## NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-001301

3:36 PM 2024 Jan 17

Mail Recorded Document To: HILBRICH LAW FIRM, 2637-45th Street, Highland, IN 46322

Please Mail Tax Statements to:

PARCEL NO. #45-10-13-254-010.000-034

John A. Krajewski 519 Cherry Hill Road Dyer, IN 46311

STATE OF INDIANA

COUNTY OF LAKE

IN RE: DECEDENT,

VIOLET KRAJEWSKI

TRANSFER ON DEATH AFFIDAVIT (Grantor of TOD Deed now Deceased)

Comes now JOHN A. KRAJEWSKI who being duly sworn upon oath states as follows:

- That I have personal knowledge of the assertions herein and my relationship to the decedent, VIOLET KRAJEWSKI, is a son.
- That VIOLET KRAJEWSKI died on December 9, 2023, a resident of Lake County, Indiana, as evidenced by a redacted copy of her death certificate attached hereto and made a part hereof, marked as Exhibit. "A?"
- That prior to her death, VIOLET KRAJEWSKI executed a Transfer on Death Deed on July 9, 2019, which was duly recorded on July 31, 2019, as Document No. #2019-048245, in the Office of the Lake County Recorder, Lake County, Indiana, as to the following property:

Lot 3, Block 4, Pheasant Hills Addition, Unit 1, to the Town of Dyer, Indiana, as shown in Plat Book 39, page 36, in Lake County, Indiana.

Commonly known as:

519 Cherry Hill Road Dyer, IN 46311

FILED

JAN 17 2024

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR S X X

Parcel Number:

45-10-13-254-010.000-034

 That said Transfer on Death Deed transferred title of the real estate described above to JOHN A. KRAJEWSKI, said transfer to take effect upon the death of the Grantor. VIOLET KRAJEWSKI.

5. That the surviving Transfer on Death beneficiary and his address is:

John A. Krajewski 519 Cherry Hill Road Dyer, IN 46311

- That neither a subsequent deed of conveyance revoking, omitting, or changing the beneficiary designations, nor an Affidavit acknowledged or proved under IC 32-21-2-3 revoking or changing the beneficiary designations was recorded before the death of VIOLET KRAJEWSKI pursuant to IC 32-17-14-16(j).
- That by reason of the death of VIOLET KRAJEWSKI, the real property commonly known as 519 Cherry Hill Road, Dyer, Indiana 46311, and herein legally described, was by operation of law, transferred to beneficiary, JOHN A. KRAJEWSKI.
- That Affiant makes this Affidavit for the sole purpose of informing proper authorities
  of the death of the Transfer on Death Deed Grantor, VIOLET KRAJEWSKI, and
  also for the purposes of perfecting the transfer of the real property to the transfer on
  death beneficiary, JOHN A. KRAJEWSKI, in accordance with the terms of said
  Transfer on Death Deed and the Indiana Transfer on Death Property Act.

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## TRANSFER ON DEATH AFFIDAVIT (Violet Krajewski, Deceased)

Page 3

Affiant further sayeth not, this	day of <u>January</u> , 2024.
	John A Trosmike
0	JOHN A. KRAJEWSKI, Affiant
STATE OF INDIANA ) SS:	
COUNTY OF LAKE	

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared JOHN A, KRAJEWSKI and acknowledged the execution of the foregoing Transfer on Death Affidavit.

Witness my hand and Notarial Seal this /7 day of January, 2024.

My Commission Expires: June 1, 2025
My Commission Number: 699164

Michelle A. Pram

MICHELLE A. PRAMUK
My Commission Expires
June 1, 2025
Commission Number NP0699164
Lake County

Michelle A. Pramuk, Notary Public
Resident of Lake County

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.

Michael D. Doboss, Attorney at Law

THIS INSTRUMENT PREPARED BY:
MICHAEL D. DOBOSZ, Esq. (#14539-45)
HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP
2637 - 45th Street
Highland, Indiana 46322
(219) 924-2427

## NOT AN OFFICE MENDED COMEN PT2

Local No 004299	004200		DR No 000011650521		State No 2023-063957				
. Decedent's Legal Name (First, Middle, Last)	L	Maiden Name (If female)     Lewandowski			2. Gender 3. Time Of Death 4. Date Of Death 12/09/2023			2023	
Tiolet Ann Krajewski Social Security Number   Ea. Age - Yrs   Eb.	Under 1 Year   6c. Under 1 Mor	th 6d. Under 1 Day		te of Birth (Month	h/Day/Year) I			or Foreign Country)	
91 Mon	ths Days	Hours	Minutes	5/08/1932		Hammond, Indiana			
	urred In A Hospital:		10a. If Death Occurred Son	newhere Other T Decedent's Hom	han A Hospital	Home/Long-tes	m Care Fac	ilty	
Yes ■ No Unknown ■ Inpatient □	Emergency Department Outpatie		Other (Specify)						
Facility Name (If Not institution, Give Street and	Number) Franciscan Heal	th Dyer							
City Or Town, State, And Zip Code			13. County Of Death		14. Marital Status At Time Of Death  Married Married, But Separated Divon Widowed Never Married Unknow				
lyer, Indiana 46311			Lake				□ Nev	er Married Unknow	
. Surviving Spouse's Name	1	5a. Last Name Before First	Marriage		nt's Usual Occup	note		Of Business Industry	
				Homema	aker		Own H	lome	
3. Residence - State	18a County		18b. City Or Town						
N	Lake		Dyer		18d. Apt. No.	18e. Zi	Code	18f. Inside City Limi	
Sc. Street And Number					180. Apt No.	4631		Yes No	
519 Cherry Hill Road						4031			
Decedent's Education	20. Decedert Of His		21. Deceder White	TS Hade					
9th-12th grade, No Diploma	Not Spanish/Hisp		23. Parent's Name (First, M	iddle, Last)		23a.	Parent's Las	st Name Before First Man	
2. Parent's Name (First, Middle, Last)			Anna Lewandowsk				llas		
Michael Lewandowski		1	24b. Mailing Address (Street		City, State, Zip C	ode)			
4. Informant's Name John A. Krajewski	Son Son		519 Cherry Hill Ro						
oni A. Majewski		25. Place (Name Of Cemetery, Crem							
5a. Method Of Disposition	25b. Place Of Disposition	(Name Of Cemetery, Crem	atory, Other Place) 25c	Location - City,	Town, And Star				
Burial Cremation Donation Entomb	Chanel Lawn Fun	eral Home And Me	morial Garden Si	chererville,	IN				
Other (Specify):	se And Complete Address Of Fund	ral Facility						uneral Home License Nur	
Fager	aint John 8580 Wicker	s. (A)	n Indiana 46373				FH1	0200006	
Yes ■ No IncS  To. Signature Of Indiana Funeral Service Licensed				27	c. License Num	ber (Of Licenses	): FD22	100050	
Alfison Book			ectronically Signed Instructions And Examp					Approximate Interval: Onse	
28. Part I. Enter The <u>Chain Of Events</u> - Disea Such As Cardiac Arrest, Respiratory Arrest, O A Line. Add Additional Lines If Necessary.	ises, Injuries, Or Complications	- That Directly Caused T	he Death Do Not Enter	Control Events Only One Caus	se On			To Death	
Such As Cardiac Arrest, Respiratory Arrest, O A Line. Add Additional Lines If Necessary.	r Ventricular Fibrillation Willion	reenicatory fails	ure due to Pulmona	arv edema				3 days	
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