

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-009170

11:35 AM 2023 Mar 24

STATE OF INDIANA)
SS:)
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On the 17th day of March, 2023, before me personally appeared LOGAN

J. MANSFIELD to me personally known to me, who being duly sworn upon oath, did say that:

- Affiant resides at 1647 Roberts Avenue, Whiting, IN 46394.
- Affiant is the owner of the following described property:

LOT 12, BLOCK 5 IN A. ROBERT'S SUBDIVISION, AN ADDITION TO THE CITY OF WHITING, INDIANA, AS PER PLAT THEREOF RECORDED IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 1647 Roberts Avenue, Whiting, IN 46394
Key Number: 45-03-06-382-020.000-023

3. Said premises was formerly owned by EDWARD A. MANSFIELD and LINDA L. MANSFIELD, husband and wife.

4. On January 23, 2015, 2021, EDWARD A. MANSFIELD and LINDA L. MANSFIELD executed a Transfer on Death Warranty Deed which included a Transfer on Death Declaration. Pursuant to the Transfer on Death Declaration, upon the death of EDWARD A. MANSFIELD and LINDA L. MANSFIELD, the above-described real estate passed to the undersigned. Said Transfer on Death Warranty Deed was recorded February 6, 2015, as Document No. 2015-007686 in the Office of the Recorder of Lake County, Indiana.

5. Said EDWARD A. MANSFIELD died on February 20, 2017, a resident of Lake County, Indiana. A certified copy of the death certificate of EDWARD A. MANSFIELD is attached hereto as "Exhibit A".

6. To the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.

7. EDWARD A. MANSFIELD and LINDA L. MANSFIELD were never divorced and LINDA L. MANSFIELD was the surviving spouse of EDWARD A. MANSFIELD.

8. Upon the death of EDWARD A. MANSFIELD, LINDA L. MANSFIELD became the sole owner of the above-described real estate.

FILED

MAR 24 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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36684
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9. LINDA L. MANSFIELD died on November 8, 2022, a resident of Lake County, Indiana. A certified copy of the death certificate of LINDA L. MANSFIELD is attached hereto as "Exhibit B".

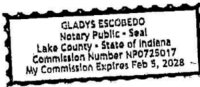
10. LINDA L. MANSFIELD did not transfer said real estate prior to her death, nor did she amend or revoke the Transfer on Death Declaration prior to her death. Affiant is the Transferee referenced in the Transfer on Death Declaration and is the surviving grandson of said decedent, LINDA L. MANSFIELD.

Logan J. Mansfield
LOGAN J. MANSFIELD

STATE OF INDIANA; SS: COUNTY OF LAKE:

Before me, the undersigned, a Notary Public of said County/State, this 17th day of March, 2023, personally appeared LOGAN J. MANSFIELD and acknowledged the execution of the foregoing instrument. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

SEAL:



Gladys Escobedo
Gladys Escobedo Notary Public
Resident of Lake County, Indiana
My Commission Expires: 2.5.2028

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. Thomas L. Kirsch

PREPARED BY/MAIL TO: Thomas L. Kirsch, 131 Ridge Road, #2S, Munster, IN 46321; Attorney



