

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2021-048272

8:32 AM 2021 Jul 21

## INDIANA T.O.D. DEED BENEFICIARY AFFIDAVIT IC 32-17-14-26(b)(20)

Affiant, Crystal A. Messer, states under oath that the Affiant is the surviving beneficiary named in a Transfer on Death Deed executed on July 11, 2018 by Nettie Dickerson (Owner), who died on June 3, 2021.

A. The property subject to the Transfer on Death Deed is legally described as follows:

**LOTS 40 AND 41 IN BLOCK 30 IN SECOND SUBDIVISION OF EAST GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 7, PAGE 25, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

**PARCEL NO.: 45-09-16-482-030.000-021**

**ADDRESS: 2838 Howard Street  
Lake Station, IN 46405-2037**

B. A copy of the Death Certificate of the Owner is attached hereto.

C. The name and address of each designated beneficiary who survived the owner or that was in existence on the date of the owner's death is as follows:

**Crystal A. Messer  
2838 Howard Street  
Lake Station, IN 46405-2037**

**Johnnie R. Messer, III.  
2838 Howard Street  
Lake Station, IN 46405-2037**

D. The name of each designated beneficiary who did not survive the Owner's death or is not in existence on the date of the Owner's death is as follows: NONE.

E. The Transfer on Death Deed described herein was recorded in the office of the Recorder of Deeds of Lake County, Indiana on July 24, 2018 as Document number 2018-046476.

The Affiant states no more.

  
\_\_\_\_\_  
Crystal A. Messer



**FILED**

JUL 20 2021

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

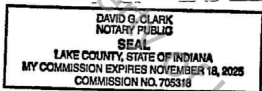
25 cc  
CKH 3/9/23  
KX  
E

# NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Before me, a notary public in and for said county and state residing in Lake County, Indiana, personally appeared Crystal A. Messer and acknowledged the execution of the foregoing document, and who, having been sworn, stated that the representations therein contained are true.

Witness my hand and notarial seal this 1st day of July, 2021.



David G. Clark  
Notary Public

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 - David G. Clark.

**PREPARED BY, RECORD AND RETURN TO:**

David G. Clark, Esq.  
Canalia & Clark, LLC  
8840 Calumet Avenue, Suite 205  
Munster, IN 46321-2546

L:\ESTATE PLANNING\Dickerson, Nettie (IN)\TODD Beneficiary Affidavit.wpd

Lake County Recorder



# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracing No. 281936

Local No 002296

EDR No 00001115495

State No 2021-030710

1. Decedent's Legal Name (First, Middle, Last) <b>Nettie Anne Dickerson</b>			1a. Maiden Name (if female) <b>Murray</b>		2. Gender <b>Female</b>		3. Time of Death <b>06:24 AM</b>		4. Date of Death (Month/Day/Year) <b>06/03/2021</b>		
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>87</b>		6b. Under 1 Year Months: _____ Days: _____		6c. Under 1 Month Hours: _____ Minutes: _____		6d. Under 1 Hour Minutes: _____		7. Date of Birth (Month/Day/Year) <b>09/22/1933</b>	
8. Birthplace (City and State or Foreign Country) <b>Marion, Kentucky</b>			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) <b>2838 Howard Street</b>											
12. City Or Town, State, And Zip Code <b>Lake Station, Indiana 46405</b>						13. County Of Death <b>Lake</b>			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		
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation <b>Homemaker</b>		17. Kind Of Business/Industry <b>Own home</b>	
18. Residence - State <b>IN</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Lake Station</b>					
19c. Street And Number <b>2838 Howard Street</b>						19d. Apt. No.		19e. Zip Code <b>46405</b>		19f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>High School graduate or GED completed</b>					20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino			21. Decedent's Race <b>White</b>			
22. Parent's Name (First, Middle, Last) <b>Henry Luther Murray</b>				23. Parent's Name (First, Middle, Last) <b>Esther Ana Bell Murray</b>				23a. Parent's Last Name Before First Marriage <b>Knight</b>			
24. Informant's Name <b>Scharley Price</b>				24a. Relationship To Decedent <b>Daughter</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>450 Butler Lane, Harrisburg, IL, 62946</b>					
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify): _____			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Cedar Grove Cemetery</b>			25c. Location - City, Town, And State <b>Salem, KY</b>			25d. Place Of Disposition		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility <b>Reos Funeral Home Brady Chapel 3781 Central Ave, Lake Station, Indiana, 49405</b>				27c. License Number (Of Licensee) <b>FD08600270</b>		27b. Funeral Home License Number: <b>FH19300009</b>		
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.			29. Cause Of Death (See Instructions And Examples) <b>pancreatic cancer with mets to bone and lung</b>						Approximate Interval: Onset To Death <b>months</b>		
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. <b>acute cerebrovascular event</b>						<b>days</b>		
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			B. _____						_____		
			C. _____						_____		
			D. _____						_____		
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given in Part I						30. 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. 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 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within 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			34. Date Of Injury (Month/Day/Year)		
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wounded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Apt. No.		38d. Zip Code
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NOT VALID UNLESS					
41. Signature Of Person Certifying Cause Of Death: <b>Michael F Mirochna</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Michael F Mirochna 1919 State St #340, New Albany, IN 47150</b>						44. License Number: <b>01049822A</b>					
46. Additional Funeral Service Provider:						47. Date Filed (Month/Day/Year): <b>06/04/2021</b>					
48. Signature Of Local Health Officer: <b>Chandana Vasulala</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>06/08/2021</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) <b>LAKE COUNTY HEALTH OFFICER</b>						[Stamp: JUN 08 2021]					