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Total Fees: By: DN Pg #: 5 FILED FOR RECORD GINA PIMENTEL RECORDER

Auditor Stamp

FILED

Apr 14 2021 VH
JOHN E. PETALAS
LAKE COUNTY AUDITOR

CMW210125 T

Parcel Number: 45-10-13-404-028.000-034

TRANSFER ON DEATH AFFIDAVIT

Darlene Cowan, being first duly sworn, makes the following statements based upon personal knowledge:

 Edward R. Golon and Lorraine M. Golon, Husband and Wife, are the owners of the following described real estate in Lake County, Indiana:

Lot 28, Block 7, Pheasant Hills Addition Unit 2 B to the Town of Dyer, as shown in Plat Book 41, page 12, in Lake County, Indiana

Commonly known as: 522 Willow Lane, Dyer, Indiana 46311

- The real estate was transferred by Deed to Edward R. Golon and Lorraine M.
 Golon, Husband and Wife, as tenants by the entireties on November 30, 1973. Said Deed was duly recorded as Document Number 232441 in the Office of the Recorder of Lake County, Indiana, on December 12, 1973.
- On August 23, 2011, Edward R. Golon and Lorraine M. Golon ("Owners") signed a Transfer on Death Deed transferring to Darlene Cowan and Mark Golon, on the Surviving Owner's death, the Owners' interest in the above-described real estate.
- Said Transfer on Death Deed was recorded on August 25, 2011, in the office of the Recorder of Lake County, Indiana, as document number 2011 046565.
- Edward R. Golon and Lorraine M. Golon were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the

No Sales Disclosure Needed Apr 14 2021 By: sb Office of the Lake County Assessor

NO TOTAL POCUMENT

time they acquired title until the death of Edward R. Golon on November 18, 2011. (A true and accurate copy of the death certificate of Edward R. Golon, with social security number and cause of death redacted, is attached hereto and incorporated herein by reference as Exhibit "A.")

6. The Surviving Owner, Lorraine M. Golon, died on October 30, 2020, as the fee simple owner of the above-described real estate. (A true and accurate copy of the Surviving Owner's death certificate, with social security number and cause of death redacted, is attached hereto and incorporated herein by reference as Exhibit "B.")

The name and address of each designated beneficiary who survived the Owners
are as follows:

Name of Beneficiary

Beneficiary Address

Darlene Cowan

572 - 213th Place, Dver, IN 46311

Mark Golon

1725 Ravin Nest Court, Crown Point, IN 46307

- 8. There are no designated beneficiaries who failed to survive the Owners.
- This Affidavit is made, executed and recorded to comply with the requirements of I.C. §32-17-14-26(b)(20) to transfer the Owners' interest in the above-described real estate to Darlene Cowan and Mark Golon.

FURTHER AFFIANT SAYETH NOT.

Date: April 1, 2021

Darlene Cowan

NOTANA @FFICIAL DOCUMENT

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Darlene Cowan, and she being first duly sworn by me upon her oath, stated that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 1st day of April, 2021.

Laura L. Rybicki

8/27/2024

THIS DOCUMENT WAS PREPARED BY: Laura L. Rybicki, Attorney No.: 21389-45 LAURA L. RYBICKI, LLC 9495 Keilman, Suite 2B, St. John, Indiana 46373 Telephone: (219) 365-7766

Mail Tax Statements To: Darlene Cowan and Mark Golon 1725 Ravin Nest Court Crown Point, IN 46307

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.

Laura L. Rybicki

NO TOTAL PARTICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH Local No 003599 EDR No 000000229992 Date Of Dewth (Wanth/Davi Year 09:50 PM 6b. Under I Year | 6c. Under 1 Month) 5d. Under 1 Day | 6e. Under 1 Hour Months 07/25/1921 CHICAGO, IL & Ever in II G Arman Course ☐ Hospide Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility Yes (1) No (1) Unknown M Inputtent [] Eme ethnent Outpatient 🔲 Dead on Antrol Other (Specify) 11. Facility Name (# Not Implicated on, Give Street and Number) ST MARGARET MERCY HEALTHCARE CENTERS-DYER COLD TO Yours Street And Zo Code 13. County Of Death 14. Martal Status At Time Of Death Married | Namied, But Separated | Divorce | Widowed | Name Married | University on | 17. Kind Of Business Industry DYER, IN, 46311 Co. (N. 1996) Charles Land 16 Constants He at C US STEEL ORRA NE GOLON KOWALCZYK MILL WRIGHT CORPORATION 15a, County 163. City Cy Tow DYER SR4 Ant N 18e Zip Code 18f. Incide City Limits? Ø Yes □ No 522 WILLOW LANE 20. Decedent Of Historic Origin 9TH - 12TH GRADE; NO DIPLOMA 22. Father's Name (first, Model, Laut) NOT HISPANIC White 23. Mother's Nems (Pins), Mindle Cast 23s. Mother's Maiden Last Narce ANNA GOLON 24c. Making Astress (Street and Number, City, State, Zip Code ROCH GOLON LESNIEWSKI LORRAINE GOLON 522 WILLOW LANE, DYER, IN 46311 WIFE 25. Place Of Disposition (Name Of Cemetery, Cremetery, Other Place) | 25c. Location - City, Town, And State 25a. Method Of Disposition Bules Correction Donation Districtment Removal From Statu ABRAHAM LINCOLN NATIONAL CEMETERY ELWOOD, II 27a Furnical hidosa I Inanas Number ☐ Yes Ø No MWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373 FH19900052 27s. Signatura O'Indiana Funeral Sandra Librasie: JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE Cause FD09200077 Approximate Interval: Onsat To Death That Directly Caused The Death, Do Not Erear Terminal Events Showing The Etiology, Do Not Abbroviate, Enter Only One Cause On Such As Cardiac Arrest, Respiratory Arrest, Or Ve A Line. Add Additional Lines if Necessary. Immediate Cause (Finel Disease Or Condition Resulting In Death) 2 DAYS 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 is Death) Last 20 YEARS Part II. Enter Other Standount Conditions Contributing to Death Bull Not Resulting 30. Were Autopsy Finding Available To Complete The Cau RENAL FAILURE 31. Did Tobecco Use Contribute To Death? ☐ Yes ☐ No 33. Manner Of Death St hatural | Hombide | Accident | Pending Inve 2-0-40-0--COPY OF THE CERTIFICATE OF DEATH OWIFITE AND THE CASE COUNTY HEATH OF PRITHENT. LASE COUNTY HEATH OF PRITHENT. hayrani ka Daya Ta hynar Bishna Dashi 🌐 Unisissa P 36. Pisaca Of Inhary (f 35 Time Of Initio 34. Date Ct nium (Month/DawYear) 38. Location Of Injury - State 385 Spen & Number Mrs. City Dr Town 39 Describe How Intury Occurred Mariant. 11. Sgrature, DI Penan Certifying Close of Disafe: SHARON ANN HARIG , BY ELECTRONIC SIGNATURE SHARON ANN HARIG , 8895 BROADWAY, MERRILLVILLE, IN 46410. 46. Additional Fundam Service Provider 01035172A 59. For Registrar Only - Date Filed (March/Sau/Year EXHIBIT SUSAN W. BEST, VIA ELECTRONIC SIGNATURE NOV 23 2011

State Form 53393 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.

NOTAN OFFICIAL DOCUMENT

Local No 004720		IANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH			Tracking No. 254800	
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