

NOT AN OFFICIAL DOCUMENT

TRANSFER ON DEATH AFFIDAVIT

Robert C. McLean, Upon personal knowledge and belief, make these statements.

- 3
1. Kathleen Pastor, (Owner) died 1-29-24 (a certified copy of the Owner's death certificate is attached as Exhibit A) owning an interest in the following described real estate: 45-09-30-131-007, 000-018

(Description)

~~Lot 10 in Block "K," Meadowland Estates, Unit Number 2, as shown in Plat Book 30, Page 95, in the Office of the Recorder of Lake County, Indiana.~~

~~CRESSMOR 1ST Sub. L. 22 BL. 2 W. 12 FT. L. 21 BL. 2 E. 4 FT. L. 23 BL. 2~~

2. On 8-20-19, Owner signed a Transfer on Death Deed transferring on Owner's Death, Owner's interest in the real estate described above which document was recorded 9-9-19 in the Office of the Recorder of Lake County, Indiana as Document No. 2019 060984.

3. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who did not survive the Owner or were not in existence when Owner's died are:

(Name of predeceased beneficiary and address)

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

(Name of Beneficiary (ies) and addresses)

Robert C. McLean, 825 West 38th Place, Hobart, IN 46342

5. The purpose of this Affidavit is to comply with the requirements of I.C. 32-17-14)56(B)(20) to transfer on death Owner'(s') interest in the real estate described above to the Transfer on Death Deed. Beneficiary(ies)

FILED

FEB 13 2024

GINA PIMENTEL
RECORDER

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-006224

10:32 AM 2024 Feb 13

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NOT AN OFFICIAL DOCUMENT

Dated this 2 day of 12, 2024

Robert C McLean
Affiant

Affiant

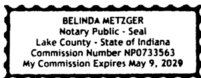
STATE OF INDIANA
COUNTY OF LAKE

Before me, a notary public in and for said county and state residing in Lake County, Indiana, personally appeared Robert McLean, and acknowledged the execution of the foregoing document and who(m), having been duly sworn, stated that the representations therein contained are true.

Witness my hand and notarial seal this 12 day of February, 2024

Resident of Lake County

My Commission Expires:
5/9/2029



Belinda Metzger
Notary Public

Belinda Metzger
Printed Name of 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.

RM

THIS INSTRUMENT WAS PREPARED BY:

ERVIN C. CARSTENSEN
503 MAIN ST., HOBART, IN 46342
ATTORNEY I.D. #3141-45



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. **592676**

Local No 000461

EDR No 000011675091

State No 2024-006237

1. Decedent's Legal Name (First, Middle, Last) Kathleen Pastor			1a. Maiden Name (If female) Pazera			2. Gender Female		3. Time of Death 05:54 PM		4. Date of Death (Month/Day/Year) 01/29/2024		
5. Social Security Number [REDACTED]		6a. Age - Yrs 76		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) 08/12/1947			8. Birthplace (City and State or Foreign Country) Gary, Indiana									
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input 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												
11. Facility Name (If Not Institution, Give Street and Number) St. Mary Medical Center Hobart												
12. City Or Town, State, and Zip Code Hobart, Indiana 46342						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			
15. Surviving Spouse's Name Robert McLean						15a. Last Name Before First Marriage			16. Decedent's Usual Occupation Meat wrapper		17. Kind Of Business/Industry Retail	
18. Residence - State IN			18a. County Lake			18b. City Or Town Hobart						
18c. Street And Number 825 W 38th Place			18d. Apt. No.		18e. Zip Code 46342		18f. Inside City Limits? <input checked="" 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) Charles M. Pazera						23. Parent's Name (First, Middle, Last) Ann Pazera			23a. Parent's Last Name Before First Marriage Wasil			
24. Informant's Name Robert McLean			24a. Relationship To Decedent Son			24b. Mailing Address (Street And Number, City, State, Zip Code) 3710 Roche Street, Hobart, IN, 46342						
25. Place Of Disposition Ridgeland-Mt Mercy Cemetery Inc.												
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 Cemetery, Crematory, Other Place)			25c. Location - City, Town, And State Gary, IN						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Rees Funeral Home Hobart Chapel 600 W Old Ridge Road, Hobart, Indiana, 46342						27a. Funeral Home License Number: FH83003069			
27b. Signature Of Indiana Funeral Service Licensee: <i>Josfina R Krause</i>						Electronically Signed Cause Of Death (See Instructions And Examples)			27c. License Number (Of Licensee): FD29700036			
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. Acute respiratory failure with hypoxia			hours			
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						B. Chronic diastolic heart failure			Years			
C. _____						D. _____						
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Cause Given in Part I												
Pulmonary hypertension, end stage renal disease						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Approximate Interval, Onset To Death			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown (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 And Number		38c. Apt No	
38d. Zip Code						38e. Age No			38f. Zip Code			
39. Describe How Injury Occurred												
41. Signature, Of Person Certifying Cause Of Death: <i>Manjeet Geeta</i>						Electronically Signed			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: Manjeet Geeta 6375 United Highway 6, Portage, IN 46368						44. License Number 01D62217			45. Date Certified 02/07/2024			
46. Additional Funeral Service Provider:												
48. Signature of Local Health Officer: <i>Chandana Vavilala</i>						Electronically Signed			49. For Registrar Only - Date Filed (Month/Day/Year): 02/07/2024			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

THIS IS A TRUE COPY
OF THE RECORD ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT

FEB 08 2024

LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED