OT AN OFFICIAL DOCUMENT

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

, 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. I.
- 2. 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

- Said premises was formerly owned by EDWARD A. MANSFIELD and LINDA L. MANSFIELD, husband and wife.
- 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.
- Said EDWARD A. MANSFIELD died on February 20, 2017, a resident of Lake 5. County, Indiana. A certified copy of the death certificate of EDWARD A MANSFIELD is attached hereto as "Exhibit A".
- 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.
- EDWARD A. MANSFIELD and LINDA L. MANSFIELD were never divorced and LINDA L. MANSFIELD was the surviving spouse of EDWARD A. MANSFIELD.
- Upon the death of EDWARD A. MANSFIELD, LINDA L. MANSFIELD became the sole owner of the above-described real estate.

NOT AN OFFICIAL DOCUMENT

 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

STATE OF INDIANA; SS:; COUNTY OF LAKE:

GLADYS ESCOBEDO
Notary Public - Seal
Nota Coulty - State of Indiana

Ake County - State of Indiana hake County - State of Indiana hambles Namber NP0715017 Commission Expires Feb 5, 2028 Resident/of Lake of My Commission Expires:

ladys (Scoke to Notary Public identiof Lake - County, Indiana

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

	1602 ED	1a. Maiden Na	000561523 me (If female)	2. Sex	3. Time	008294	Date Of Death (Month/Day/Ye
DWARD ANDREW MANSFIE	LD 6b Under 1 Year 6c Under 1 Month	6d Linday 1 Day	6e. Under 1 Hour 7.	MAL Date of Birth (Mon		:16 AM Birtholace (City and	02/20/2017 State or Foreign Country)
expenses the state of the state	Months Days	Hours	Minutes	09/17/19		HAMMOND, IN	
Ever in U.S. Armed Forces? 10. If Death	n Occurred in A Hospital:		10a If Death Occurred Hospice Facility	Somewhere Other Decedent's Hon	Than A Hospital	Home/Long-term Care	a Facility
Facility Name IIf Not Institution, Give Street	nt Emergency Department Outpatien	t Dead on Arrivi	Other (Specify)				
OMMUNITY HOSPITAL City Or Town, State, And Zip Code			13. County Of D	eath		14. Marital Status At	
UNSTER, IN, 46321			LAKE				ned, But Separated Divo
Surviving Spouse's Name	16	a Last Name Before	First Marriage	The state of the	nts Usual Occup	the patternal	Kind Of Business/Industry
NDA MANSFIELD Residence - State	18a. County	ENDER	18b. City Or Town	MILLWR	IGHT	ST	EEL MILL
IDIANA	LAKE		DYER		18d. Apt. No.	18e Zip Code	18f. Inside City Lim
c. Street And Number					18d. Apt. No.		⊠ Yes □ No
349 HOWARD CASTLE DRIV Decedent's Education	20. Decedent Of Hispa	anic Origin	21. Dec	edent's Race		46311	
GH SCHOOL GRADUATE O OMPLETED	NOT HISPANIC		White 23 Parents Name (First	Middle (ast)		23a Parent	s Last Name Before First Man
Parent's Name (First, Middle, Last)			1			SVYAK	
ILBUR MANSFIELD	24a. Relationship	To Decedent	MARY MANSFI 24b. Mailing Address (Street And Number,		ide)	
RIC EDWARD MANSFIELD	SON	26.0	2849 HOWARD	CASTLE DE	IVE, DYER	, IN 46311	
Method Of Disposition Bunal	25b. Place Of Disposition (f	Name Of Cemetery, C	Crematory, Other Place)	25c. Location - City	Town, And State		
Removal From State		01					
	HEIGHTS CREMA Name And Complete Address Of Funera	al Facility	Variety of the	CHICAGO H	Theres I a	Conditions of Land	a. Funeral Home License Nu
	VENS-RUZICH FUNERAL HITING, IN 46394	HOME AND	CREMATION SER			FF	110700040
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AMES F SEEBERG , BY ELE	CTRONIC SIGNATURE			F	20900076	er (Of Licensee):	
		Cause Of Death (S That Directly Cause	iee Instructions And Exed The Death, Do Not En	F)	020900076		
