

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2023-010503

9:09 AM 2023 Apr 13

2  
SEND TAX BILLS TO: 7720 E. 83<sup>rd</sup> Ave., Crown Point, IN 46307

"THIS DOCUMENT IS BEING RE-RECORDED TO FOLLOW AFFIDAVIT OF SURVIVORSHIP."  
**TRANSFER ON DEATH DEED**

\*  
THIS INDENTURE WITNESSETH, that **Elsie Batryn**, 7720 E. 83<sup>rd</sup> Ave., Crown Point, IN 46307, does hereby Quit Claim upon her death (T.O.D.) to **Zoe Paul**, the following described real estate in Lake County, State of Indiana.

LOT NUMBERED 1 AS SHOWN ON THE RECORDED PLAT OF BUCHELT SUBDIVISION RECORDED IN PLAT BOOK 77 PAGE 1 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 7720 E. 83<sup>rd</sup> Ave., Crown Point, IN 46307  
Parcel No.: 45-13-20-426-009.000-030

In Witness Whereof, Elsie Batryn, has hereunto set her hand and seal this 20<sup>th</sup> day of March, 2023.

Elsie Batryn  
Elsie Batryn

EXECUTED AND DELIVERED IN MY PRESENCE:

Kristin M Zuzich Witness Signature  
Kristin M Zuzich Witness Printed

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

2023-014873  
8:42 AM 2023 Jun 7

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )

Before me, a notary public in fore said county and state this 08 day of March, 2023, Elsie Batryn acknowledged the execution of the foregoing or attached Transfer on Death Deed as her voluntary act for the purposes stated therein.

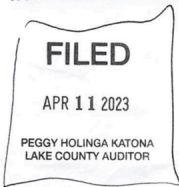
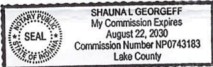
Witness my hand and Notarial Seal this 08 day of February, 2023

[Signature] Notary Signature

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.

[Signature]  
Shauna M. Lange

This Instrument prepared by:  
Shauna M. Lange, ESQ.  
REES AND LANGE, P.C.  
17 Main Street, Hobart, IN 46342  
(219) 947-1692



↑  
FILED  
JUN 06 2023



PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

ck. 25-1-6  
1863  
[Handwritten signatures and initials]



# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 254357

Local No 004721

EDR No 00000815286

State No 062293

1. Decedent's Legal Name (First, Middle, Last) <b>DONALD M BATRYN</b>				2. Sex <b>MALE</b>		3. Time Of Death <b>08:09 AM</b>		4. Date Of Death (Month/Day/Year) <b>11/05/2020</b>			
5. Social Security Number		6a. Under 1 Year		6b. Under 1 Month		6c. Under 1 Day		7. Date of Birth (Month/Day/Year) <b>12/23/1934</b>			
8. Age - Yrs <b>85</b>		9. Months		9. Days		9. Hours		9. Minutes			
10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		11. Inpatient <input type="checkbox"/>		12. Emergency Department Outpatient <input type="checkbox"/>		13. Dead on Arrival <input type="checkbox"/>		14. 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>7720 EAST 83RD AVENUE</b>											
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</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 <b>PAUL</b>		16. Decedent's Usual Occupation <b>RETIRED</b>		17. Kind Of Business/Industry <b>EXPRESS CAB</b>			
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>CROWN POINT</b>		18c. Apt. No.		18d. Zip Code <b>46307</b>			
18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		22a. Parent's Name (First, Middle, Last) <b>MARY BATRYN</b>			
22b. Parent's Last Name Before First Marriage <b>MATKZO</b>		23. Decedent's Name (First, Middle, Last) <b>MARTIN BATRYN</b>		24. Informant's Name <b>ELLY BATRYN</b>		24a. Relationship To Decedent <b>SPOUSE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7720 EAST 83RD AVENUE, CROWN POINT, IN 46307</b>			
25a. Manner 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 <b>NORTHWEST INDIANA CREMATION SERVICE CROWN POINT, IN</b>		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27a. Funeral Home License Number <b>FH83002380</b>			
27b. Signature Of Indiana Funeral Service Licenses <b>JAMES E. BURNS - BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licenses) <b>FD20700059</b>		Cause of Death (See Instructions And Examples)		Approximate Interval - Onset To Death					
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) <b>A. PROSTATE CANCER</b>											
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 <b>B.</b> <b>C.</b> <b>D.</b>											
Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause <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 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, Not Pregnant 43 Days To 1 Year Before Death		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		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) <b>96b. Street &amp; Number LAKE COUNTY HEALTH OFFICER</b>	
36. Location Of Injury - State		36a. City Or Town		36c. Apt. No.		36d. Zip Code		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. Describe How Injury Occurred											
41. Signature, Of Person Certifying Cause Of Death <b>CHIRAG N. PATEL, BY ELECTRONIC SIGNATURE</b>				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 <b>CHIRAG N. PATEL, 521 EAST 86TH AVENUE, SUITE 2, MERRILLVILLE, IN 46410</b>		44. License Number <b>01052839A</b>			
45. Date Certified <b>11/11/2020</b>		46. Additional Funeral Service Provider		47. Registrar		48. Per Registrar Only - Date Filed (Month/Day/Year) <b>NOV 12 2020</b>		49. Per Registrar Only - Date Filed (Month/Day/Year)			
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 12 2020

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

RAISED SEAL AFFIXED