

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-072284

11:50 AM 2021 Dec 20

TRANSFER ON DEATH BENEFICIARY AFFIDAVIT

STATE OF INDIANA)
COUNTY OF Lake)

Gregory Alan Kemp

, being first duly sworn, upon oath deposes and says:

1. Gene D Kemp ("Owner") died on December 2, 2021 a resident of Lake County, Indiana, (a certified copy of the owner's death certificate is attached as Exhibit A) owning at death an interest in the following described real estate: Lot 8, in Block 1, Hillcrest Heights 3rd Addition, Unit No. 2, in the City of Hobart as per plat thereof, recorded in Plat Book 32 page 67, in the Office of the Recorder of Lake County, Indiana

Property address: 2648 Coral Drive Hobart, Indiana 46342
Parcel ID: 45-09-28-453-008.000-018

2. On November 26, 2021, the owner signed a transfer on death deed transferring, on the owner's death, the owner's interest, if any, in the real estate described above. This document was recorded on November 29, 2021 in the office of the recorder of Lake County, Indiana as Document Number 2021-069005

3. The designated beneficiary or beneficiaries in the transfer on death deed who did not survive the owner are (a certified copy of the death certificate for each is attached:

DOES NOT APPLY

4. The designated beneficiary or beneficiaries in the transfer on death deed who survive the owner or are in existence at the owner's death are:

Gregory Alan Kemp, Son of Owner, 310 S. Wabash St. Hobart, Indiana 46342, as sole owner SEE EXHIBIT B.

5. This affidavit shall be recorded in the recorder's office of Lake County, Indiana, and presented to the auditor of said county for appropriate entering for taxation.

6. The purpose of this affidavit is to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death the owner's interest in the real estate described above to the transfer on death deed beneficiary.

AFFIRMED UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

FILED

DEC 20 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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Dated this 20th day of DECEMBER, 2021

Gregory Alan Kemp
Affiant's signature

Gregory Alan Kemp

Print Name

Jill Kristin Zanolla
Affiant's signature

Jill Kristin Zanolla

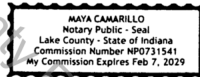
Print Name

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Before me, a notary public in and for said count and state, and a resident of LAKE County, Indiana, personally appeared Gregory Alan Kemp and Jill Kristin Zanolla who acknowledged the execution of the foregoing instrument, and who having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notary seal this 20th day of December, 2021.

Notary Signature: M. C. C. C.
Print name: Mayra Camarillo
My commission expires: Feb. 7th, 2029



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.

This document was prepared and affirmation made by:

Gregory Alan Kemp
Preparer's signature
Gregory Alan Kemp
Print name

After recording, please return instrument to:

Gregory Alan Kemp
310 S. Wabash St.
Hobart, IN 46342

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Exhibit B

Jill Kristin Zanolta, Daughter of Owner, 223 Laurel Ct., Hobart, Indiana 46342, as sole owner.

Property of Lake County Recorder



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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracing No. 303271

Local No 00496

EDR No 000011206197

State No 2021-070140

1. Decedent's Legal Name (First, Middle, Last) Gene D. Kemp				1a. Maiden Name (if female)		2. Gender Male		3. Time of Death 05:30 PM		4. Date of Death (Month/Day/Year) 12/02/2021	
5. Social Security Number [REDACTED]		6a. Age - Yrs 80		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) 06/26/1941		8. Birthplace (City and State or Foreign Country) Hobart, Indiana									
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (if Not Institution, Give Street and Number) Symphony of Crown Point											
12. City or Town, State, and Zip Code Crown Point, Indiana 46307								13. County of Death Lake		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 Assistant Superintendent		17. Kind Of Business/Industry Steel	
18. Residence - State IN			18a. County Lake			18b. City or Town Hobart			16d. Apt. No.		16e. Zip Code 46342
18c. Street And Number 2648 Coral Drive			16f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
19. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) Harmon Kemp						23. Parent's Name (First, Middle, Last) Maurine Kemp			23a. Parent's Last Name Before First Marriage Crouse		
24. Informant's Name Jill Zanolla				24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 223 Laurel Court, Hobart, IN, 46342					
25a. Method Of Disposition <input checked="" 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) Graceland Cemetery Association, Inc				25c. Location - City, Town, And State Valparaiso, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home Hobart Chapel 600 W Old Ridge Road, Hobart, Indiana, 46342						27a. Funeral Home License Number: FH83003069			
27b. Signature Of Indiana Funeral Service Licensee: <i>Joseph R Krause</i>				27c. License Number (Of Licensee): Electronically Signed				FD29700036			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Or 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) A. cardiopulmonary arrest B. unknown C. _____ D. _____ 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											
29. Cause of Death (See Instructions And Examples) cardiopulmonary arrest Approximate Intra-Vital Onset To Death unknown											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Cause Given in Part I											
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 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								30. Were Autopsy Findings Available To Complete The Cause Of Death? <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)				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											
41. Signature, Of Person Certifying Cause Of Death: <i>Alexander A Stemer</i>								40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
42. Name, Address And Zip Code Of Person Certifying Cause Of Death: Alexander A Stemer 10110 S Donald S. Powers Drive 10 D, Munster, IN 46321								43. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
44. Additional Funeral Service Provider:								44. License Number 01025591A		45. Date Certified 12/07/2021	
46. Signature of Local Health Officer: <i>Chandana Varvada</i>								47. Mksa:		48. For Registrar Only - Date Filed (Month/Day/Year): 12/08/2021	

THIS IS A TRUE COPY OF THE RECORD Electronically Signed
LAKE COUNTY HEALTH DEPARTMENT
DEC 08 2021
Electronically Signed
LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED