

NOT AN OFFICIAL DOCUMENT

DULY ENTERED FOR TAXATION
SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

Feb 15 2023 GM

PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-504486
02/15/2023 03:26 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

Property Number:
45-03-30-456-003.000-023

Tax Mailing Address:

~~4757 CATALPA AVE~~
~~HAMMOND IN 46327~~

10795 Country Rd 197A Unit 300
Nathrop CO 81236

Affidavit of Beneficiaries of Transfer on Death Deed

State of Indiana)
) SS:
County of Lake)

David Kasper, the Affiant, being first duly sworn on his oath, states:

1. David Kasper is an adult residing at 10795 Country Road 197A, Unit 300, Nathrop, CO 81236, in Chaffee County, in the State of Colorado, and has knowledge of the facts stated in the Affidavit as a son of Patricia A. Kasper.

2. Kennan Kasper and David Kasper are the owners of the real estate described as follows:

That part of Lots 31 and 32, Stafford and Trankle's Central Calumet Addition to Hammond, as shown in Plat Book 9, page 31, in Lake County, Indiana, described as follows: Commencing at the Northwest corner of Lot 31; thence running South along the West line of said Lot 31, a distance of 67.15 feet to a point; thence in a Southeasterly direction to a point in the East line of the West 9 feet 2 inches of said Lot 32, which point is 68.27 feet South of the North line of said Lot 32; thence North on the East line of said West 9 feet 2 inches of said Lot 32 a distance of 68.27 feet to the North line of said Lot 32; thence West along the North line of said Lots 32 and 31 a distance of 41 feet 8 inches to the place of beginning.

Commonly known as: 4757 Catalpa Avenue
Hammond, IN 46327

Property Number: 45-03-30-456-003.000-023

(Affidavit of Beneficiaries of Transfer on Death Deed – GITC File No. IN016171 - Page 1 of 3)

IN016171
Greater Indiana Title Company

No Sales Disclosure Needed
Feb 15 2023
By: FGR
Office of the Lake County Assessor

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3. Said real estate was formerly owned by Patricia A. Kasper.
4. Patricia A. Kasper was also known as Patricia Anna Kasper.
5. Patricia A. Kasper died on January 14, 2023, a resident of Lake County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Death is attached to this Affidavit as Exhibit "A" and made a part of this Affidavit by reference.
6. Prior to her death, Patricia A. Kasper executed and recorded a Transfer on Death Deed, dated June 11, 2015, and recorded on July 7, 2015, as Document Number 2015-041538, in the Office of the Recorder of Lake County, Indiana, designating Kennan Kasper and David Kasper as the beneficiaries upon her death.
7. Kennan Kasper and David Kasper are the owners of said real estate as a result of the death of Patricia A. Kasper and being designated as the beneficiaries on said Transfer on Death Deed, which was executed and recorded before the death of Patricia A. Kasper, pursuant to Indiana Code § 32-17-14-11(a).

8. The purposes of the filing and recording of this Affidavit are to:
induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Kennan Kasper and David Kasper are the owners of said real estate; and
place of record with the Lake County Recorder's Office evidence that Kennan Kasper and David Kasper are the owners of said real estate.

Further Affiant saith not.

Dated: 2/13/2023

David Kasper

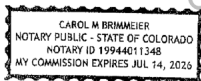
David Kasper

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State of Colorado)
County of Las Animas) SS:

Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, by the Affiant, David Kasper, on this

13th day of February, 2023.



Notary's Signature: Carol Brimmeier

Notary's Printed Name: Carol M Brimmeier

Notary's County of Residence: Las Animas

Notary's Commission Expires: 7/14/2026

After recording return to: David Kasper
10795 COUNTY ROAD 197A UNIT 300
NATHROP, CO 81236

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. Chris Fox

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License No. 19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366), referencing Greater Indiana Title Company Commitment Number IN016171.

