

FILED

Jun 20 2024 SLG
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

Mail Tax Bills To:
Therese Hilliard
16806 82nd Avenue 1N
Tinley Park, IL 60477

TRANSFER ON DEATH AFFIDAVIT

THIS INDENTURE WITNESSETH that Therese Hilliard a/k/a Therese Hiliard, as a Beneficiary of the Estate of Elaine N. Reihel-Schneider a/k/a Elaine Reihel, upon personal knowledge and belief, makes these statements:

1) That her mother, Elaine N. Reihel-Schneider a/k/a Elaine Reihel, died on March 27, 2024. A certified copy of her death certificate is attached to this affidavit and by reference incorporated, owning the following described real estate in Lake County, Indiana:

Part of Lot 56 in Briar Cove Subdivision, Phase 2, in the Town of Schererville, as per plat thereof, recorded in Plat Book 92 page 80, in the Office of the Recorder of Lake County, Indiana, described as follows: Commencing at the Southwest corner of said Lot 56; thence North 01 degrees 11 minutes 27 seconds West, along the West line of said Lot, 89.30 feet to the point of beginning; thence continuing North 01 degrees 00 minutes 27 seconds West, along said West lot line, 78.59 feet to the Northwest corner of said Lot 56; thence North 77 degrees 03 minutes 40 seconds East, along the Northerly line of said Lot 56, a distance of 153.46 feet to the Northeast corner of said Lot 56; thence Southerly, along the curved Easterly line of said Lot 56, a distance of 46.19 feet; thence South 66 degrees 56 minutes 06 seconds West, 176.22 feet to the point of beginning.


Commonly known as: 872 Manistee Way, Schererville, Indiana 46375
Parcel #: 45-11-08-102-009.000-036

2) That on the 20th day of October, 2022, Elaine N. Reihel-Schneider a/k/a Elaine Reihel, of 872 Manistee Way, Schererville, Indiana 46375, Lake County, Indiana, signed a Transfer on Death Deed transferring upon the death of Elaine N. Reihel-Schneider a/k/a Elaine Reihel ownership of the real estate described above to her daughter, Therese Hilliard a/k/a Therese Hiliard. Elaine N. Reihel-Schneider a/k/a Elaine Reihel's Transfer on Death Deed was recorded on the 3rd day of November, 2022, in the Office of the Recorder of Lake County, State of Indiana, as Document No. 2022-037482.

COMMUNITY TITLE COMPANY
FILE NO. 2427943

NOT AN OFFICIAL DOCUMENT

IN WITNESS WHEREOF, the said Therese Hilliard a/k/a Therese Hiliard, as Beneficiary of the Estate of Elaine N. Reihel-Schneider a/k/a Elaine Reihel, has hereunto set her hand and seal this 3rd day of June, 2024.

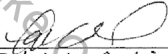

Therese Hilliard, as the Beneficiary
of the ESTATE OF Elaine N. Reihel-Schneider
a/k/a Elaine Reihel

STATE OF Illinois)
COUNTY OF Cook) ss:

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Therese Hilliard and acknowledged the execution of this Affidavit to be her voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL THIS 3rd day of June, 2024.


PATRICIA CARBAJAL
OFFICIAL SEAL
Notary Public - State of Illinois
Commission Expires Dec 19, 2024


Patricia Carbalaj, Notary Public
My Comm. Expires: 12/19/2024
County of Residence: Cook
Commission No.: 405471

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. Scott R. Bozik

Instrument Prepared by: Scott R. Bozik, Blachly, Tabor, Bozik & Hartman LLC
56 S. Washington Street, Ste. 401, Valparaiso, IN 46383; PH: 219/464-1041


PATRICIA CARBAJAL
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Dec 19, 2024



NOT AN OFFICIAL STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH TRACKING NO. 388732

Local No 001166

EDR No 000011700616

State No 2024-016400

1. Decedent's Legal Name (First, Middle, Last) Elaine N Reihel-Schneider				1a. Maiden Name (If female) Wilson		2. Gender Female	3. Time Of Death 07:28 AM	4. Date Of Death (Month/Day/Year) 03/27/2024				
5. Social Security Number 82		6a. Age - Yrs 82	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) 04/03/1941		8. Birthplace (City and State or Foreign Country) Chicago, Illinois			
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 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) William J. Riley Memorial Residence, Hospice										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		
12. City Or Town, State, And Zip Code Munster, Indiana 46321					13. County Of Death Lake			17. Kind Of Business/Industry Rail Road				
15a. Last Name Before First Marriage					16. Decedent's Usual Occupation Ticket Agent			17. Kind Of Business/Industry Rail Road				
18. Residence - State IN		18a. County Lake			18b. City Or Town Schererville			18c. Street And Number 872 Manistee		18d. Apt. No.		
18e. Zip Code 46375		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) Issac B Wilson					23. Parent's Name (First, Middle, Last) Nellie Wilson			23a. Parent's Last Name Before First Marriage VanSoest				
24. Informant's Name Therese Hilliard			24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 18806 82nd Avenue 1N, Tinley Park, IL, 60477							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) Heights Crematory			25c. Location - City, Town, And State Chicago Heights, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Castle Hill Funeral Home 1219 Sheffield Ave, Dyer, Indiana, 46311					27a. Funeral Home License Number: FH10900001					
27b. Signature Of Indiana Funeral Service Licensee: Nicole Charbona						27c. License Number (Of Licensee): FD21800054			27d. License Number (Of Licensee): FD21800054			
Electronically Signed												
Cause Of Death (See Instructions And Examples)												
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. PROTEIN-CALORIE MALNUTRITION AND BASIC METABOLIC INDEX=16.7 MONTHS												
B. _____												
C. _____												
D. _____												
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Cause Given in Part I												
ANEMIA												
29. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		30. 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 If Pregnant Within The Past Year		31. Manner Of Death: <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accidents <input type="checkbox"/> Unknown <input type="checkbox"/> Pending Investigation			32. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
33. Date Of Injury (Month/Day/Year)		34. Time Of Injury		35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			36. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
37. Location Of Injury - State		38a. City Or Town		38b. City Or Town			38c. Apt. No.		38d. Zip Code			
39. Describe How Injury Occurred												
41. Signature, Of Person Certifying Cause Of Death: Lyle R Munn				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			44. License Number 01D31582A		45. Date Certified 03/29/2024		47. Akas	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lyle R Munn 600 Superior Avenue, Munster, IN 46321				46. Additional Funeral Service Provider: LAKE COUNTY HEALTH OFFICER								
48. Signature of Local Health Officer: Chandana Vavilala				48. For Registrar Only - Date Filed (Month/Day/Year): 04/01/2024			49. For Registrar Only - Date Filed (Month/Day/Year): 04/01/2024					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												
Family Members-Mother's Maiden Last Name- amended on APR-02-2024; formerly Vansoest;; Decedent-Last Name- amended on APR-02-2024; formerly Reihel-Schneider;												

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RAISED SEAL AFFIXED