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OT AN OFFICE AMENDED CUMEN 382 Local No 004535 EDR No 000011458315 State No 2022-063332 Female 07:20 AM 11/08/2022 Linda Louise Mansfield Kender 7. Date of Birth (Month/Day/Year) | 8. Birthplace (City and State or Foreign Country) 5. Social Security Number | 6a. Age - Yrs | 6b. Under 1 Year | 6c. Under 1 Month | 6d. Under 1 Day 6e. Under 1 Hour 01/23/1942 East Chicago, Indiana 80 Months Days 9 Ever in U.S. Armed Forces? 10. If Death Occurred in A H red Somewhere Other Than A Hospital ☐ Hospice Facility ☐ Other (Specify) Decedent's Home Nursing Home Long-term Care Facility ☐ Yes 🔀 No 🗌 Unknown 📋 Inpatient 🗋 Emergency Department Outpatient 🗋 Dead on Arriva 11. Facility Name (if Not Institution, Give Street and Number) 2849 Howard Castle Drive 14. Marital Status At Time Of Death 12. City Or Town, State, And Zip Code 13. County Of Death ☐ Married ☐ Married, But Separated ☐ Divorces Widowed ☐ Never Married ☐ Unknown Dyer, Indiana 46311 Lake 15. Surviving Spouse's Name 17. Kind Of Business/Industry 15a. Last Name Before First Ma Cafeteria Worker School 18h City Or Tow 18. Residence - State 8a County IN Lake Dyer 18d. Apt. No. 18e. Zip Code 181 Inside City Limite? 18c. Street And Numb X Yes D No 2849 Howard Castle Drive 46311 19. Decedent's Education 20. Decedent Of Hispanic Origin 21. Decedent's Race White High School graduate or GED completed Not Spanish/Hispanio/Latin 22. Parent's Name (First, Middle, Last) 23. Parent's Name (First, Middle, Last) 23a. Parent's Last Name Before First Marriage Goldheagan Evelyn Janik Joseph Kender 24b, Mailing Address (Street And Number, City, State, Zip Code 24. Informant's Name 2849 Howard Castle Drive, Dver, IN, 46311 Eric Mansfield Son 25. Place Of Disposition Name Of Ce 25c. Location - City, Town, And State 25a. Method Of Disposition ☐ Burial ☐ Cremation ☐ Donation ☐ Entombres ☐ Removal From State Heights Crematory Chicago Heights, IL Other (Specify): 26. Was Coroner Contacted? 27a. Funeral Home License Number: a Address Of Ermaral Facili Crown Cremation Services 850 FH11300014 Yes No N. Madison Street, Crown Point, Indiana, 46307 27c. License Number (Of Lice 27b. Signature Of Indiana Funeral So Kelly Michelle Sprouse FD21700031 Electronically Signed Cause Of Death (See instructions And Examples) Approximate Interval: Onset 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or. Complications - That Directly Caused The Diesh. bo Not Enter Terminal Events Such As Cardac Arrest, Respiratory Arrest, Or Ventinular Florilation Without Showing The Etiology, Do Not Abbreviate, Enter Only One Cause On A Line. Acid Additional Lines II Necessary. To Death Acute Coronary Syndrome 11/8/2022 Immediate Cause (Final Disease Or Condition Resulting In Death) Date to ICH As A Consequence Of: 11/8/2022 Atherocclarosis Sequentially List Conditions, If Any, Leading To The Gause Listed On Due to IDr As A Consequence Of: Line A. Enter The Underlying Cause (Dise The Events Resulting In Death) Last Due to (Or As A Consequence Of) 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? 30. Were Autopsy Finding Available To Cor Yes No Manner Of Death 21 Did Tohacco Lies Contribute To Death 2 ☐ Not Progrant Wittin Past Year ☐ Progrant Al Time Of Death ☐ Not Progrant, B ☐ Yes ☐ Probably X No ☐ Unknown 36. Place Of Injury (E.G. D ☐ Suicide ☐ Could Not Be De 34. Date Of Injury (Month/Day/Year) . Time Of Injury ☐ Yes ☐ No 28a City Or Your 38b. Street & Number 38c. Apt. No. 20d Zin Code 38. Location Of Injury - State 39. Describe How Injury Occurred Down Course Drawner - Drodger - Down Course FSS Signature, OI Person Certifying Cause Of Death JoseLuts Agusti Name, Address And Zio Code Of Person Certifying **Electronically Signed** ss And Zip Code Of Person Certifying Cause Of Death JoseLuis Agusti 4900 E. 107th Court, Winfield, IN 46307 THE RECORD ON FILE WITH THE 11/14/2022 01061624A 47 fAkne 46. Additional Funeral Service Provider 49. For Registrar Only - Date Filed (Month/Day/Ye 48. Signature of Local Health Officer NOV 1 Electronically Signed 11/14/2022 Chandana Vavilala MENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

EXHIBIT B LAKE COUNTY HEALTH OFFICER Under the second by the state agency in color to pursue responsibility. Disdoure is solution PRINTED SPARY PAPERIXED