

2024-52-093  
16/21/2024 01:25 AM  
TOTAL FEES: 25.00  
BY: SP  
PG #: 3  
RECORDED AS PRESENTED

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

## FILED

Jun 20 2024 LM  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

Send Tax Bills to:  
10480 Pike St.  
Crown Point, IN 46307

Parcel No. 45-17-05-278-036.000-047

### TRANSFER ON DEATH AFFIDAVIT

Affiant, BRAD VOSS, upon personal knowledge and belief, makes these statements.

1. RANDAL J. VOSS died on November 26, 2023, owning at death an interest in the following described real estate:

LOT 83, EXCEPT THE NORTH 37 FEET, IN DOUBLETREE LAKES ESTATES – WEST PHASE TWO, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 93 PAGE 46, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 10480 Pike Street, Crown Point, IN 46307

A copy of the death certificate is attached hereto.

2. On June 10, 2022, 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 on June 13, 2022, in the Office of the Recorder of Lake County, Indiana as Document No. 2022-524401.

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

None

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:

Christopher Voss  
604 S. Cooper Road  
New Lenox, IL 60451

Brad Voss  
10480 Pike Street  
Crown Point, IN 46307



# NOT AN OFFICIAL DOCUMENT

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 384532



Local No 004124

EDR No 000011643683

State No 2023-061055

1. Decedent's Legal Name (First, Middle, Last) Randall J. Voss		1a. Maiden Name (if female)		2. Sex Male	3. Time of Death 10:57 AM	4. Date of Death (Month/Day/Year) 11/26/2023	
5. Social Security Number 76	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) 07/23/1947	
8. Birthplace (City and State or Foreign Country) Elwood, 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 checked="" 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) Franciscan Health Crown Point				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	
12. City Or Town, State, And Zip Code Crown Point, Indiana 46307		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation Driver		17. Kind Of Business/Industry Teamsters 734	
18. Residence - State IN		18a. County Lake		18b. City Or Town Crown Point		18c. Apt. No.	
18d. Zip Code 46307		18e. Inside City Limits? <input 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) Walter Voss		23. Parent's Name (First, Middle, Last) Alice Voss		23a. Parent's Last Name Before First Marriage Goodman	
24. Informant's Name Brad Voss		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 10480 Pike Street, Crown Point, IN, 46307		25. Place Of Disposition 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, Urn Place) Elmwood Chapel Crematory		25c. Location - City, Town, And State Cedar Lake, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Elmwood Chapel Ltd 11300 W 97th Lane, Saint John, Indiana, 46373	
27a. Funeral Home License Number: FH19900052		27b. Signature Of Indiana Funeral Service Licensee: James T Beckwith		27c. License Number (Of Licensee): FD0920077		27d. Signature Of Decedent (If Licensed): Electronically Signed	
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 Renal Failure B. Sepsis C. Pneumonia D. Pulmonary Fibrosis		28a. Approximate Interval: Onset To Death 2 days 2 days 2 days unknown		29. Part II. Enter Other Significant Conditions Contributing To Death (But Not Resulting In The Underlying Cause Given In Part I) PEA Arrest due to Hypoxic Respiratory Failure		29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30. Were Autopsy Findings 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 type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 (If Pregnant Within The Past Year)		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Self-Inflicted <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, Workplace (Incl))		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.	
38d. Zip Code		38e. State		38f. City Or Town		38g. Zip Code	
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian		41. Signature Of Person Certifying Cause Of Death: Ahmer Festok		42. Consider (Check Only One) <input 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: Ahmer Festok 1201 S Main Road, Crown Point, IN 46307		44. License Number 02006867A		45. Date Certified 11/27/2023		46. Signature of Local Health Officer: Chandana Veritola	
47. Signature of Local Health Officer: Chandana Veritola		47a. Date Filed (Month/Day/Year): 11/28/2023		48. Signature of Registrar: Electronically Signed		49. Date Filed (Month/Day/Year): 11/28/2023	