

NOT AN OFFICIAL DOCUMENT

FILED

Mar 16 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-511226
03/16/2022 10:32 AM
TOTAL FEES: 25.00
BY: SP
PG #: 4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

TRANSFER ON DEATH AFFIDAVIT

Tax I.D.: #45-11-13-127-015.000-036

STATE OF INDIANA, COUNTY OF LAKE) SS:

MARIE EISENSTEIN, affiant, being first duly sworn upon oath, depose and state:

1. That **ROSE M. PRESCARO a/k/a ROSE MARIE PRESCARO** died on the 1ST day of January, 2022 at Merrillville, Lake County, Indiana.
2. That at the time of her death, she held fee simple interest in the following described real estate:
LOT 1, EXCEPT THE NORTH 41.30 FEET BY PARALLEL LINES AS MEASURED ALONG THE WEST LINE THEREOF, IN PRAIRIE RIDGE, A SUBDIVISION IN THE TOWN OF SCHERERVILLE, INDIANA, AS PER RECORD PLAT THEREOF APPEARING IN PLAT BOOK 96, PAGE 71, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. EXCEPTING THEREFROM: A 15 FOOT BY 20 FOOT SIGN EASEMENT, MORE PARTICULARLY DESCRIBED AS FOLLOWS: A PARCEL OF LAND, LYING IN THE SOUTHEAST PORTION OF LOT 1, PRAIRIE RIDGE, RECORDED IN PLAT BOOK 096, PAGE 71, IN THE LAKE COUNTY RECORDERS OFFICE, LAKE COUNTY GOVERNMENT CENTER, CROWN POINT, INDIANA 46307. COMMENCING AT THE SOUTHEAST CORNER OF SAID LOT 1, THENCE 65°29'11" WEST, A DISTANCE OF 42.22 FEET ALONG THE SOUTH LINE OF SAID LOT 1; THENCE NORTH 24°30'49" EAST, PERPENDICULAR TO SAID SOUTH LINE OF LOT 1 A DISTANCE OF 15300 FEET TO THE NORTH LINE OF AN EXISTING 15 FOOT DRAINAGE AND UTILITY EASEMENT, FOR A POINT OF BEGINNING; THENCE CONTINUING NORTH 24°30'49" EAST, A DISTANCE OF 15.00 FEET TO THE EXISTING 30 FOOT BUILDING LINE; THENCE SOUTH 65°29'11" EAST, A DISTANCE OF 20.00 FEET; THENCE SOUTH 24°30'49" WEST, A DISTANCE OF 15.00 FEET TO THE AFOREMENTIONED EXISTING 15 FOOT DRAINAGE AND UTILITY EASEMENT, THENCE NORTH 65°29'11" WEST, A DISTANCE OF 20.00 FEET ALONG THE AFOREMENTIONED EXISTING 15 FOOT DRAINAGE AND UTILITY EASEMENT TO THE POINT OF BEGINNING; CONTAINING 300 SQUARE FEET MORE OR LESS.

COMMONLY KNOWN AS: **7046 TOMPKINS CT., GRIFFITH a/k/a SCHERERVILLE, IN 46319**

3. That there was a Transfer of Death Deed dated 02/11/10 and recorded 02/18/10 as Document No. 2010-009191; Transferees (primary beneficiaries) at time of death are MICHAEL PRESCARO, MARK PRESCARO, MARIE EISENSTEIN, RONALD PRESCARO JR. AND RAY PRESCARO, which further indicated on said Transfer on Death Deed, that "should any named beneficiary fail to survive Owner (Rose M. Prescero), then this Transfer on Death Deed shall lapse as to the deceased beneficiary.
4. That named beneficiary, Michael Prescero, a/k/a Michael Anthony Prescero, died on September 17, 2021, predeceasing Rose M. Prescero, thus terminating his status as a beneficiary.

