

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

Please Mail Tax Statements to: PARCEL NO. 45-07-35-276-008.000-006

KYLEE M. ULM  
9114 Woodward Avenue  
Highland, Indiana 46322

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )  
                                  ) TERRY L. ULM A/K/A TERRY LEE ULM

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

Comes now KYLEE M. ULM, who being duly sworn upon oath states as follows:

1. That I have personal knowledge of the assertions herein and my relationship to the decedent, TERRY L. ULM a/k/a TERRY LEE ULM, is a granddaughter.
2. That TERRY L. ULM a/k/a TERRY LEE ULM died on December 17, 2023, a resident of Lake County, Indiana, as evidenced by a redacted copy of his death certificate attached hereto and made a part hereof, marked as Exhibit "A".
3. That prior to his, TERRY L. ULM a/k/a TERRY LEE ULM executed a Transfer on Death Deed on November 17, 2023, which was duly recorded on November 21, 2023, as Document No. #2023-031693, in the Office of the Lake County Recorder, Lake County, Indiana, as to the following property:



**FILED**

JAN 31 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

25  
56057  
LK  
E

LOT NUMBERED 5 AS SHOWN ON THE RECORDED  
PLAT OF PINE OAK ADDITION RECORDED IN  
PLAT BOOK 54, PAGE 7 IN THE OFFICE OF THE  
RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 640 N. Oakwood Street  
Griffith, Indiana 46319

Parcel Number: 45-07-35-276.008.000-006

4. That said Transfer on Death Deed transferred title of the real estate described above to KRYSTAL M. ULM and KYLEE M. ULM, as tenants in common, said transfer to take effect upon the death of the Grantor, TERRY L. ULM a/k/a TERRY LEE ULM.
5. That the surviving Transfer on Death beneficiaries and their addresses are:  

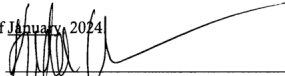
KRYSTAL M. ULM  
641 N. Arbogast Street  
Griffith, Indiana 46319

KYLEE M. ULM  
9114 Woodward Avenue  
Highland, Indiana 46322
6. 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 TERRY L. ULM a/k/a TERRY LEE ULM pursuant to IC 32-17-14-16(j).
7. That by reason of the death of TERRY L. ULM a/k/a TERRY LEE ULM, the real property commonly known as 640 N. Oakwood, Griffith, Indiana 46319, and herein

legally described, was by operation of law, transferred to beneficiaries, KRYSTAL M. ULM and KYLEE M. ULM, as tenants in common.

8. That Affiant makes this Affidavit for the sole purpose of informing proper authorities of the death of the Transfer on Death Deed Grantor, TERRY L. ULM a/k/a TERRY LEE ULM, and also for the purposes of perfecting the transfer of the real property to the transfer on death beneficiaries, KRYSTAL M. ULM and KYLEE M. ULM, as tenants in common, in accordance with the terms of said Transfer on Death Deed and the Indiana Transfer on Death Property Act.

Affiant further sayeth not, this 19<sup>th</sup> day of January, 2024

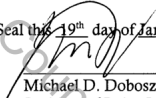
  
\_\_\_\_\_  
KYLEE M. ULM, Affiant

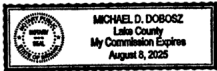
STATE OF INDIANA )  
) SS:  
COUNTY OF LAKE )

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

Witness my hand and Notarial Seal this 19<sup>th</sup> day of January, 2024.

My Commission Expires: 08/08/2025  
My Commission Number: 702127

  
\_\_\_\_\_  
Michael D. Dobosz, Notary Public  
Resident of Lake County



Property of Lake County Recorder

# NOT AN OFFICIAL DOCUMENT

TRANSFER ON DEATH AFFIDAVIT (Terry L. Ulm a/k/a Terry Lee Ulm, Deceased) Page 4

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. Dobosz, Attorney at Law

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

Property of Lake County Recorder



# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 388202

Local No 004545

EDR No 000011653890

State No 2023-067738

1. Decedent's Legal Name (First, Middle, Last) Terry L. Ulm

2. Gender Male 3. Time of Death 03:17 PM 4. Date of Death (Month/Day/Year) 12/17/2023

5. Social Security Number 80 6a. Age - Yrs 80 6b. Under 1 Year Months 6c. Under 1 Month Days 6d. Under 1 Day Hours 6e. Under 1 Hour Minutes 7. Date of Birth (Month/Day/Year) 10/21/1943 8. Birthplace (City and State or Foreign Country) East Chicago, Indiana

