

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-005571

9:57 AM 2023 Feb 15

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v
Mail Recorded Document To: HILBRICH LAW FIRM, 2637-45th Street, Highland, IN 46322

Please Mail Tax Statements to:

PARCEL NOS. 45-13-18-177-003.000-046
& 45-13-18-177-001.000-046

MRS. MARCIE M. BOYD F/K/A MARCIE M. BERNACCHI
31 N. Michigan Avenue
Hobart, Indiana 46342

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE: DECEDENT,

ADELE L. MACKANOS

**TRANSFER ON DEATH AFFIDAVIT
(Grantor of TOD Deed now Deceased)**

Comes now MARCIE M. BOYD f/k/a MARCIE M. BERNACCHI, who being duly sworn upon oath states as follows:

1. That I have personal knowledge of the assertions herein and my relationship to the decedent, ADELE L. MACKANOS, is a daughter.
2. That ADELE L. MACKANOS died on November 30, 2022, a resident of Lake County, Indiana, as evidenced by a redacted copy of her death certificate attached hereto and made a part hereof, marked as Exhibit "A".
3. That prior to her death, ADELE L. MACKANOS executed a Transfer on Death Deed on April 17, 2019, which was duly recorded on April 26, 2019, as Document No. #2019 024317, in the Office of the Lake County Recorder, Lake County, Indiana, as to the following property:

PARCEL 1: Part of the Southeast Quarter of the Northwest Quarter and Part of the Northeast Quarter of the Southwest Quarter of Section 18, Township 35 North, Range 7 West of

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



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the Second Principal Meridian, more particularly described as follows: Commencing at the Southeast corner of the Southeast Quarter of the Northwest Quarter of said Section 18, thence West along the South line of said Southeast Quarter of the Northwest Quarter 570.76 feet to the point of beginning of this described parcel; thence North 13 degrees 01 minutes 30 seconds East, 152.53 feet; thence North 28 degrees 41 minutes 30 seconds East, 134.46 feet to the center line of the Old Lincoln Highway; thence North 56 degrees 15 minutes West along the center line of said Old Lincoln Highway 119.41 feet; thence South 31 degrees 22 minutes West 115.66 feet; thence South 1 degree 39 minutes 30 seconds West, 285.10 feet; thence South 68 degrees 27 minutes East, 56.23 feet; thence North 13 degrees 01 minutes 30 seconds East, 73.28 feet to the point of beginning, in Lake County, Indiana, including all improvements thereon.

Commonly known as: 5489 E. 73rd Avenue
Merrillville, Indiana 46410

Parcel Number: 45-13-18-177-003.000-046

AND:

PARCEL 2: Part of the East Half of the West half of Section 18, Township 35 North, Range 7 West of the Second Principal Meridian in the County of Lake, State of Indiana, described as follows: Commencing at the center of said Section 18, thence West along the South line of the Northwest Quarter of said Section 18, a distance of 570.76 feet to a point, said point being on the East line of land conveyed to Ralph G. Klassen and Rita H. Klassen, husband and wife, in Lake County Deed Record 1226, page 384; thence South 13 degrees 01 minutes 30

seconds West along the East line of said Klassen Land a distance of 73.28 feet to a point, said point being the Southeast corner of said Klassen Land; thence North 68 degrees 27 minutes West along the South line of said Klassen Land a distance of 119.76 feet to a point, said point being on the Southwest corner of said Klassen Land; thence North 10 degrees 33 minutes 30 seconds East along the West line of said Klassen Land a distance of 221.51 feet to a point; thence North 31 degrees 22 minutes East along the West line of said Klassen Land a distance of 51.39 feet to a point, said point being the true point of beginning of this description; thence North 31 degrees 22 minutes East continuing along the West line of said Klassen Land a distance of 115.66 feet to a point in the center line of Indiana State Road 330; thence North 56 degrees 13 minutes West along the center line of said road a distance of 67.68 feet to a point; thence South 1 degree 39 minutes 30 seconds West a distance of 136.45 feet to the point of beginning, in Lake County, Indiana.

