SEAL AFFIXED