

FILED

Feb 07 2024 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

TRANSFER ON DEATH AFFIDAVIT

Affiants LAURIE ELLEN THOMAS, JODEE ANN TRUJILLO, and CINDY ELAINE BERTRAM, upon personal knowledge and belief, make the following statements:

1. Ruth N. Cathey died October 10, 2023, owning an interest in the following described real estate in Lake County, Indiana:

LOT 30, WEST-POINT ACRES, UNIT 1, AS SHOWN IN PLAT BOOK 44, PAGE 15, LAKE COUNTY, INDIANA, AND MORE COMMONLY KNOWN AS 10890 HANLEY, CROWN POINT, INDIANA 46307

Parcel No.: 45-15-01-451-007.000-041

Commonly known as: 10890 Hanley Street, Crown Point, Indiana 46307.

2. On May 31, 2018 Ruth N. Cathey and William D. Cathey signed a Transfer on Death Deed transferring, on her death, her interest in the real estate described above, which document was recorded on June 7, 2018, in the Office of the Recorder of Lake County, Indiana, as document number 2018 035421.

3. The designated beneficiaries in the Transfer on Death Deed and their addresses who survive the Owner, or are in existence at Owner's death are:

Jodee Ann Trujillo
330 Maid Marion Drive North
Scherverville, Indiana 46375

Laurie Ellen Thomas
10704 Lane Street
Crown Point, Indiana 46307

Cindy Elaine Bertram
840 High Ridge Drive
Scherverville, Indiana

4. The purpose of this Affidavit is to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death Ruth N. Cathey's interest in the real estate described above to the Transfer on Death Deed beneficiaries.

5. The estate of Ruth N. Cathey, deceased, was not subject to federal estate tax.

Greater Indiana Title Company

IN 017588

NOT AN OFFICIAL DOCUMENT

IN WITNESS WHEREOF, Affiants LAURIE ELLEN THOMAS, JODEE ANN TRUJILLO, and CINDY ELAINE BERTRAM execute this instrument this 5 day of February, 2024.


LAURIE ELLEN THOMAS

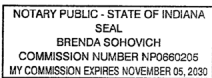

JODEE ANN TRUJILLO

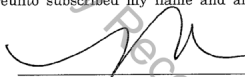

CINDY ELAINE BERTRAM

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared LAURIE ELLEN THOMAS, JODEE ANN TRUJILLO, and CINDY ELAINE BERTRAM voluntary act for the purposes stated therein.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal this 5 day of February 2024.

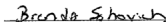




Notary Public
Resident of Lake County

Send Tax Bills To:
Henry A. Sterk, Jr. & Traci L. Sterk
10890 Hanley Street
Crown Point, Indiana 46307.

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.



Prepared By: Kenneth M. Wilk
*After recording, return this Deed to Rubino, Ruman, Crosmer & Polen
275 Joliet Street, Suite 330, Dyer, Indiana 46311

NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 375935

Local No 003025

EDR No 00001600830

State No 2023-044304

1. Decedent's Legal Name (First, Middle, Last) Ruth Norene Cathey			1a. Maiden Name (If Female) Hudak		2. Gender Female	3. Time of Death 02:45 PM	4. Date of Death (Month/Day/Year) 08/28/2023				
5. Social Security Number 93		6a. Age - Yrs 93	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) 10/03/1929				
8. 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 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 checked="" 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) 10890 Hanley Street											
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				
15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Owner		17. Kind Of Business/Industry Travel Agency					
18. Residence - State IN			18a. County Lake		18b. City Or Town Crown Point		18c. Apt. No.				
18d. Street And Number 10890 Hanley Street			18e. Zip Code 46307		18f. Inmate City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
19. Decedent's Education High School graduate or GED completed			20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race White						
22. Parent's Name (First, Middle, Last) Andrew F. Hudak			23. Parent's Name (First, Middle, Last) Odette Hudak			24. Parent's Last Name Before First Marriage Chasteler					
24. Informant's Name Laurie Thomas			24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 10704 Lane Street, Crown Point, IN, 46307						
25a. 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):			25b. Place Of Disposition (Name Of Burial, Crematory, Other Place) Chapel Lawn Funeral Home And Memorial Garden		25c. Location - City, Town, And State Schererville, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Fagen-Miller Funeral Gardens, Inc.-Saint John 8580 Wicker Avenue, Saint John, Indiana, 46373			27a. Funeral Home License Number FH10200006					
27b. Signature Of Indiana Funeral Service Licensee: Melissa Gook			Electronically Signed Cause of Death (See Instructions And Examples)			27c. License Number (Of Licensee) FD22100050					
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. DYSPHAGIA, ALZHEIMER'S DISEASE AND VASCULAR DEMENTIA WITHO BEHAVIORAL DISTURBANCES Approximate Interval: Oral To Death B. BEHAVIORAL DISTURBANCES YEARS C. YEARS D. YEARS											
28a. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last HISTORY OF TRANSIENT ISCHEMIC ATTACK											
Part II. Enter One Or More Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given in Part I											
29. Was An Adoption Record Made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
30. Were Autopsy Finding 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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			32. 1 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 90 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 91 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)				
34. Date of Injury (Month/Day/Year)			35. Time Of Injury		35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Vaccinated 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.				
38. Location Of Injury - State			38a. City Or Town		38b. Street & Number		38c. Zip Code				
39. Describe How Injury Occurred			40. If Transportation Injury, Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> NOT VALID UNLESS								
41. Signature, Of Person Certifying Cause Of Death: Lyle R Munn			THIS IS A TRUE COPY OF THE RECORDS HELD WITHIN THE LAKE COUNTY HEALTH DEPARTMENT AUG 30 2023			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: Lyle R Munn 600 Superior Avenue, Muncie, IN 46321						44. License Number 01091582A			45. Date Certified 08/30/2023		
46. Additional Funeral Service Provider: Clendana Varvada						47. IAPHS 1			48. Registrar Only - Date Filed (Month/Day/Year) 08/30/2023		
46. Signature Is Local Health Officer: Clendana Varvada						Electronically Signed AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) LAKE COUNTY HEALTH OFFICER					