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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-028717

11:22 AM 2023 Oct 17

Parcel Number:
45-16-08-283-024.000-042

Tax Mailing Address:
330 S EVERGREEN LN
WICHITA KS 67209-1702

Affidavit of Beneficiaries of Transfer on Death Deed

State of Indiana)
) SS:
County of Lake)

Michael D. Lowry, the Affiant, being first duly sworn on his oath, states:

1. Michael D. Lowry is an adult residing at 330 South Evergreen Lane, Wichita, KS 67209-1702, in Sedgwick County, in the State of Kansas, and has knowledge of the facts stated in the Affidavit as a son of Ted L. Lowry.

2. Michael D. Lowry and Douglas T. Lowry, as tenants-in-common and not as joint tenants with rights of survivorship, are the owners of the real estate described as follows:

The North 51 feet of the South 91 feet of Lots 27, 28, 29, and 30, in Barthody's Addition to Crown Point, as per plat thereof, recorded in Plat Book 11, page 2, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 204 S. Indiana Avenue
Crown Point, IN 46307

Parcel Number: 45-16-08-283-024.000-042

3. Said real estate was formerly owned by Ted L. Lowry.
4. Ted L. Lowry was also known as Teddy L. Lowry.

(Affidavit of Beneficiaries of Transfer on Death Deed – Page 1 of 3)

FILED

OCT 17 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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CS
RM

5. Ted L. Lowry died on August 17, 2023, a resident of Lake County, Indiana. A true and correct copy of the Indiana State Department of Health Certificate of Death is attached to this Affidavit and made a part of this Affidavit by reference.

6. Prior to his death, Ted L. Lowry executed and recorded a Transfer on Death Deed, dated December 2, 2019, and recorded on December 2, 2019, as Document Number 2019-082383, in the Office of the Recorder of Lake County, Indiana, designating Michael D. Lowry and Douglas T. Lowry, as tenants-in-common and not as joint tenants with rights of survivorship, as the beneficiaries upon his death.

7. Michael D. Lowry and Douglas T. Lowry, as tenants-in-common and not as joint tenants with rights of survivorship, are the owners of said real estate as a result of the death of Ted L. Lowry, and being designated as the beneficiaries on said Transfer on Death Deed, which was executed and recorded before the death of Ted L. Lowry, pursuant to Indiana Code § 32-17-14-11(a).

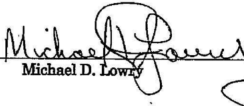
8. The purposes of the filing and recording of this Affidavit are to:

induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Michael D. Lowry and Douglas T. Lowry, as tenants-in-common and not as joint tenants with rights of survivorship, are the owners of said real estate; and

place of record with the Lake County Recorder's Office evidence that Michael D. Lowry and Douglas T. Lowry, as tenants-in-common and not as joint tenants with rights of survivorship, are the owners of said real estate.

Further Affiant saith not.

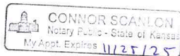
Dated: October 10, 2023



Michael D. Lowry

NOT AN OFFICIAL DOCUMENT

State of Kansas)
) SS:
County of Sedgwick)



Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, by Michael D. Lowry, the Affiant, on this

10th day of October, 2023.

Notary's Signature: *Connor Scanlon*

Notary's Printed Name: Connor Scanlon

Notary's County of Residence: Sedgwick

Notary's Commission Expires: 11/25/2025

Notary's Commission Number: ~~1191495~~ 1191495

After recording return to: Michael D. Lowry
330 S EVERGREEN LN
WICHITA KS 67209-1702

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. Chris Fox

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License No. 19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366).



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 375550

Local No 002964

EDR No 000011597276

State No 2023-043228

1. Decedent's Legal Name (First, Middle, Last) Teddy L. Lowry				1a. Maiden Name (if female)		2. Gender Male	3. Time of Death 10:33 PM	4. Date of Death (Month/Day/Year) 08/17/2023					
5. Social Security Number 86		6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) 11/22/1936		8. Birthplace (City and State or Foreign Country) Leighton, Alabama				
9. Ever in U.S. Armed Forces?		10. If Death Occurred in a Hospital:		10a. If Death Occurred Somewhere Other Than a Hospital:		10b. <input type="checkbox"/> Hospice Facility		<input checked="" type="checkbox"/> Decedent's Home		<input type="checkbox"/> Nursing Home/Long-term Care Facility			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient		<input type="checkbox"/> Dead on Arrival		<input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street and Number) 204 S Indiana Avenue													
12. City or Town, State, and Zip Code Crown Point, Indiana 46307						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 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 Forklift Operator		17. Kind Of Business/Industry Manufacturing					
18. Residence - State IN			18a. County Lake			18b. City or Town Crown Point							
18c. Street and Number 204 S Indiana Avenue						18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education High School graduate or GED completed			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White							
22. Parent's Name (First, Middle, Last) Jesse L. Lowry				23. Parent's Name (First, Middle, Last) Lillian E. Lowry				23a. Parent's Last Name Before First Marriage Graham					
24. Informant's Name Sheila Lowry-Ladner				24a. Relationship to Decedent Daughter		24b. Mailing Address (Street and Number, City, State, Zip Code) 204 S Indiana Avenue, Crown Point, IN, 46307							
25a. Method Of Disposition <input 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) NWI Cremation Service	25c. Location - City, Town, and State Crown Point, IN	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307				27a. Funeral Home License Number: FH83002445							
27b. Signature of Indiana Funeral Service Licensee: <i>James F. Burns</i>						27c. License Number (Of Licensee) ED01009461							
28. Part I. Enter The Chain Of Events - Diseases, Injuries, or Complications - That Directly Caused The Death. Do Not Enter The Events On This Line If The Cause of Death (See Instructions And Examples) Shows The Etiology. Do Not Abbreviate. Enter Only One Chain Of Events.											Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death)											1 year		
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											years		
A. rectal carcinoma											years		
B. hyperlipidemia											years		
C. hypertension											years		
D.													
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I													
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 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)											37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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"/> NO VALID UNLESS		
41. Signature, Or Person Certifying Cause Of Death: <i>Jon David Misch</i>											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: Jon David Misch 13963 Morse Street, Cedar Lake, IN 46303											44. License Number 02000900A	45. Date Certified 08/24/2023	
46. Additional Funeral Service Provider:											47. *Alleg.		
48. Signature of Local Health Officer: <i>Chandana Varisala</i>											48. For Registrar Only: Date Filed (Month/Day/Year) 08/24/2023		

THIS IS A TRUE COPY OF THE ORIGINAL ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH

AUG 25 2023

LAKE COUNTY HEALTH OFFICER

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED