## NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

1:34 PM 2024 Feb 13

TRANSFER ON DEATH DEED
This TRANSFER ON DEATH DEED, executed on this quantity day of February . 2024. by:
(Collectively and separately "owner") Theresa A. Magliocca to the beneficiary
(Collectively and separately primary beneficiary") WITNESSETH, that the said owner does hereby TRANSFER ON DEATH for NO CONSIDERATION, any interest remaining at the owner's death in the following parcel of land, and improvements and appurtenances thereto, in the county of LAKE  in the state of Indiana – legally described as:
Riverside Add. L. D. BL4
Commonly known as: 849 Logan St. Hammond, IN 46320 Parcel identification: 45-03-31-302-042000-023 Source of title: LAKE COUNTY, INDIANA DOC#
If the primary beneficiary does not survive the owner, or is not in existence when the owner dies, then the interest transferred on the owner's death to that predeceased primary beneficiary shall lapse and no transfer shall occur.  be distributed to the predeceased primary beneficiary's LDPS. be distributed to
(Collectively and separately "contingent beneficiary")
Grantee; Kevin Michael Jacecz Ko
Prepared By! Theresa Magliocca

FEB 13 2024

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IN WITNESS WHEREOF, the said owner has signed and sealed these presents the day and year first above written. Signed, senled and delivered in presence of:
Signature. New G. Maylocca Print uning Thereta, A. Magliocca Capacity: GRANOR.
0.
STATE OF INDIANA} COUNTY OF LAKE
On this 4 day of Edinary in the year of 2024, before me, a notary public in and for said state and county, and a resident of
known or identified to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she/they executed the same.
Given under my hand this get day of Fulney 2014.
Notary public: W. T. Print name: Many Corporate
My commissio. 9 17 050 MARY T. CARPENTER
After recording, return document  After recording, return document  SEAL  STATE OF INDAMA
MY COMMISSION EXPIRES SEPTEMBER 17, 2000 COMMISSION NUMBER NPO657315
affirm, under the penalties for perjury, that'l have taken reasonable care to redact each Social Security number
a this document, times required by law.
Signature: I have a a Martice