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Trinity 11/14/912

Local No 000602

EDR No 00000561523

State No 008294

1. Decedent's Legal Name (First, Middle, Last) EDWARD ANDREW MANSFIELD		1a. Maiden Name (If Female)		2. Sex MALE		3. Time of Death 03:16 AM		4. Date of Death (Month/Day/Year) 02/20/2017	
5. Social Security Number		6a. Age - Yrs 78		6b. Under 1 Year Months: _____ Days: _____ Hours: _____ Minutes: _____		7. Date of Birth (Month/Day/Year) 09/17/1938		8. Birthplace (City and State or Foreign Country) HAMMOND, IN	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred in a Hospital <input checked="" type="checkbox"/> Inpatient <input 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) COMMUNITY HOSPITAL				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			
12. City or Town, State, and Zip Code MUNSTER, IN 46321		15a. Last Name Before First Marriage LINDA MANSFIELD		16. Decedent's Usual Occupation KENDER		17. Kind Of Business/Industry MILLWRIGHT		STEEL MILL	
18. Residence - State INDIANA		18a. County LAKE		18b. City or Town DYER		18d. Apt. No.		18e. Zip Code 46311	
18c. Street and Number 2849 HOWARD CASTLE DRIVE		19. Decedent of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent of Hispanic Origin		21. Decedent's Race					
22. Parents Name (First, Middle, Last) WILBUR MANSFIELD		23. Parent's Name (First, Middle, Last) MARY MANSFIELD		23a. Parent's Last Name Before First Marriage SVYAK					
24. Informant's Name ERIC EDWARD MANSFIELD		24a. Relationship to Decedent SON		24b. Mailing Address (Street and Number, City, State, Zip Code) 2849 HOWARD CASTLE DRIVE, DYER, IN 46311					
25a. Method of Disposition <input 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) HEIGHTS CREMATORY		25c. Location - City, Town, and State CHICAGO HEIGHTS, IL					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name and Complete Address Of Funeral Facility OWENS-RUZICH FUNERAL HOME AND CREMATION SERVICE, 816-119TH STREET, WHITING, IN 46394		27c. License Number (Of Licensee) FD20900076		27a. Funeral Home License Number FH10700040			
27b. Signature Of Indiana Funeral Service Licensee JAMES F SEEBERG, BY ELECTRONIC SIGNATURE		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. Add Additional Lines If Necessary.		28. Was an Autopsy Performed? LAKE COUNTY HEALTH DEPARTMENT		Approximate Interval: Onset To Death MINUTES			
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIAC ARREST		B. CORONARY HEART DISEASE		C.		D.		Approximate Interval: Onset To Death YEARS	
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		29. 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. Add Additional Lines If Necessary.		29. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I		30. Were Autopsy Findings Used To Complete The Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input checked="" 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 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)		38a. Apt. No.		38b. Zip Code	
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 Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other <input type="checkbox"/>		41. Signature - Of Person Certifying Cause Of Death OH JEONG LEE, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01035185A	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death OH JEONG LEE, 5500 HOHMAN AVE, HAMMOND, IN 46320		46. Additional Funeral Service Provider		47. *Fees 02/20/2017		45. Date Certified			
48. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) FEB 21 2017							

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

EXHIBIT A

is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and a RAISED SEAL AFFIXED



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 346382

Local No 004535

EDR No 000011458315

State No 2022-063332

1. Decedent's Legal Name (First, Middle, Last) Linda Louise Mansfield			1x. Maiden Name (If Female)			2. Gender Female		3. Time Of Death 07:20 AM		4. Date Of Death (Month/Day/Year) 11/08/2022		
5. Social Security Number 80		6a. Age - Yrs 80		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
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 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 checked="" 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) 2849 Howard Castle Drive												
12. City or Town, State, and Zip Code Dyer, Indiana 46311						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 checked="" 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 Cafeteria Worker		17. Kind Of Business/Industry School		
18. Residence - State IN			18a. County Lake			18b. City Or Town Dyer			18d. Apt. No.		18e. Zip Code 46311	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
19. Decedent's Education High School graduate or GED completed			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White						
22. Parent's Name (First, Middle, Last) Joseph Kender				23. Parent's Name (First, Middle, Last) Evelyn Janik				23a. Parent's Last Name Before First Marriage Goldhegan				
24. Informant's Name Eric Mansfield			24a. Relationship To Decedent Son			24b. Mailing Address (Street And Number, City, State, Zip Code) 2849 Howard Castle Drive, Dyer, IN. 46311						
25. Place Of Disposition												
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Heights Crematory			25c. Location - City, Town, And State Chicago Heights, IL						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Crown Cremation Services 850 N. Madison Street, Crown Point, Indiana, 46307						27a. Funeral Home License Number FH11300014			
27b. Signature Of Indiana Funeral Service Licensee: Kelly Michelle Sprouse						Electronically Signed			27c. License Number (Of Licensee): FD21700031			
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)										Approximate Interval. Onset To Death		
A. Acute Coronary Syndrome										11/8/2022		
B. Atherosclerosis										11/8/2022		
28. 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 type="checkbox"/> Yes <input checked="" 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 checked="" 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 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)						
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Apt. No.		38c. Zip Code	
36. 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: Jose Luis Agusti						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: Jose Luis Agusti 4900 E. 107th Court, Winfield, IN 46307						44. License Number 01061624A			45. Date Certified 11/14/2022			
46. Additional Funeral Service Provider:						47. Task:						
48. Signature of Local Health Officer: Chandana Varigala						Electronically Signed			49. For Registrar Only - Date Filed (Month/Day/Year) 11/14/2022			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

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

NOV 17 2022

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

EXHIBIT B