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PG #: 4
RECORDED AS PRESENTED

GINA PIMENTEL RECORDER

#### FILED

Nov 29 2023 BDD PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR

### AFFIDAVIT RE TRANSFER ON DEATH DEED

STATE OF INDIANA )
) SS:
COUNTY OF LAKE )

On this  $\frac{24}{}^{\prime\prime}$  day of  $\frac{Novensee}{}$ , 2023, before me personally appeared CATHY ANN SUNNY AND STEVEN E. PRZYBYLA, each as to an undivided ½ interest as tenants in common, to ric personally known and who being duly sworn upon their oaths, did say that:

- Affiants reside at 8710 W. 157<sup>th</sup> Place, Lowell, Indiana 46356 and 8008 Crooked Chute Court, Raleign, North Carolina 27612, respectively.
- Affiants are the beneficiaries under the Transfer on Death Deed dated August 21, 2023 and recorded on August 22, 2023, as Document No. 2023-527067.
  - 3. The legal description of the premises in question is:
  - Lot 13, Pheasant Ridge-Phase II, as shown in Plat Book 83, Page 54, in Lake County, Indiana.

Parcel No.: 45-19-10-201-003.000-037

Commonly known as 8656 W. 157th Place, Lowell, IN 46356.

- 4. That Dorothea B. Przybyla died on September 25, 2023, and a certified copy of the owner's, Dorothea B. Przybyla, death certificate is attached hereto as Exhibit "A" and incorporated herein by reference.
- The names and addresses of the designated beneficiaries who survive the owner are:

Cathy Ann Sunny 8710 W. 157<sup>th</sup> Place Steven E. Przybyla 8008 Crooked Chute Court

Lowell, IN 46356 Raleigh, NC 27612

6. The premises located at 8656 W. 157th Place, Lowell, IN 46356, was formerly writed by Dorothea B. Przybyla, and there was a transfer on death provided in the deed in accordance with IC 32-17-14-11 to Cathy Ann Sunny and Steven E. Przybyla, each as to an undivided 1/2 interest as tenants in common, by and said through said Transfer on Death Deed dated August 21, 2023, and recorded on August 22, 2023, as Document No. 2023-52706.

### NOT AN OFFICIAL DOCUMENT

Ann Sunny, is 8710 W. 157th Place, Lowell, IN 46356.

Further, Affiant saveth not.

The mailing address to which statements should be mailed under I.C. 6-1.1-22-8.1
 8710 W. 157th Place, Lowell, IN 46356. The mailing address of one of the Grantees, Cathy

STATE OF INDIANA SS COUNTY OF LAKE Before me, the undersigned, a Notary Public in and for said County and State, personally appeared CATHY ANN SUNNY, and acknowledged the execution of the foregoing Affidavit re Transfer on Death Deed for the uses and purposes express therein. In witness whereof, I have hereunto subscribed my name and affixed my official seal thi of November, 2023. My Commission Expires: 8/14/30 TARA K TAUBER County of Residence: Lake Notary Public - Sea ake County - State of Indiana Commission Number NP0743006 Commission Expires Aug 14, 2030 STATE OF NORTH CAROLINA ) SS: COUNTY OF WALL Before me, the undersigned, a Notary Public in and for said County and State, personally appeared STEVEN E. PRZYBYLA, and acknowledged the execution of the foregoing Affidavit re Transfer on Death Deed for the uses and purposes express therein. In witness whereof, I have hereunto subscribed my name and affixed my official seal this 241 day of NOVEMNEY\_, 2023. Breahna Notary Public My Commission Expires: 091 241 7027 Bre'anna K. Smith County of Residence: NOTARY PUBLIC Wake County, NC My Commission Expires September 26, 2027 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. (Tara K. Tauber, Esq.)

## NOT AN OFFICIAL DOCUMENT

This Instrument Prepared by: Tara K. Tauber, Esq. Tauber Law Offices 1415 Eagle Ridge Drive Schererville, IN 46375 (219) 885-6666

