

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2022-000555

1:55 PM 2022 Jan 7

## TRANSFER ON DEATH BENEFICIARY AFFIDAVIT

STATE OF INDIANA)  
COUNTY OF LAKE )

JAMES MICHAEL BOLAND, JR , being first duly sworn, upon oath deposes and says:

1. JAMES MICHAEL BOLAND ("Owner") died on NOVEMBER 11, 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:  
The Southwest Quarter of Section 20 Township 34 North, Range 8 West of the 2nd Principal Meridian

Property address: 12913 CHASE STREET, CROWN POINT, INDIANA 46307  
Parcel ID: 45-16-20-301-002.000-041

2. On December 14, 2016 , 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 December 16, 2015 in the office of the recorder of Lake County, Indiana as 2016 085504

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:

James Michael Boland, Jr, son of owner, 12913 Chase Street, Crown Point, Indiana 46307, as sole owner

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**

JAN 07 2022

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

*25 cc  
Chin  
Kit*



# NOT AN OFFICIAL DOCUMENT

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

James M. Boland, Jr  
Affiant's signature

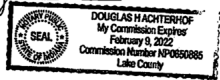
JAMES MICHAEL BOLAND, JR  
Print name

STATE OF INDIANA  
COUNTY OF Lake ) SS:

Before me, a notary public in and for said county and state, and a resident of Lake County, Indiana, personally appeared JAMES MICHAEL BOLAND, JR 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 6 day of January, 2022.

Notary signature: [Signature]  
Print name: Douglas Hachterhof  
My commission expires: 2/9/22



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:  
James Michael Boland, Jr  
12913 Chase Street  
Crown Point, Indiana 4630

James Boland  
Preparer's signature  
James Boland  
Print name

After recording, please return instrument to:



# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 3000340

Local No 004543

EDR No 00001195230

State No 2021-064843

1. Decedent's Legal Name (First, Middle, Last) <b>James M. Boland</b>				1a. Maiden Name (If Female)		2. Gender <b>Male</b>		3. Time Of Death <b>02:36 PM</b>		4. Date of Death <b>11/11/2021</b>		Month/Day/Year									
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>79</b>		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) <b>08/18/1942</b>		8. Birthplace (City and State or Foreign) <b>Hammond, Indiana</b>		Country					
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 checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Died 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>Franciscan Health Crown Point</b>																					
12. City or Town, State, and Zip Code <b>Crown Point, Indiana 46307</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"/> Widowed <input type="checkbox"/> Never Married		15. <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown							
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation <b>Professor</b>		17. Kind Of Business <b>Education</b>											
18. Residence - State <b>IN</b>				18a. County <b>Lake</b>				18b. City or Town <b>Crown Point</b>													
18c. Street And Number <b>12913 Chase Street</b>						18d. Apt. No.		18e. Zip Code <b>46307</b>		18f. <input type="checkbox"/> PO <input type="checkbox"/> No		18g. City Limits?									
19. Decedent's Education <b>Master's Degree (e.g. MA, MS, MEng, MS)</b>				20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>				21. Decedent's Race <b>White</b>													
22. Parent's Name (First, Middle, Last) <b>James R. Boland</b>				23. Parent's Name (First, Middle, Last) <b>Lenora Boland</b>				23a. Parent's Last Name Before First Marriage <b>Smith</b>													
24. Informant's Name <b>Amy Fabrici</b>				24a. Relationship To Decedent <b>Daughter</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1350 Tanglewood Court, Crown Point, IN, 46307</b>													
25a. 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)				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Geisen Cremation Centre</b>				25c. Location - City, Town, And State <b>Crown Point, IN</b>													
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>Geisen Funeral, Cremation &amp; Reception Centre 906 East 113th Avenue, Crown Point, Indiana, 46307</b>				27a. Funeral Home License Number: <b>FH10700031</b>													
27b. Signature Of Indiana Funeral Service Licensee: <b>Larry Allen Geisen</b>				27c. License Number Of Licensee: <b>ED09000013</b>				27d. Electronically Signed Cause of Death (See Instructions And Examples) 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.													
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.												A. <b>NSTEMI</b>		B. _____		C. _____		D. _____		Approximate In Year: <b>Closest To Death</b>	
Immediate Cause (Final Disease Or Condition Resulting In Death)												1. <b>city</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																					
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I																					
<b>hypertension, hypercholesterolemia, congestive heart failure</b>																					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input 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 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													
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																					
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other																					
41. Signature, Of Person Certifying Cause Of Death: <b>Visalakshi Kunapull</b>																					
42. Certifier (Check Only One) <input 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>Visalakshi Kunapull 1201 S Main Street, Crown Point, IN 46307</b>																					
44. License Number <b>01083454A</b>																					
45. Date Of Issue <b>11/15/2021</b>																					
46. Additional Funeral Service Provider:																					
47. (AGS):																					
48. Signature of Local Health Officer: <b>Chandana Vessala</b>																					
49. For Registrar Only: Date Filed (Month/Day/Year) <b>11/16/21</b>																					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)  
LAKE COUNTY HEALTH OFFICER

