

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-030979

9:02 AM 2021 Apr 8

TRANSFER ON DEATH AFFIDAVIT

TAX: I.D. NO. 45-07-32-203-050.000-026

YVONNE MANLEY, being first duly sworn upon oath, depose and state:

1. That WALTER M. MANLEY a/k/a WALTER MACK MANLEY SR died on the 4th day of December, 2020 at Highland, Lake County, Indiana.
2. That at the time of his death, he held fee simple interest in the following described real estate:

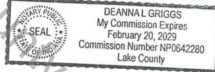
UNIT NO. 9825 IN PARKWAY MANOR CONDOMINIUM, A HORIZONTAL PROPERTY REGIME, CREATED BY A DECLARATION OF CONDOMINIUM RECORDED MAY 26, 1994 AS DOCUMENT NO. 94039789, AND ALL SUBSEQUENT AMENDMENTS THERETO, INCLUDING BUT NOT LIMITED TO THE SEVENTH AMENDMENT RECORDED MAY 16, 1995 AS DOCUMENT NO. 95030108, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, TOGETHER WITH AN UNDIVIDED INTEREST IN THE COMMON AND LIMITED COMMON AREAS AND FACILITIES APPERTAINING.

COMMONLY KNOWN AS: 9825 PARKWAY DRIVE, HIGHLAND, INDIANA 46322

3. That there was a Transfer of Death Deed dated 11/13/19 and recorded 12/2/19 as Document No. 2019-082381; Transferee (primary beneficiary) at time of death is Yvonne Manley.
4. The Surviving Beneficiary is: Yvonne Manley, 917 Spruce Street, Hammond, Indiana.

FURTHER, Affiants saith naught.

Yvonne Manley
YVONNE MANLEY



STATE OF INDIANA, COUNTY OF Lake) SS:

Before me, the undersigned, a Notary Public in and for said county and state this 31 day of March, 2021, personally appeared YVONNE MANLEY, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Number: 642280
My Commission Expires: 2-20-29 Signature: [Signature]
County of Residence: Lake Printed: Deanna L. Griggs, Notary Public

This instrument prepared by: NATHAN D. VIS, Attorney-at-Law, ID. No. 29535-45
VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303
No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership. All information used supplied by title company.

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.

Signature: [Signature] FILED APR 07 2021 Printed Name: Deanna L. Griggs

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Community Title Company
File No. 91818

CK 15155

25-RT

NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 258118

Local No 005188

EDR No 00000823159

State No

1 Decedent's Legal Name (First, Middle, Last) WALTER MACK MANLEY SR		1a Maiden Name (if female)		2 Sex MALE	3 Time of Death 02 26 AM	4 Date of Death (Month/Day/Year) 12/04/2020				
5 Social Security Number 95	6a Age Yrs 84	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) 01/12/1925	8 Birthplace (City and State or Foreign Country) HURTSBORO, AL			
8 Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							9a If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospital Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/long term Care Facility			
9b If Death Occurred in A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival										
11 Facility Name (if not Institution: Give Street and Number) 5825 PARKWAY DRIVE										
12 City or Town, State, and Zip Code HIGHLAND, IN, 46322										
13 Burial/Interment Name LAKE							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 type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15a Last Name Before First Marriage GUNNERY SERGEANT							16 Decedent's Usual Occupation UNITED STATES MARINES			
17 Kind of Business/Industry										
18 Residence - State INDIANA							18a County LAKE	18b City or Town HIGHLAND		
19c Street And Number 9825 PARKWAY DRIVE							19d Apt No	19e Zip Code 46322	19f Inland 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 Black or African American	
22 Parent's Name (First, Middle, Last) SAMUEL MANLEY SR							23 Parent's Name (First, Middle, Last) EVA MANLEY		24 Parent's Last Name (Before 1st Marriage) COOPER	
24 Inmate's Name YVONNE MANLEY							25a Relationship to Decedent SISTER		25b Mailing Address (Street And Number, City, State, Zip Code) 917 SPRUCE STREET, HAMMOND, IN 46324	
26a Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)							26b Place of Disposition (Name of Cemetery, Crematory, Other Place) ARLINGTON NATIONAL CEMETERY		26c Location - City, Town, And State ARLINGTON, VA	
27 Name And Complete Address of Funeral Facility HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE), 4659 ALEXANDER AVE, EAST CHICAGO, IN 46312							27a Funeral Home License Number FH83001520			
27b Signature of Indiana Funeral Service Licensee TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE							27c License Number (Of Licensee) FD08600238			
28 Part 1 Enter the Chain of Events - Diseases, Injuries, Or Complications - That Directly Cause The Death; Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Ecology 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 CHRONIC KIDNEY DISEASE, STAGE 4, SEVERE							Approximate Interval Or Onset To Death MONTHS			
28 Part 2 Enter the Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B PROTEIN-CALORIE MALNUTRITION							MONTHS			
C CONGESTIVE HEART FAILURE							YEARS			
29 Part 1 Enter One Significant Condition (Contributing To Death) But Not Resulting In The Underlying Cause Given In Part 1							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 Was Tobacco Use Contributing To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown							32 If Female: <input type="checkbox"/> Not Pregnant Before Past Year <input type="checkbox"/> Pregnant 1-11 Months <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43-90 Days Before Death <input type="checkbox"/> Pregnant 91-365 Days Before Death			
33 Date of Injury (Month/Day/Year)							33 Major Cause of Death <input type="checkbox"/> Accident <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 Location of Injury - State							34 Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35a City or Town							35b Zip Code			
35 Describe How Injury Occurred							36 If Transportation Related: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
37 Certificate of Person Carrying Cause of Death LYLE R MUNN, BY ELECTRONIC SIGNATURE							38 Date Certified 12/09/2020			
38 Name, Address And Zip Code Of Person Carrying Cause of Death LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321							39 License Number 01031582A			
40 Additional Funeral Service Provider							41 Date 12/09/2020			
42 Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE							43 For Registrar Only - Date Filed (Month/Day/Year) DEC 07 2020			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										