

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
2023-016132
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED
8:40 AM 2023 Jun 28

IN RE ESTATE OF:)
LOUISE TAYLOR, DECEASED)

AFFIDAVIT OF BENEFICIARY ON TRANSFER ON DEATH DEED

Affiant, MICHAEL M. TAYLOR, being first duly sworn upon his oath, deposes and says:

1. That Louise Taylor died a resident of Lake County, Indiana, on March 24, 2023. A copy of the Indiana State Department of Health Certificate of Death is attached hereto and marked as Exhibit A.

2. That Louise Miller executed a Transfer on Death Deed on October 9, 2020, that was recorded on October 13, 2020, with the Lake County Recorder's Office as document no. 2020-072746 for the property legally described as follows:

- Legal Description: Lot 430, Unit No. 4 of Pon & Co.'s Riverside Farms, as shown in Plat Book 27, Page 61, in the Office of the Recorder of Lake County, Indiana.
- Common Address: Schneider, Indiana 46376
- Parcel Number: 45-23-33-453.008.000-037

3. That MICHAEL M. TAYLOR and ROBERT E. TAYLOR are the only designated beneficiaries in the Transfer on Death Deed; that they survived Louise Taylor, and all tax bills should be sent to 3007 163rd Place, Hammond, Indiana 46323.

4. That there are no designated beneficiaries that did not survive Louise Taylor.

5. That Affiant makes this Affidavit to induce the proper governmental authorities of Lake County, Indiana, to remove Louise Taylor from the chain of title to the Real Estate and place MICHAEL M. TAYLOR with an undivided one-half interest and ROBERT E. TAYLOR with an

FILED

JUN 28 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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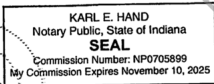
undivided one-half interest of the property pursuant to Indiana Code §32-17-14-26(b)(20).

I affirm, under the penalties for perjury, that the foregoing representations are true.


MICHAEL M. TAYLOR

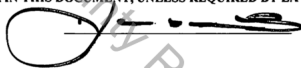
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 27th day of June, 2023, personally appeared MICHAEL M. TAYLOR and acknowledged the execution of the foregoing Affidavit of Beneficiary on Transfer on Death Deed. In Witness Whereof, I have hereunto subscribed my name and affixed my official seal.




Karl E. Hand, Notary Public
County of Residence: Lake

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.



This document was prepared by: Karl E. Hand, Attorney at Law, 1619 Junction Avenue, Schererville, Indiana 46375.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **351462**

Local No 001203

EDR No 000011527052

State No 2023-017394

1. Decedent's Legal Name (First, Middle, Last) Louise Betty Taylor		1a. Maiden Name (if female) Merlice		2. Gender Female		3. Time of Death 01:07 PM		4. Date of Death (Month/Day/Year) 03/24/2023			
5. Social Security Number [REDACTED]		6a. Age - Yrs 96		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) 06/20/1926		8. Birthplace (City and State or Foreign Country) East Chicago, Indiana							
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) 3007 163rd Place											
12. City Or Town, State, And Zip Code Hammond, Indiana 46323				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 Packer		17. Kind Of Business/Industry Manufacturing		
18. Residence - State IN			18a. County Lake			18b. City Or Town Hammond			18d. Apt. No.		
18e. Zip Code 46323			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
18c. Street And Number 3007 163rd Place				18d. Apt. No.		18e. Zip Code		18f. Inside City Limits?			
19. Decedent's Education 9th-12th grade, No Diploma				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) Leon Merlice				23. Parents Name (First, Middle, Last) Mary Merlice			23a. Parent's Last Name Before First Marriage Muller				
24. Informant's Name Robert Taylor				24a. Relationship To Decedent Son			24b. Mailing Address (Street And Number, City, State, Zip Code) 3007 163rd Place, Hammond, IN, 46323				
25. Place Of Disposition											
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) Anatomical Education Program				25c. Location - City, Town, And State Indianapolis, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Keller Mortuary Service, Llc 801 N Main Street, Lapel, Indiana, 46051				27a. Funeral Home License Number: FH11200031				
27b. Signature Of Indiana Funeral Service Licensee: Kelsey T. Byers						Electronically Signed		27c. License Number (Of Licensee): FD21500037			
Cause Of Death (See Instructions And Examples)											
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 <small>Due to B/C As A Consequence Of:</small>											
B. Sudden Cardiac Death <small>Due to B/C As A Consequence Of:</small>											
C. Chronic Systolic Heart Failure <small>Due to B/C As A Consequence Of:</small>											
D. Chronic Atrial Fibrillation with <small>Due to B/C As A Consequence Of:</small>											
Sequently 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											
Approximate Interval: Onset To Death Acute											
Subacute											
Chronic											
Chronic											
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 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, 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 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, Worked 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											
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: Saket Sinha				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				43. Matter Of Death: <input 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			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Saket Sinha 9030 Cline Avenue, Highland, IN 46322				44. License Number 01966090A		45. Date Certified 04/06/2023					
46. Additional Funeral Service Provider:											
47. Aka's:											
48. Signature of Local Health Officer: Chandana Varadala				Electronically Signed		49. For Registrar Only - Date Filed (Month/Day/Year): 04/10/2023					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											
LAKE COUNTY HEALTH OFFICER											



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