

Auditor Stamp

FILED

Apr 08 2021 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

STATE OF INDIANA }
COUNTY OF LAKE } SS:

TRANSFER ON DEATH AFFIDAVIT

Wendy Witherspoon, being first duly sworn upon her oath, deposes and says:

1. That she is the daughter of **Juanita Witherspoon**, and is personally aware of the facts attested to in this affidavit.

2. **Juanita Witherspoon** executed a **Warranty Deed TOD on 08/11/2014 and recorded 08/12/2014 as Document No. 2014-048445**, transferring to **Wendy Witherspoon on the death of Juanita Witherspoon**, the Owner's interest in the following described real estate, located in Lake County, Indiana, to-wit:

Lots 26 and 27, Block 1, Highland Park Addition to Gary, as shown in Plat Book 8, page 13, Lake County, Indiana. Commonly known as 4169 Van Buren Street, Gary, IN 46408

3. Such Warranty Deed TOD was recorded on **August 12, 2014** in the Office of the Recorder of Lake County, Indiana, as Document No. **2014-048445**.

4. That **Juanita Witherspoon** died on 12/24/20, owning an interest in the above-described real estate. A copy of the death certificate of **Juanita Witherspoon** is attached to this Affidavit.

5. Beneficiary's name and address:

Wendy Witherspoon: 10416 Virginia St. Merrillville, IN 46410

6. This Affidavit is made, executed and recorded to comply with the requirements of I.C. 32-17-14-26(b)(20) to transfer on death the Owner's interest in the above-described real estate.

AFFIANT FURTHER SAYETH NOT.

[Signature]
Wendy Witherspoon

I, Jennifer Waters, a Notary Public for the County of Lake and State of Indiana, do hereby certify that **Wendy Witherspoon** personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this 14th day of April, 2021.

Notary Public: Jennifer Waters
My Commission Expires: September 20, 2025



MAIL TAX BILLS TO:

Wendy Witherspoon
10416 Virginia St. Merrillville, IN 46410

TAX KEY NO(S):

45-08-28-402-009,000-004

THIS INSTRUMENT PREPARED BY: Douglas R. Kvachkoff, Attorney at Law, 325 N. Main Street, Crown Point, IN 46307. 219-662-2977. File No. IN-21-64381-02

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. Angela Anderson

No Sales Disclosure Needed
Apr 08 2021
By: sb
Office of the Lake County Assessor

NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 021-0426, FROM : MT. MORIAH BAPTIST CHURCH

PHONE NO. : 219 692 1444

Mar. 22 2021 10:20AM P6

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000285		EDR No 00011040557			State No 2020-079092	
1. Decedent's Legal Name (First, Middle, Last) JUANITA WITHERSPOON		1a. Maiden Name (If Female) SPENCER			1b. Gender Female	
2. Social Security Number 92		3. Under 1 Year Months		4. Date of Death (Month/Day/Year) 11:20 PM 12/24/2020		
5. Under 1 Month Days		6. Under 1 Day Hours		7. Date of Birth (Month/Day/Year) 06/02/1923		
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9. If Death Occurred in a Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead at Home		10. If Death Occurred Somewhere Other Than a Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Residential 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) METHODIST HOSPITAL NORTHLAKE						
12. City or Town, State, and Zip Code Gary, Indiana, 46402			13. County of Death Lake		14. Medical Status at Time of Death <input type="checkbox"/> Marked <input type="checkbox"/> Mended, But Suspected <input type="checkbox"/> Deceased <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
15. Shipping Specimen (None)		15a. Last Name (Person's Full Name) HOMEMAKER		16. Occupation (Under 100 characters) HOME		
17a. Residence - State IN		17b. County Lake		17c. City or Town Gary		
18a. Street and Number 4160 VAN BUREN Street		18c. Apt. No.		18d. Zip Code 46406		
19. Education (None)		20. Highest Grade Completed High School graduate or GED completed		21. Decedent's Race <input type="checkbox"/> Black or African American		
22. Parents Name (First, Middle, Last) BENJAMIN SPENCER		23. Parents Name (First, Middle, Last) FRANCES SPENCER		24. Father's Last Name (State First Marriage) HAWKINS		
25. Interment Name WITHERSPOON		26. Relationship to Decedent Daughter		27. Mailing Address (Street and Number, City, State, Zip Code) 8048 VIRGINIA Street, Merrillville, IN, 46410		
28a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Exhumation		28b. Place of Disposition (State of Disposal, Cemetery, Other Place) EVERGREEN MEMORIAL PARK		28c. Location - City, Town, and State Holet, IN		
29. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Name and Complete Address of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS 2950 WEST 11TH AVENUE, Gary, Indiana, 46404		31. Funeral Home License Number FH8300704		
32. Signature of Indiana Licensed Funeral Director GENE L. OWENS		Electronically Signed		32a. License Number of Licensee FD08700286		
33. Part I. Enter the Chain of Events - Diseases, Injuries, or Complications - That Directly Caused The Death. Do Not Stop Terminal Events Such as Cardiac Arrest, Respiratory Arrest, or Ventricular Fibrillation Without Showing The Etiology. Do Not Abandon. Enter Only One Cause On A Line. Add Additional Lines if Necessary.						
Immediate Cause (Final Disease or Condition Resulting in Death)						
A. CONGESTIVE HEART FAILURE YEARS						
B. HYPERTENSION YEARS						
C. DIABETES MELLITUS YEARS						
D. END STAGE RENAL DISEASE YEARS						
34. Part II. Enter One (and Only One) Condition Contributing to Death If It Not Resulting In The Underlying Cause Given in Part I						
35. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
36. Were Autopsy Findings Available To Complete The Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
37. Did Physician Give Certificate To Family? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. Cause of Injury (If Death Resulted From Injury) None		39. Place of Injury (If G. Decedent's Home, Construction Site, Fire, etc., or Other Location) None		
39. Date of Injury (Month/Day/Year)		39a. City of Town		39b. Street and Number		
40. Location of Injury - State		40a. City of Town		40b. Street and Number		
41. Describe How Injury Occurred		42. If Transportation Injury (Specify): <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other Death		43. Signature of Person Certifying Cause of Death FAD/ Issa ALZEIDAN		
44. Name, Address and Zip Code of Person Certifying Cause of Death FAD/ Issa ALZEIDAN 311 E. 89TH AVE, Merrillville, IN 46410		Electronically Signed		45. Gender (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
46. Signature of Public Health Officer Walter W. Walker		Electronically Signed		46. Date Certified 12/30/2020		
47. Registrar Only - Date Filed (Month/Day/Year) 02/08/2021		48. For Registrar Only - Date Filed (Month/Day/Year)				

State Form 00360 - ATTENTION: ESTATE. The Social Security # is being reported by this state agency in order to assist in processing a deceased individual's claim for Social Security benefits. This information is being reported in accordance with the Social Security Act and the Social Security Administration's regulations. It is not to be used for any other purpose. If you have any questions, please contact the Social Security Administration at 1-800-795-3134. **WARNING:** This information is being reported in accordance with the Social Security Act and the Social Security Administration's regulations. It is not to be used for any other purpose. If you have any questions, please contact the Social Security Administration at 1-800-795-3134.