

FILED

JAN 26 2024

GINA PIMENTEL RECORDER 2024-002691 STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED 11:13 AM 2024 Jan 26

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

Please send all tax bills to: Athanasius Spiridis 17 East 67th Avenue Merrillville, Indiana 46410

PARCEL NO. 45-12-10-306-003,000-030

J

STATE OF INDIANA)) SS: COUNTY OF LAKE)

TRANSFER ON DEATH AFFIDAVIT

Athanasius Spiridis, an adult, of 17 East 67th Avenue, Merrillville, Indiana 46410, and one of the Primary Beneficiaries of a Transfer on Death Deed recorded as Document Number 2015-020400 for the subject property, declares under his oath:

- 1. That Maria Spiridis ("Decedent") died on December 15, 2023, while domiciled in Lake County, Indiana. A certified copy of Decedent's death certificate is herein attached as Exhibit A.
2. That, at the time of her death, Decedent owned the following real estate, subject to a Transfer on Death Deed recorded on April 7, 2015 as Document Number 2015-020400, in accordance with Indiana Code 32-17-14-11, et seq. pursuant to which Constantine Spiridis and Athanasius Spiridis are named as the Primary Beneficiaries.

Commonly Known As: 17 East 67th Avenue, Merrillville, Indiana 46410

Legally Known As:

Lot Seven (7) in Block Six (6) in Santry's Manor, as per plat thereof, recorded in Plat Book 31, pages 89 and 90, in the Office of the Recorder of Lake County, Indiana.

- 3. That, therefore, your Primary Beneficiaries Constantine Spiridis and Athanasius Spiridis are entitled to delivery of the above-enumerated real property by operation of law in the following manner: an undivided 1/2 interest to Constantine Spiridis and an undivided 1/2 interest to Athanasius Spiridis.

WHEREFORE, the affiant herein herby requests that the above-enumerated real property be transferred to Primary Beneficiaries as enumerated by affiant by operation of law.

I HEREBY AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

Athanasius Spiridis ATHANASIOS SPIRIDIS AFFIANT/PRIMARY BENEFICIARY

STATE OF INDIANA)) COUNTY OF LAKE) SS:

Before me, a Notary Public, in and for said County and State, this 25th day of January, 2024 personally appeared Athanasius Spiridis and acknowledged the execution of the foregoing instrument to be his free and voluntary act.

Barbara A Bedford 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.



This instrument prepared by: Sophia J. Arshad, Esq. Arshad, Pangere and Warring LLP 7899 Taft Street, Merrillville, IN, 46410; (219) 736-6500

Handwritten initials and date: JH, 25-11-24, 1138



NOT AN OFFICIAL STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH Tracking No. 388741

Local No 004607

EDR No 000011652921

State No 2023-088122

1. Decedent's Legal Name (First, Middle, Last) Marina Spiridis			1a. Maiden Name (if female) Tssetsi		2. Gender Female		3. Time of Death 02:28 PM		4. Date of Death (Month/Day/Year) 12/15/2023		
5a. Social Security Number [REDACTED]		5b. Age - Yrs 90		5c. Under 1 Month Months: 0 Days: 0 Hours: 0 Minutes: 0		6. Under 1 Year Months: 0 Days: 0 Hours: 0 Minutes: 0		7. Date of Birth (Month/Day/Year) 10/25/1933		8. Birthplace (City and State or Foreign Country) Leptokarya, Greece	
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 checked="" 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 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) Methodist Hospital Inc-Slake Campus		12. City or Town, State, and Zip Code Merrillville, Indiana 46410		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 IN		15a. Last Name Before First Marriage Lake		16. Decedent's Usual Occupation Custodian/Food Service		17. Kind Of Business/Industry School		18. Residence - State IN	
18a. County Lake		18b. City or Town Merrillville		18c. Street and Number 17 E 67th Avenue		18d. Apt. No.		18e. Zip Code 46410		18f. Inside City Limits? <input 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) Christodoulou Tssetsis		23. Parent's Name (First, Middle, Last) Alkaterini Tssetsis		23a. Parent's Last Name Before First Marriage Bouloumaridou	
24. Informant's Name Athanasios Spiridis		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 17 E 67th Avenue, Merrillville, IN, 46410		25. Method Of Disposition <input checked="" 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):		25a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Ridgeland-Mt Mercy Cemetery Inc.		25c. Location - City, Town, And State Gary, IN	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Gelsens Funeral, Cremation & Reception Centre 606 East 113th Avenue, Crown Point, Indiana, 46307		27a. Funeral Home License Number FH10700031		27b. Signature Of Indiana Funeral Service Licensee: <i>Taylor Jones</i>		27c. License Number (CA#) FHE 00338 THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		27d. Approximate Interval - Onset To Death unknown	
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. aneurysm of the brain B. 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 C. LAKE COUNTY HEALTH OFFICER		29. Cause Of Death (See Instructions And Examples) aneurysm of the brain		30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30a. 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 43 Days Of 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		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"/> Pedestrian <input type="checkbox"/> Other	
41. Signature - Of Person Certifying Cause Of Death: <i>Millon Stanley Gasparis</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: Millton Stanley Gasparis 1352 South Lake Park Ave., Hobart, IN 46342		44. License Number 01037515A		45. Date Certified 01/02/2024		46. Additional Funeral Service Provider:	
47. If "Asks"		48. Signature of Local Health Officer: <i>Chandana Vasrula</i>		49. For Registrar Only - Date Filed (Month/Day/Year): 01/02/2024		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					