

NOT AN OFFICIAL DOCUMENT

4

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-007460
9:28 AM 2023 Mar 13

TRANSFER ON DEATH BENEFICIARY AFFIDAVIT

STATE OF INDIANA)
COUNTY OF Lake)

Edward Paul Vischak , being first duly sworn, upon oath deposes and says:

1. Edward G Vischak ("Owner") died on February 21st 2023 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:
LAKESIDE 3RD ADD. TO HIGHLAND ALL L.89

Property address: 3035 West 99th Place Highland Indiana 46322
Parcel ID: 45-07-33-276-025.000-026

2. On February 17th 2023 , 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 February 17th 2023 in the office of the recorder of Lake County, Indiana as Document 2023-005851

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:
Please 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.

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

MAR 13 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25
CS
RM
Deeds.com

NOT AN OFFICIAL DOCUMENT

Dated this 6th day of March, 2023



Affiant's signature

Edward Paul Vischak

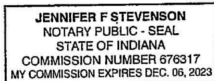
Print name

STATE OF INDIANA)
COUNTY OF Marion) SS:

Before me, a notary public in and for said county and state, and a resident of Johnson County, Indiana, personally appeared Edward Paul Vischak 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 March, 2023.

Notary signature: Jennifer F. Stevenson
Print name: Jennifer F. Stevenson
My commission expires: 12/06/2023



I affirm, under the penalties of 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:
Edward Paul Vischak

1515 Brookside Avenue
Indianapolis, IN 46201
317-698-4809



Preparer's signature
Edward Paul Vischak
Print name

After recording, please return instrument to:
Edward Paul Vischak
1515 Brookside Avenue
Indianapolis, IN 46201

NOT AN OFFICIAL DOCUMENT

Exhibit B

Edward Paul Vischak, son of the owner, 1515 Brookside Avenue Indianapolis, IN, 46201, as joint owner

Ann Marie Gergely, daughter of owner, 3044 Farmer Drive Highland, IN 46322, as joint owner

Mary Frances Kerber, daughter of owner, 2935 Norman Street Highland, IN 46322, as joint owner

Property of Lake County Recorder



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 3547737

Local No 000755

EDR No 000011511606

State No 2023-010439

1. Decedent's Legal Name (First, Middle, Last) Edward George Vischak				1a. Maiden Name (If Female)		2. Gender Male	3. Time of Death 01:59 PM	4. Date of Death (Month/Day/Year) 02/21/2023			
5. Social Security Number [REDACTED]		6a. Age - Yrs 85	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) 07/30/1937		8. Birthplace (City and State or Foreign Country) East Chicago, Indiana		
9. Ever in U.S. Armed Forces?		10. If Death Occurred In A Hospital:		10a. If Death Occurred Somewhere Other Than A Hospital:		10b. Hospice Facility		10c. Decedent's Home		10d. Nursing Home/Long-term Care Facility	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Died on Arrival		<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) 3035 99th Place											
12. City Or Town, State, And Zip Code Highland, Indiana 46322					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 Pharmacist		17. Kind Of Business/Industry Pharmacy		
18. Residence - State IN			18a. County Lake			18b. City Or Town Highland					
19. Street And Number 3035 99th Place				16d. Apt. No.		18c. Zip Code 46322		19f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education Master's Degree (e.g. MA, MS, MEng, MS)				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) George Vischak				23. Parent's Name (First, Middle, Last) Margaret Vischak				23a. Parent's Last Name Before First Marriage Bodney			
24. Informant's Name Edward Vischak			24a. Relationship To Decedent Son			24b. Mailing Address (Street And Number, City, State, Zip Code) 1515 Brookside Avenue, Indianapolis, IN, 46201					
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) Chapel Lawn Funeral Home And Memorial Garden				25c. Location - City, Town, And State Scherverville, IN				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Hillside Funeral Home & Cremation Center 8941 Kleinman Road, Highland, Indiana, 46322				27a. Funeral Home License Number FH1700003					
27b. Signature Of Indiana Funeral Service Licensee Cormelisa A. Kuiper						Electronically Signed			27c. License Number Of Licensee FD01014511		
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.											
Immediate Cause (Final Disease Or Condition Resulting In Death)											
A. cardiopulmonary failure											
B. coronary artery disease											
C. acute systolic (congestive) heart failure											
D. paroxysmal atrial fibrillation											
-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						29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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		37. Injury At Work? <input type="checkbox"/> Yes <input 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 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"/> Other (Specify)					
41. Signature Of Person Certifying Cause Of Death: Oranu G. Ibeke						Electronically Signed			42. Certifier (Check Only One) <input checked="" 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: Oranu G. Ibeke 1574 E 85th Avenue, Merrillville, IN 46410						44. License Number 01954231A		45. Date Certified 03/01/2023			
46. Signature of Local Health Officer: Chandana Vavulala						Electronically Signed			48. For Registrar Only - Date Filed (Month/Day/Year): 03/02/2023		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

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

MAR 02 2023

Approximate Interval: Onset To Death
1 day
3 years
5 years
5 years

RAISED SEAL AFFIXED