9. Ever in U.S. Armed Forces?  Yes  No  Unknown 10. If Death Occurred in a Hospital:  Inpatient  Emergency Department Outpatient  Dead on Arrival 10a. If Death Occurred Somewhere Other Than a Hospital:  Hospice Facility  Decedent's Home  Nursing Home/Long-term Care Facility  Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number) Community Hospital Munster

12. City or Town, State, And Zip Code Munster, Indiana 46321 13. County of Death Lake 14. Marital Status At Time of Death  Married  Married, But Separated  Divorced  Widowed  Never Married  Unknown

15. Surviving Spouse's Name Sharon Ulm 15a. Last Name Before First Marriage Gajewski 16. Decedent's Usual Occupation Bricklayer 17. Kind Of Business/Industry Bricklayers Local 4

18. Residence - State IN 18a. County Lake 18b. City or Town Griffith

18c. Street And Number 640 N Oakwood Street 18d. Apt. No 18e. Zip Code 46319 18f. Inside City Limits?  Yes  No

19. Decedent's Education 9th-12th grade, No Diploma 20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino 21. Decedent's Race White

22. Parent's Name (First, Middle, Last) Arthur Ulm 23. Parent's Name (First, Middle, Last) Violet Ulm 23a. Parent's Last Name Before First Marriage Pooler

24. Informant's Name Sharon Ulm 24a. Relationship To Decedent Wife 24b. Mailing Address (Street And Number, City, State, Zip Code) 640 N Oakwood Street, Griffith, IN, 46319

25. Method Of Disposition  Burial  Cremation  Donation  Entombment  Removal From State  Other (Specify) 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Hillside Funeral Home & Cremation Center (Crematory) 25c. Location - City, Town, And State Highland, IN

26. Was Coroner Contacted?  Yes  No 27. Name And Complete Address Of Funeral Facility Hillside Funeral Home & Cremation Center 894 Kleinman Road, Highland, Indiana, 46322 27a. Funeral Home License Number FH11700003

27b. Signature Of Indiana Funeral Service Licensee: Cornelius A. Kuiper Electronically Signed 27c. License Number (Of Licensee): FD01014511

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. Cause of Death (See Instructions And Examples)

Immediate Cause (Final Disease Or Condition Resulting In Death) A. Pulseless Electrical activity 10 min

B. Respiratory failure 2 days

C. 37. Injury At Work?  Yes  No

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I 29. Was An Autopsy Performed?  Yes  No 30. Were Autopsy Finding Available To Complete The Cause Of Death?  Yes  No

31. Did Tobacco Use Contribute To Death?  Yes  Probably  No  Unknown 32. If Female:  Not Pregnant Within Past Year  Pregnant At Time Of Death  Not Pregnant, But Pregnant Within 42 Days Of Death  Not Pregnant, But Pregnant Within 1-1 Year Before Death  Unknown If Pregnant Within 1-1 Year Before Death 33. Manner Of Death:  Natural  Homicide  Accident  Pending Investigation  Suicide  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?  Yes  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  Driver  Passenger  Pedestrian

41. Signature, Of Person Certifying Cause Of Death: Omar Saeed 42. Certifier (Check Only One)  Certifying Physician  Coroner  Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Omar Saeed 901 Macarthur Blvd, Munster, IN 46321 44. License Number 0184060A 45. Date Certified 12/28/2023

46. Additional Funeral Service Provider: 47. "Attest" 48. Signature of Local Health Officer: Chandana Vardala 49. For Registrar Only - Date Filed (Month/Day/Year): 01/02/2024

THIS IS A TRUE COPY OF THE RECORD Electronically Signed LAKE COUNTY HEALTH DEPARTMENT  
JAN 03 2024  
Electronically Signed  
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)  
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS  
01/02/2024