

State of: Indiana

County of: Lake

The foregoing instrument was acknowledged before me 27th day of September, 2023

[Signature]  
Your Name Here, Notary Public

My Commission Expires 10/30/29 **TRANSFER ON DEATH AFFIDAVIT**

3

Joyce Marie Wells, proceeded in death September 10, 2023 upon personal knowledge and belief, makes these . the designated beneficiary or beneficiaries in the Transfer on Death Deed

who survive the Owner

[ Melissa H. Wells, Edward C. Wells, Nicole M. Wells ]

owning an interest in the following described real estate in Lake

County, Indiana:

LEGAL DESCRIPTION MANUFACTURER'S ADD. ALL L.9 BL.25 ALL L.10 BL.25

Parcel Number 45-07-10-154-019.000-023

Common Address Wells, Joyce M

6720 Kentucky AVE

Hammond IN, 46323-1753

On 11/21/2022, Joyce Marie Wells, signed a Transfer on Death Deed transferring, on HIS/HER death, HIS/HER

interest in the real estate described above which document was recorded on 11/23/2022 in the Office of the

Recorder of Lake County, Indiana,

The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who did not survive Owner or were not in existence when Owner died are:

[Joyce Marie Wells 6720 Kentucky Ave. Hammond, In 46323]

The designated beneficiary or beneficiaries in the Transfer on Death Deed who survive the Owner or are in existence at Owner's death are:

[ Melissa H. Wells, Edward C. Wells, Nicole M. Wells ]

The purpose of this Affidavit is to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death Owner's interest in the real estate described above to the Transfer on Death Deed beneficiary(ies).

In Witness Whereof, Y has executed this instrument this 25 day o September, 2023.

Page 1 of 2  
**FILED**

**SEP 27 2023**

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

25  
CC  
RM

2023-027679

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED  
2023 SEP 27  
2:35 PM

# NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA )

)

COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County and State, this \_\_\_\_ day of September, 2023, personally appeared, and acknowledged his/her execution of the foregoing Transfer on Death Deed as his/her voluntary act and deed.

WITNESS MY HAND AND SEAL.

I hereby swear or affirm that the information above is true accurate and complete to the best of my knowledge, and that no relevant information has been omitted.

Dated:

9-27-2023

Signature of Individual:

Nicole M. Wells Nicole Wells

Angela Garcia

Notary Public

"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."  
PREPARED BY: Nicole M. Wells

Title And Rank

Notary



Date Of Commission Expiry

10/30/2029

Resident of Lake County, Indiana

Prepared By:

Melissa H. Wells, Edward C. Wells, Nicole M. Wells

NOT AN OFFICIAL DOCUMENT

CERTIFICATE OF DEATH DOCUMENT

COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 0075245

DATE ISSUED 9/15/2023

DECEDENT'S LEGAL NAME JOYCE MARIE WELLS		SEX FEMALE	DATE OF BIRTH SEPTEMBER 10, 2023	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 72 YEARS	DATE OF BIRTH JULY 15, 1951		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE HAMMOND, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6720 KENTUCKY AVENUE	APT. NO.	CITY OR TOWN HAMMOND	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46323	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CARL B. MIDKIFF	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY E. FARMER
INFORMANT'S NAME MELISSA WELLS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 6836 IDAHO AVENUE, HAMMOND, IN. 46323	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION KELLY CARROLL CREMATORY	LOCATION - CITY OR TOWN AND STATE GARY, IN	DATE OF DISPOSITION SEPTEMBER 18, 2023
FUNERAL HOME BARON'S BURIALS INC., 13909 S KOSTNER AVE, CRESTWOOD, IL, 60418			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016703	
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 15, 2023	
CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I	ACUTE HYPOXEMIC RESPIRATORY FAILURE DUE TO HER LUNG CANCER OBSTRUCTING HER AIRWAY		
	a.	Due to (or as a consequence of):		
	b.	Due to (or as a consequence of):		
	c.	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			WAS AN AUTOPSY PERFORMED? YES	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY:	
DESCRIBE HOW INJURY OCCURRED:				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE SEPTEMBER 10, 2023	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:18 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 15, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOSE CASTELLANOS, 251 E HURON, CHICAGO, ILLINOIS, 60611			PHYSICIAN'S LICENSE NUMBER 036160944	


APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE - EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

2794434

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

  
Karen A. Yarbrough  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE