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STATE OF INDIANA) SEND TAX BILLS TO: 6182 Avocet Circle, Hobart, IN 46342
)SS:
COUNTY OF LAKE)

TRANSFER ON DEATH DEED BENEFICIARY AFFIDAVIT

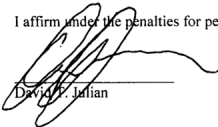
Comes now David T. Julian and Vincent K. Julian and upon being duly sworn do attest and say:

1. That the affiant is the son of Barbara A. Julian aka Barbara Ann Julian.
2. That Barbara A. Julian aka Barbara Ann Julian was the owner of real property located in Lake County, Indiana, more particularly described as:

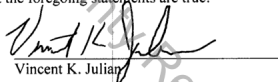
The North 62.3 feet, by parallel lines, of Lot 252, in Unit 15 of Barrington Ridge, a Planned Unit envelopment, in the City of Hobart, as per plat thereof, recorded in Plat Book 85, Page 30, in the Office of the Recorder of Lake County, Indiana.

Common Address: 6182 Avocet Circle, Hobart, IN 46342
Parcel Number: 45-13-08-126-007.000-046
3. That on July 12, 2019, Barbara A. Julian aka Barbara Ann Julian executed and later recorded (under #2019045194) a Transfer on Death Deed to Quit Claim upon her death, the above property to **David T. Julian**: 285 Lago Circle #103, Melbourne, FL 32904 and **Vincent K. Julian**: 3214 S. Holmesville Rd., LaPorte, IN 46350.
4. That Barbara A. Julian aka Barbara Ann Julian died on May 28, 2021.
5. That pursuant to IC 32-17-14-26(b)(20), **David T. Julian** and **Vincent K. Julian**, became the undivided owners of the property, each as to Fifty Percent (50%) at the death of Barbara A. Julian aka Barbara Ann Julian.

I affirm under the penalties for perjury that the foregoing statements are true.



David T. Julian



Vincent K. Julian

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-044294


8:33 AM 2021 Jun 28

FILED

JUN 25 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

EXECUTED AND DELIVERED IN MY PRESENCE:

 Witness Signature

Maranda Crim Witness Printed



35 cc
CK#1195
KX E

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, a notary public in fore said county and state this 17 day of June, 2021, David T. Julian and Vincent K. Julian acknowledged the execution of the foregoing or attached Transfer on Death Deed Beneficiary Affidavit as their voluntary act for the purposes stated therein.

Before me, a Notary Public in and for said County and State, personally appeared Maranda M. Cuning, being Known to me to be the person whose name is subscribed as a witness to the forgoing instrument, who being duly sworn by me, deposes and says that the forgoing instrument was executed and delivered by David T. Julian and Vincent K. Julian in the above-named subscribing witness presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and Notarial Seal this 17 day of June, 2021.

[Signature] Notary Signature

Shauna M. Lange Notary Print



I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

[Signature]
Shauna M. Lange

↙ This Instrument Prepared by:
Rees and Lange, P.C.,
Shauna M. Lange, Esq.,
301 Main Street, Hobart, IN 463642
(219) 947-1692.

NOT AN OFFICIAL DOCUMENT

INDIANA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 201-029824

Legal No. 002203 EDR No. 000011113728 State No. 2021-029824

1. Decedent's Last Name, First Middle Initial John E. Carter		3. Maiden Name (if female)		2. Gender Female		3. Time of Death 06:06 PM		4. Date of Death (Month/Day/Year) 05/28/2021	
5. Race Retray									
6a. Under 1 Year None		6b. Under 1 Month None		6c. Under 1 Day None		6d. Under 1 Hour None		7. Day of Birth (Month/Day/Year) 12/10/1942	
8. Residence (City and State or Foreign Country) Gary, Indiana								14. Marital Status At Time Of Death <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
9. Place of Death (Hospital, Home, or Other) Home		10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		10b. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" 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) 6102 Avocet Circle		12. County Of Death Lake	
13. County Of Death Lake				14. Decedent's Usual Occupation Homemaker			15. Kind of Residence Own Home		
16. Decedent's Sex IN		17a. City or Town Hobart		18. Age, No. 46342		19a. Zip Code 46342		19b. Postal Day/Zone IN 46342	
20. Decedent's Birth Date 12/10/1942		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) Cora Retray		23. Parent's Last Known Street and Postal Address Wolfe			
24. Decedent's Birth Place Someplace, but no degree		25. Decedent's Birth Place Someplace, but no degree		26. Mailing Address (Street and Number, City, State, Zip Code) 285 Lego Circle 108, Melbourne, FL 32904		27a. Funeral Home (License) Number FH63002900			
28. Place of Disposition (Funeral Home, Cemetery, Other Place) Northwest Indiana Cremation Service		29. Place of Disposition (Funeral Home, Cemetery, Other Place) Northwest Indiana Cremation Service		30. Location - City, Town, and State Crown Point, IN		31. Name and Complete Address of Funeral Facility Burns Funeral Home 701 E. 7th St. Hobart, Indiana, 46342			
32. Name and Complete Address of Funeral Facility Burns Funeral Home 701 E. 7th St. Hobart, Indiana, 46342		33. Name and Complete Address of Funeral Facility Burns Funeral Home 701 E. 7th St. Hobart, Indiana, 46342		34. Name and Complete Address of Funeral Facility Burns Funeral Home 701 E. 7th St. Hobart, Indiana, 46342		35. License Number (of Decedent) FDD1009481			
36. Cause of Death (See Instructions and Examples) Chronic diastolic heart failure									
37. Immediate Cause (Final Disease or Condition Resulting in Death) Chronic diastolic heart failure									
38. Underlying Cause (List All Causes) Chronic diastolic heart failure									
39. Contributing Cause (List All Causes) Chronic diastolic heart failure									
40. Manner of Death Chronic									
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THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE-COUNTY HEALTH DEPARTMENT

JAN 03 2021

LAKE COUNTY HEALTH DEPARTMENT OFFICER

ELECTRONICALLY SIGNED

John E. Carter

164 Bradford Pkwy, Hobart, IN 46342

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ELECTRONICALLY SIGNED

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)