COMMUNITY TITLE COMPANY
FILE NO. 222394

**Please see attached*

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5. The Surviving Beneficiaries, who own as Tenants in Common are: MARK PRESCARO, MARIE EISENSTEIN, RONALD PRESCARO JR. AND RAY PRESCARO.
6. The undersigned's relationship to Rose M. Prescario and Michael Prescario was as:
Daughter of Rose, sister of Michael

FURTHER, Affiant saith naught.

Marie Eisenstein
MARIE EISENSTEIN

STATE OF Indiana COUNTY OF Lake) SS:

Before me, the undersigned, a Notary Public in and for said county and state this 5th day of March, 2022, personally appeared **MARIE EISENSTEIN** and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: March 26, 2025 Signature: Michael D. Vass
County of Residence: Lake Printed: Michael D. Vass, Notary Public



This instrument prepared by: NATHAN D. VIS, Attorney at Law, ID No. 29535-45
VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

[Signature]
Signature

DARLEEN S. BIRCHEL
Typed Name

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 307064

Local No 00007

EDR No. 000017221021

State No 2022-000089

1. Decedent's Legal Name (First, Middle, Last) Rose Marie Presbord		2. Sex Female		3. Time of Death 06:29 PM		4. City or County (Municipal/Incorporated) 01A112022	
5. Social Security Number (If App. Yr) 85		6. Under 1 Year <input type="checkbox"/> Months <input type="checkbox"/> Days		7. Under 1 Month <input type="checkbox"/> Days		8. Date of Birth (Month/Day/Year) 09/27/1936	
9. Place of Death (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		10. Cause of Death (If Not Institution, Give Street and Number) Lake		11. Date of Death (Month/Day/Year) 09/27/2022		12. City or County (Municipal/Incorporated) New Castle, Pennsylvania	
13. City or Town, State, and Zip Code Merrillville, Indiana 46410		14. County Lake		15. City or Town Griffin		16. State GA	
17. Decedent's Residence (If Not Institution, Give Street and Number) 7048 Tompkins Court		18. City or Town Griffin		19. State GA		20. Zip Code 30209	
21. Decedent's Residence (If Not Institution, Give Street and Number) Argyle Park		22. City or Town Griffin		23. State GA		24. Zip Code 30209	
25. Decedent's Residence (If Not Institution, Give Street and Number) Ray Presbord		26. City or Town Griffin		27. State GA		28. Zip Code 30209	
29. Decedent's Residence (If Not Institution, Give Street and Number) Hillside Park		30. City or Town Griffin		31. State GA		32. Zip Code 30209	
33. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		34. City or Town Griffin		35. State GA		36. Zip Code 30209	
37. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		38. City or Town Griffin		39. State GA		40. Zip Code 30209	
41. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		42. City or Town Griffin		43. State GA		44. Zip Code 30209	
45. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		46. City or Town Griffin		47. State GA		48. Zip Code 30209	
49. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		50. City or Town Griffin		51. State GA		52. Zip Code 30209	
53. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		54. City or Town Griffin		55. State GA		56. Zip Code 30209	
57. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		58. City or Town Griffin		59. State GA		60. Zip Code 30209	
61. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		62. City or Town Griffin		63. State GA		64. Zip Code 30209	
65. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		66. City or Town Griffin		67. State GA		68. Zip Code 30209	
69. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		70. City or Town Griffin		71. State GA		72. Zip Code 30209	
73. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		74. City or Town Griffin		75. State GA		76. Zip Code 30209	
77. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		78. City or Town Griffin		79. State GA		80. Zip Code 30209	
81. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		82. City or Town Griffin		83. State GA		84. Zip Code 30209	
85. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		86. City or Town Griffin		87. State GA		88. Zip Code 30209	
89. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		90. City or Town Griffin		91. State GA		92. Zip Code 30209	
93. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		94. City or Town Griffin		95. State GA		96. Zip Code 30209	
97. Decedent's Residence (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus		98. City or Town Griffin		99. State GA		100. Zip Code 30209	

