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GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2023-009223

3:21 PM 2023 Mar 24

Parcel Number: 45-06-24-127-008.000-027

## TRANSFER ON DEATH AFFIDAVIT

Deborah Susan Nigh and Nicki Ellen Lekas, being first duly sworn, make the following statements based upon personal knowledge:

1. On July 17, 2017, William B. Lekas (the "Owner") signed a Transfer on Death Deed transferring to Deborah Susan Nigh and Nicki Ellen Lekas, on the Owner's death, the Owner's interest in the following described real estate in Lake County, Indiana:

The South 13 feet of Lot 10 in Block 6 and all of Lot 11 in Block 6 and the North 6 feet of Lot 12 in Block 6, all of which is in the Hollywood Manor Subdivision of Munster, Indiana

Commonly Known As: 8125 Hohman Avenue, Munster, Indiana 46321

2. Said Transfer on Death Deed was recorded on July 19, 2017, in the office of the Recorder of Lake County, Indiana, as document number 2017 044782.

3. The Owner died on March 4, 2023, as the fee simple owner of the above-described real estate. A true and accurate copy of the Owner's death certificate (with social security number and cause of death redacted) is attached to this Affidavit as Exhibit "A" and made part hereof by reference.

4. The name and address of each designated beneficiary who survives the Owner are as follows:

<u>Name of Beneficiary</u>	<u>Beneficiary Address</u>
Deborah Susan Nigh	444 Concord Place, Schererville, IN 46375
Nicki Ellen Lekas	512 Hillcrest Road, West Lafayette, IN 47996

5. There are no designated beneficiaries who failed to survive the Owner.

6. This Affidavit is made, executed and recorded to comply with the requirements of I.C. §32-17-14-26(b)(20) to transfer the Owner's interest in the above-described real estate to Deborah Susan Nigh and Nicki Ellen Lekas.

FILED

MAR 24 2023

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

25

1867

AM

# NOT AN OFFICIAL DOCUMENT

Date: March 23, 2023

Deborah Susan Nigh  
Deborah Susan Nigh

Nicki Ellen Lekas  
Nicki Ellen Lekas

STATE OF INDIANA )  
) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Deborah Susan Nigh and Nicki Ellen Lekas, and they being first duly sworn by me upon their oath, stated that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 23<sup>rd</sup> day of March, 2023.



Laura L. Rybicki  
LAURA L. RYBICKI, Notary Public

**THIS DOCUMENT WAS PREPARED BY:**  
Laura L. Rybicki, Attorney No.: 21389-45  
LAURA L. RYBICKI, LLC  
9495 Keilman, Suite 2B, St. John, Indiana 46373  
Telephone: (219) 365-7766

**Mail Tax Statements To:**  
Deborah S. Nigh  
444 Concord Place  
Scherville, IN 46375

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.

/s/ Laura L. Rybicki



# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 358845

Local No 000892

EDR No 000011516532

State No 2023-012373

1. Decedent's Legal Name (First, Middle, Last) <b>William B. Lekas</b>				1a. Maiden Name (if female)		2. Gender <b>Male</b>		3. Time of Death <b>07:02 AM</b>		4. Date of Death (Month/Day/Year) <b>03/04/2023</b>									
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>92</b>		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) <b>05/22/1930</b>		8. Birthplace (City and State or Foreign Country) <b>East Chicago, Indiana</b>																	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input 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 checked="" 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) <b>8125 Hohman Avenue</b>																			
12. City or Town, State, and Zip Code <b>Munster, Indiana 46321</b>						13. County of Death <b>Lake</b>			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 <b>Deputy Sheriff</b>			17. Kind of Business/Industry <b>Lake County Sheriff's Depa</b>							
18. Residence - State <b>IN</b>				18a. County <b>Lake</b>				18b. City or Town <b>Munster</b>				18d. Apt. No.				18e. Zip Code <b>46321</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19c. Street and Number <b>8125 Hohman Avenue</b>												18d. Apt. No.		18e. Zip Code <b>46321</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>High School graduate or GED completed</b>				20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>				21. Decedent's Race <b>White</b>											
22. Parents Name (First, Middle, Last) <b>Nick Lekas</b>						22. Parents Name (First, Middle, Last) <b>Helen Lekas</b>			23a. Parents Last Name Before First Marriage <b>Brozovska</b>										
24. Decedent's Name <b>Nicki Lekas</b>				24a. Relationship to Decedent <b>Daughter</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>512 Hillcrest Road, West Lafayette, IN, 47906</b>													
25. Place of Disposition <b>Ridgeland-Mt Mercy Cemetery Inc.</b>												25c. Location - City, Town, and State <b>Gary, IN</b>							
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)				25c. Location - City, Town, and State											
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>Hillside Funeral Home &amp; Cremation Center 8941 Kleinman Road, Highland, Indiana, 46322</b>						27a. Funeral Home License Number: <b>FH11700003</b>									
27b. Signature Of Indiana Funeral Service Licensee: <b>Corneilus A. Kuiper</b>						Electronically Signed			27c. License Number (Of Licensee): <b>FD01041511</b>										
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Cause 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 A Line. Add Additional Lines If Necessary.																			
Immediate Cause (Final Disease Or Condition Resulting In Death)																			
A. [REDACTED] <span style="float: right;">Approximate ICD-10 Code: unknown</span>																			
B. [REDACTED] <span style="float: right;">Approximate ICD-10 Code: unknown</span>																			
C. [REDACTED] <span style="float: right;">Approximate ICD-10 Code: unknown</span>																			
D. [REDACTED] <span style="float: right;">Approximate ICD-10 Code: unknown</span>																			
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? <b>YES</b>						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 While 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 While Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unknown <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																			
41. Signature of Person Certifying Cause of Death: <b>Anand Anilkumar Shah</b>						Electronically Signed			42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other			44. License Number: <b>01074246A</b>			45. Issued Certified: <b>03/13/2023</b>				
43. Name, Address And Zip Code Of Person Certifying Cause of Death: <b>Anand Anilkumar Shah 1001 Main Street, Dyer, IN 46311</b>																			
46. Additional Funeral Service Provider:																			
48. Signature of Local Health Officer: <b>Chandana Vavilala</b>						49. For Registrar Only's Date Filed (Month/Day/Year): <b>03/13/2023</b>													

EXHIBIT  
A

NOT VALID UNLESS