## NOT AN OFFICIAL DOCUMENT

# INDIANA STATE DE CERTIFIC

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 378923

Decedent's Legal Name (First, Middle, Last)	-	EDI	No 000011	e (illemate)		2. Gender	State	Ima OI	2023-04 Math	4 Dale	Of Death (Month/DaysY		
Dorothea Przybyla			Winkelman		Female		09:28 AM		09/25				
	St. Under 1 Year	Gc. Under 1 Month	6d. Under 1 Day	Se. Under I Hour	7. Dale o	(Birth (Manth	Day/Yea/)	8. Brit	iplace (Ci	y and State	or Foreign Country)		
84	Months	Days	Hours	Minutes	07/0	08/1939				ark, Illin			
Ever in U.S. Armed Forces? 10. If Death	Occurred in A Hose	oltal:		10a. T Death Occu						2.5			
Yes ■ No □ Unknown □ Inpation	Energency.D	epartment Outpetient	Dead on Arrival	☐ Hospice Facility ☐ Other (Specify)		edent's Home	□ N	irsing Hom	e Long ter	m Care Fac	sity		
Facility Name (# Not Institution, Give Street	and Number) 865	6 W 157th Pla	Ce								77		
City Cr Town, State, And Zip Code			-	13. County	Of Death			14.	Maritai St	atus At Time	e Of Death		
owell, Indiana 46356				Lake							But Separated Divi		
Surviving Spouse's Name		154	Last Name Before F			16. Decedent	re I In in I O		Widowod		or Married Unknow Of Business Industry		
					- 1	Bookkee		oupano.		Accou			
Residence - State	189	County		18b, City Or To		DODKKBO	J01			Accou	nung		
(0)	Lak			Lowell									
e. Street And Number	) <u></u>			Comen			8d. Apt. N	10	184. Zir	Code	18f. Inside City Lim		
856 W 157th Place	(A)						and Paper		46356		□ Yes □ No		
Decedent's Education	190	Decedant Of Hispar	ic Coon	74	Decodente i	300			40000				
ome college, but no degree		Not Spanish/Hispani		Whi	percenta i								
Parent's Name (First, Middle, Lasi)				23. Parent's Name	(First, Middle	. asn .	<u> </u>	<u> </u>	23-1	Parent's I ==	I Name Before First Man		
scar Winkelman				Constance Krajeski				Stelmachowski					
informant's Name 24s. Restronstrip to Decedent					State 2								
athy Sunny	240. Mating Address (direct And Notices, City, State, Zip Code)												
a Method Of Disposition		ice Of Disposition (Na	25 Pta			cation - Cily. T				<del></del>			
☐ Yes ■ No Cre  5. Signature Of Indiana Funeral Service User entrafer Eynn Osburn	ets Funeral I mation Services	ces 604 E. Con	merical Avenu	Electronically S	ana, 463	27c	्र सारा	of COS	Y 07	FH8:	3004277 300013 Approximate Interval: On:		
28. Part I. Enter The <u>Chain Of Evans</u> - Di Such As Cardiac Arrest, Respiratory Arrasi & Line. Add Additional Lines if Necessary. mmediate Cause (Final Disease Or Condi			Cancer of the		anier Rik	EPCODINI	<b>Р</b> пчн.4	LTH DI	PART	RENT.	To Death 6 Months		
		Liment On B.			1	00	CI U	2 702	3	1			
Sequentially List Conditions, If Any, Leadir Line A. Enter The Underlying Cause (Dise The Events Resulting In Death) Last	9771.5.4	Dell G Ja A Co - SMI A CO			20	<del></del>		77	The state of				
C					Quest St. As A Commands St.								
This has all t	171 144	· 200_22	LAKE COLINTY HEALTH					ER	E - 162				
in II, Enter Other Significant Conditions Contro	valing to Death But	Not Resulting in The	Underlying Cause Gir	en In Part	Zii Was	Anderson ?	a lannud?	<b>~</b>	☐ Yes	ÐN			
Did Tobacco Use Contribute To Death?	32. II Ferry	44	<u> </u>	·	30. Were	a Autopsy Find				Cause Ct C	eath? Yes h		
Yes Probably No Unknown	☐ Not Peop	Act Pagnat With Par Year   Pagnat & Inne Climah   Bellingert, But Inge											
Date Of Injury (Month/Day/Year)	35. Time	our, But Program 43 (Jays ). Of Injury	1 year delive Usen 36. Pts	on Of Injury (E.G., De	were the Past Y	me. Constructi	Suidi	staurant	Not Be	Determined	37: Injury At Work?		
	-   ""								4		Yes No		
3. Location Of injury - State	38s. City C	or Town	38b. S	ireet & Number		1			38c. Apl	No.	36d. Zp Code		
	. L.									."			
Describe How Injury Occurred	11						40. I Tro	ersportatio	n Injury, S	pecify:			
Signature. Of Person Certifying Cause Of D	leath		<del></del>			. Lan case			P TUI	ALID	UNLESS		
Brent Arfys Jacobus Electronically Signed € Center   42 Center   43 Name Address And 2g Code Of Person Certifying Cause Of Death:							lying Hitys	con	n Coroner Health Officer ense Number 45. Date Certified				
. Harrie, Audress Aria 20 Code Of Person Ce			1 10 10007										
rant Artim Handburg Od FO C 400	III AVE, Suite	za, Crown Poir	it, IN 46307					00109	JA	(40.5)	09/27/2023		
			74. F. "				- 1 3						
Brent Arlyn Jacobus 9150 E 109 5. Additional Funeral Service Provider.						49. For Reg	Istrar One	- Date F	led Mont	NDWYes.	University of the American Control		
Additional Funeral Service Provider: Signature of Local Health Officer:				Electronically S	Signed						09/28/2023		
Additional Funeral Service Provider: Signature of Local Health Officer:		AMENDME		Electronically S		RIGINAL)					09/28/2023		
Additional Funeral Service Provider:     Signature of Local Health Officer:		AMENDME				RIGINAL)					09/28/2023		
		AMENDME				RIGINAL)					09/28/2023		