

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-043339

8:51 AM 2021 Jun 21

Mail tax bills to:
Rosa DeJesus
779 Palmetto Place Ct.
Orange Park, FL 32065

Parcel No. 45-03-06-356-027.000.023

TRANSFER ON DEATH AFFIDAVIT

Rosa DeJesus, upon personal knowledge and belief, makes these statements:

1. That Suzanne Carmichael "Owner" died on May 17, 2021. A copy of her Death Certificate is attached hereto and marked Exhibit A. At the time of her death, she owned an interest in the following described real estate:

LOT 13 IN BLOCK 5 IN SHEFFIELD, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 14, PAGE6, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Commonly known as: 1646 Stanton Avenue, Whiting, IN 46394

2. On July17, 2017 Suzanne Carmichael, Owner, signed a Transfer on Death Deed, following her death, transferring her interest in the real estate described above which document was recorded on August 17, 2017, in the Office of the Recorder of Lake County, Indiana, under Document No.: 2017 055054.
3. The designated beneficiary in the Transfer on Death Deed, who has survived the owner is:
Rosa DeJesus, 779 Palmetto Place Ct, Orange Park, FL 32065
4. The purpose of this Affidavit is to comply with the requirements of IC 32-17-14-26 (b)(20) to transfer on death Owners' interest in the real estate described above to the Transfer on Death Deed beneficiary.



FILED

JUN 18 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

3566
C#15317
KLE

NOT AN OFFICIAL DOCUMENT

I affirm under the penalties for perjury that the foregoing representations are true. Dated this

28 day of May, 2021.



ROSA DEJESUS

STATE OF FLORIDA

) SS:

COUNTY OF)

Before me, the undersigned, a Notary Public in and for said County and State, this 28th day of May, 2021, personally appeared ROSA DEJESUS, and acknowledged the execution of the foregoing Transfer on Death Affidavit.

In Witness whereof, I have hereunto subscribed my name and affixed my official seal.





NOTARY PUBLIC

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.

/s/James A. Harris

JAMES A. HARRIS

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This instrument was prepared by James A. Harris, Attorney at Law, 9719 Prairie Avenue, Highland, Indiana 46322 at the specific request of affiant or beneficiary and is based solely on information supplied by one or more of those parties and without examination for accuracy. This preparer assumes no liability for any errors, inaccuracy or omissions in this instrument resulting from the information provided. The parties accept this disclaimer affiant's execution of this document of this documents or beneficiary's acceptance.

NOT AN OFFICIAL DOCUMENT

**EXHIBIT "A"****INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No 000175

EDR No 000011108004

State No 2021-027491

1. Decedent's Legal Name (First, Middle, Last) Suzanne Carmichael		1a. Maiden Name (If female) Guerra		2. Gender Female	3. Time Of Death 04:05 PM	4. Date Of Death (Month/Day/Year) 05/17/2021				
5. Social Security Number 67		6a. Age - Yrs 67	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) 04/03/1954	8. Birthplace (City and State or Foreign Country) Chicago, Illinois		
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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) St. Catherine Hospital - East Chicago								14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		
12. City Or Town, State, And Zip Code East Chicago, Indiana 46312				13. County Of Death Lake		15. Surviving Spouse's Name			16. Last Name Before First Marriage Lake	
16. Residence - State IN				18a. County Lake		18b. City Or Town Whiting				
18c. Street And Number 1646 Stanton Avenue				18d. Apt. No.		18e. Zip Code 46394		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 Mexican, Mexican American, Chicano			21. Decedent's Race White			23a. Parent's Last Name Before First Marriage Balli	
22. Parent's Name (First, Middle, Last) Frank Guerra			23. Parent's Name (First, Middle, Last) Irma Guerra			23b. Parent's Last Name Before First Marriage			23c. Parent's Last Name Before First Marriage	
24. Informant's Name Rose Pilar			24a. Relationship To Decedent Sister			24b. Mailing Address (Street And Number, City, State, Zip Code) 2158 Whipoorwill Street, Portage, IN, 46368			25a. Place Of Disposition Elmwood Funeral Chapel and Crematory	
25b. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25c. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Elmwood Funeral Chapel and Crematory			25d. Location - City, Town, And State Cedar Lake, IN			27a. Funeral Home License Number: FH19900052	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Elmwood Chapel Ltd 113700 W 97th Lane, Saint John, Indiana, 46373			27b. License Number (Of Licensee): FD09200077			27c. License Number (Of Licensee): FD09200077	
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) cardiac arrest			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. 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 bilateral pneumothoraces acute respiratory failure COVID-19 pneumonia			Approximate Interval: Onset To Death 1 day 4 days to weeks 2 weeks			29. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I acute kidney injury	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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"/> 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			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)			38d. Zip Code	
36. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Apt. No.	
39. Describe How Injury Occurred			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			41. Signature, Of Person Certifying Cause Of Death: Vatsel Patel			42. Date Certified 05/21/2021	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Vatsel Patel 4321 Fir St, East Chicago, IN 46312			44. Additional Funeral Service Provider:			45. Signature of Local Health Officer: Paula Benchik Arning			46. For Registrar Only (Do Not Fill In): 020044785A 05/21/2021	
46. Signature of Local Health Officer: Paula Benchik Arning			47. For Registrar Only (Do Not Fill In): 020044785A			48. For Registrar Only (Do Not Fill In): 05/21/2021			49. For Registrar Only (Do Not Fill In): 05/21/2021	

State Form 53395 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.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.