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 294270

Local No. 003803

EDR No. 00001167149

State No. 2021-053602

1. Deceased's Legal Name (Print, Middle, Last) Michael Anthony Prescero		14. Maiden Name (if female)		6. Gender Male		7. Time of Death 08:40 AM		8. Date of Death (Month/Day/Year) 09/17/2021			
5. Social Security Number [REDACTED]		9a. Age - Yrs 64		9b. Under 1 Year 00		9c. Under 1 Month 00		9d. Under 1 Day 00			
3. Time of Death (Print Month, Day, Year) 09/17/2021		11. Place Name (if Not Institution, Give Street and Number) St. Mary Medical Center-Hobart		12. Under 1 Hour 00		13. Date of Birth (Month/Day/Year) 11/27/1956		15. Complete (ICD-9 and place of origin country) New-Castia, Pennsylvania			
4. Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Other <input type="checkbox"/> Assisted <input type="checkbox"/>		16. City or Town, State, and Zip Code Hobart, Indiana 46342		17. County of Death Lake		18. Medical Facility at Time of Death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical, but not Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/>		19. Place of Birth (Country) USA			
15. Surviving Spouse's Name Kim Prescero		16. Residence - State IN		17. Date of Marriage Late		18. Decedent's Usual Occupation Mechanic		19. Kind of Business/Industry Automotive			
18. Given and Number 300 Poplar Lane		19. Decedent's Education Associate's degree (e.g. AA, AS)		20. Decedent of Hispanic Origin No		21. Decedent's Race White		22. Place of Birth (Country) USA			
20. Parents' Name (Print, Middle, Last) Ronald Anthony Prescero		21. Parents' Last Name Before First Marriage Feola		22. Parents' Name (Print, Middle, Last) Ronald Anthony Prescero		23. Parents' Last Name Before First Marriage Feola		24. Parents' Date of Birth (Month/Day/Year) 08/11/1938			
23. Informant's Name Kim Prescero		24. Relationship to Decedent Wife		25. Informant's Address (Print, Middle, Last) 300 Poplar Lane, Hobart, IN, 46342		26. Informant's Address (Print, Middle, Last) 300 Poplar Lane, Hobart, IN, 46342		27. Informant's Date of Birth (Month/Day/Year) 08/11/1938			
25a. Marital Status at Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Other (Specify)		25b. Place of Death (Print, Middle, Last) Calumet Park Crematory		25c. Location of Death (Print, Middle, Last) Hobart, IN		25d. Date of Death (Month/Day/Year) 09/17/2021		25e. Time of Death (Print, Middle, Last) 08:40 AM			
26. Was Gestor/Collector? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name and Complete Address of a Next of Kin Calumet Park Crematory Calumet Park Hobart, Indiana 46342		28. Signature of Informant (Print, Middle, Last) Kim Prescero		29. Signature of Informant (Print, Middle, Last) Kim Prescero		30. Informant's Date of Birth (Month/Day/Year) 08/11/1938			
28. Place of Death (Print, Middle, Last) Calumet Park Crematory		29. Location of Death (Print, Middle, Last) Hobart, IN		30. Date of Death (Month/Day/Year) 09/17/2021		31. Time of Death (Print, Middle, Last) 08:40 AM		32. Informant's Date of Birth (Month/Day/Year) 08/11/1938			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		32. Did Alcohol Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		33. Did Illicit Drug Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		34. Did Medication Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		35. Did Other Factors Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		36. Did Trauma Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
37. Cause of Death (Print, Middle, Last) MYOCARDIAL INFARCTION		38. Contributing Cause (Print, Middle, Last) COVID OBESITY		39. Manner of Death (Print, Middle, Last) NATURAL		40. Signature of Medical Examiner (Print, Middle, Last) Donald Maddox		41. Signature of Medical Examiner (Print, Middle, Last) Donald Maddox			
42. Signature of Local Health Officer (Print, Middle, Last) Channing Garfield		43. Signature of Local Health Officer (Print, Middle, Last) Channing Garfield		44. Signature of Local Health Officer (Print, Middle, Last) Channing Garfield		45. Signature of Local Health Officer (Print, Middle, Last) Channing Garfield		46. Signature of Local Health Officer (Print, Middle, Last) Channing Garfield			

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT IMMEDIATE

SEP 30 2021

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