Commonly known as: Appr. 5487 E. 73rd Avenue
Merrillville, Indiana 46410

Parcel Number: 45-13-18-177-001.000-046

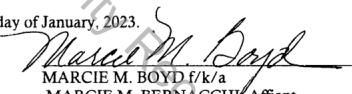
4. That said Transfer on Death Deed transferred title of the real estate described above to MARCIE M. BOYD f/k/a MARCIE M. BERNACCHI and KAREN K. MACKANOS-LONG, as tenants in common, said transfer to take effect upon the death of the Grantor, ADELE L. MACKANOS.
5. That the surviving Transfer on Death beneficiaries and their addresses are:

MARCIE M. BOYD f/k/a MARCIE M. BERNACCHI
31 N. Michigan Avenue
Hobart, Indiana 46342

KAREN K. MACKANOS-LONG
3021 Creekwood Lane
Prosper, Texas 75078

6. That neither a subsequent deed of conveyance revoking, omitting, or changing the beneficiary designations, nor an Affidavit acknowledged or proved under IC 32-21-2-3 revoking or changing the beneficiary designations was recorded before the death of ADELE L. MACKANOS pursuant to IC 32-17-14-16(j).
7. That by reason of the death of ADELE L. MACKANOS, the real property commonly known as 5489 E. 73rd Avenue, Merrillville, Indiana 46410, and the real property commonly known as Appr. 5487 E. 73rd Avenue, Merrillville, Indiana 46410, both herein legally described, were by operation of law, transferred to beneficiaries, MARCIE M. BOYD f/k/a MARCIE M. BERNACCHI and KAREN K. MACKANOS-LONG, as tenants in common.
8. That Affiant makes this Affidavit for the sole purpose of informing proper authorities of the death of the Transfer on Death Deed Grantor, ADELE L. MACKANOS, and also for the purposes of perfecting the transfer of the real property to the transfer on death beneficiaries, MARCIE M. BOYD f/k/a MARCIE M. BERNACCHI and KAREN K. MACKANOS-LONG, as tenants in common, in accordance with the terms of said Transfer on Death Deed and the Indiana Transfer on Death Property Act.

Affiant further sayeth not, this 25th day of January, 2023.


MARCIE M. BOYD f/k/a
MARCIE M. BERNACCHI, Affiant



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracing No. 347409

Local No 004822

EDR No 1455879

State No 2022-067514

1. Decedent's Legal Name (First, Middle, Last) Adele L Mackanos				14. Maiden Name (If Female) Gorecki		2. Gender Female		3. Time of Death 11:30 PM		4. Date of Death (Month/Day/Year) 11/30/2022					
5. Social Security Number 82		6a. Age - Yrs 82		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) 12/17/1939				8. Birthplace (City and State or Foreign Country) Gary, Indiana											
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"/> 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) St. Mary Medical Center Hobart															
12. City Or Town, State, And Zip Code Hobart, Indiana 46342						13. County Of Death Lake			14. Marital Status At Time Of Death <input checked="" 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 journalist		17. Kind Of Business/Industry newspaper					
18. Residence - State IN			18a. County Lake			18b. City Or Town Merrillville			18c. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
18d. Street And Number 5489 E 73rd Avenue						18e. Apt. No.		18f. Zip Code 46410		18g. Inside City Limits?					
19. Decedent's Education Associate's degree (e.g. AA, AS)				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White							
22. Parent's Name (First, Middle, Last) Steve George Gorecki				23. Parent's Name (First, Middle, Last) Marcella Lucille Gorecki				23a. Parent's Last Name Before First Marriage Poplonski							
24. Informant's Name Marcie Boyd				24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 31 N Michigan Avenue, Hobart, IN, 46342									
25. Place Of Disposition															
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) Calumet Park Cemetery				25c. Location - City, Town, And State Merrillville, IN							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Buma Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307				27a. Funeral Home License Number: FH83002445									
27b. Signature Of Indiana Funeral Service Licensee: James F. Burns						27c. License Number Of Licensee: PD01008401			27d. Signature Of Health Department Representative: LAKE COUNTY HEALTH DEPARTMENT						
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 Venotracheal Intubation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause At A Time. Add Additional Lines If Necessary.															
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. Cardiopulmonary Failure				Acute							
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. Sudden cardiac Death				Subacute							
				C. Cerebral infarction with dysphagia and Hemiplegia				Chronic							
				D. Vascular dementia				Chronic							
29. 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 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 This 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"/> Other Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)															
41. Signature Of Person Certifying Cause Of Death: Saket Sinha						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			43. Certifier's License Number: 01068060A			44. Date Certified: 12/05/2022			
45. Name, Address And Zip Code Of Person Certifying Cause Of Death: Saket Sinha 9030 Citne Avenue, Highland, IN 46322															
46. Additional Funeral Service Provider:															
47. Signature Of Local Health Officer: Chandana Varshita						48. For Registrar Only - Date Filed (Month/Day/Year): 12/05/2022			49. For Registrar Only - Date Filed (Month/Day/Year): 12/05/2022						

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by _____ . Disclosure is voluntary and may be subject to audit.

RAISED SEAL AFFIXED