(Affidavit of Beneficiaries of Transfer on Death Deed – GITC File No. IN016171 - Page 3 of 3)

NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 352644

Local No 000130

EDR No 00001492242

State No 2023-001748

1. Decedent's Legal Name (Print, Surname, Last) Patricia Anna Kaspar		2. Maiden Name (If Not Same, Last) Female		3. Date of Death 08:50 PM		4. Date of Death (Month/Day/Year) 01/14/2023																									
5. Social Security Number 89		6. Age - Yrs 89		7. Under 1 Year Months		8. Under 1 Month Days		9. Under 1 Day Hours		10. Under 1 Hour Minutes		11. Date of Birth (Month/Day/Year) 07/17/1933		12. Sex of Decedent (Male or Female) Female		13. Birthplace (City and State of Foreign Country) Calumet City, Illinois															
14. First In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		15. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Died on Arrival		16. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Other (Specify)																											
17. Facility Name (If Not In Facility, Give Street and Number) 4757 Catalpa Avenue												18. City or Town, State, and Zip Code Hammond, Indiana 46327		19. County of Death Lake		20. 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 <input type="checkbox"/> Unknown				21. Kind of Occupancy Secretary		22. Law Law									
23. Residence - Single IN				24. County Lake				25. City or Town Hammond				26. Decedent's Usual Occupation Secretary																			
27. Street and Number 4757 Catalpa Avenue				28. Apt. No. 				29. Zip Code 46327				30. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
31. Decedent's Education High School graduate or GED completed				32. Decedent's Citizenship Origin Not Spanish/Hispanic/Latino				33. Decedent's Race White																							
34. Parent's Name (First, Middle, Last) Frank Agdzak				35. Parent's Name (First, Middle, Last) Mary Agdzak				36. Parent's Last Name Before First Marriage Czarwicz																							
37. Mother's Name Georgette Olson				38. Mother's Birthplace (Street and Number, City, State, Zip Code) Niacia				39. Mother's Birthplace (Street and Number, City, State, Zip Code) 9494 E Promontory Point Drive, Syracuse, IN, 46567																							
40. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment From State <input type="checkbox"/> Other (Specify):		41. Place of Disposition (Name of Cemetery, Crematory, Other Place) Solan Pruzin Crematory		42. Location - City, Town, and State Schererville, IN																											
43. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. Name and Complete Address of Funeral Facility Solan Pruzin Funeral Service		45. Funeral Home License Number Inc. Dba Solan Pruzin 14 Kantrady Avenue, Schererville, Indiana, 46375		46. License Number (Of Licensee) FD29600100																									
47. Signature of Indiana Funeral Service Licensee John J. Orsini Jr.																48. Electronically Signed John J. Orsini Jr.															
49. Part 1. Enter The Cause of Death - Diseases, Injuries, or Complications - That Directly Caused the Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, or Ventricular Fibrillation Without Specifying the Strategy. 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. severe protein calorie malnutrition																50. Cause of Death (See Instructions and Examples) na															
51. Underlying Cause (Disease or Injury That Initiated the Events Resulting in Death) 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. non st elevation myocardial infarction																52. Underlying Cause of Death na															
53. Underlying Cause (Disease or Injury That Initiated the Events Resulting in Death) 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 C. chronic obstructive pulmonary disease																54. Underlying Cause of Death na															
55. Underlying Cause (Disease or Injury That Initiated the Events Resulting in Death) 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 D. chronic atrial fibrillation																56. Underlying Cause of Death na															
57. Enter Other Underlying Condition Contributing to Death (If Not Resulting In The Underlying Cause Given in Part 1)																58. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
59. Will Autopsy Finding Available To Coroner (The Cause of Death)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																60. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unknown <input type="checkbox"/> Could Not Be Determined															
61. Was Fatal? (If Not Fatal, Enter Date of Discharge) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown																62. Date of Injury (Approximate) 															
63. Date of Injury (Approximate) 																64. Time of Injury 															
65. Place of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Included Street) 																66. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
67. Location of Injury - State IN																68. City or Town 															
69. Street and Number 																70. Apt. No. 															
71. Zip Code 																72. Description How Injury Occurred 															
73. Signature of Person Certifying Cause of Death: Patrick Elangwe																74. Signature of Local Health Officer: Chastlene Varela															
75. Name, Address And Zip Code of Person Certifying Cause of Death: Patrick Elangwe 800 Mary Street, Evansville, IN 47747																76. Signature of Person Providing: 															
77. Signature of Local Health Officer: Chastlene Varela																78. Signature Only (Date First, Middle, Last) 01/17/2023															
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