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GINA PIMENTEL
RECORDER

2024-020311

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

10:31 AM 2024 Aug 1

TRANSFER ON DEATH AFFIDAVIT

Affiant, Tracey A. McPartlan, upon personal knowledge and belief, makes these statements:

1. Patricia S. Reidelbach died on July 1, 2024, (a certified copy of her death certificate is attached to this affidavit and by reference incorporated), owning an interest in the following described real estate in Lake County, Indiana:

The Northwesterly 50.60 feet of Lot 88 (as measured at 90 degrees and parallel to the Northwesterly line of said Lot 88) in Rockwell Subdivision-Phase 3, an Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 97, page 84, and re-recorded in Plat Book 97, page 90, in the Office of the Recorder of Lake County, Indiana.

Parcel Number: 45-11-07-352-018.000-034

Common Address: 941 Portrait Place, Dyer, IN 46311

2. On October 27, 2020, Patricia S. Reidelbach signed a Transfer on Death Deed transferring, on her death, her interest in the real estate described above which document was recorded on October 27, 2020, in the Office of the Recorder of Lake County, Indiana, as document number 2020-078384.

3. The designated beneficiary in the Transfer on Death Deed and her address who survive the Owner or is in existence at Owner's death is:

Tracey A. McPartlan
234 Hollywood Avenue
Munster, Indiana 46321

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

6. The estate of Patricia S. Reidelbach, deceased, was not subject to federal estate tax.

In Witness Whereof, Affiant, Tracey A. McPartlan has executed this instrument this 30th day of July, 2024.

FILED

Tracey A. McPartlan
Tracey A. McPartlan

AUG 01 2024

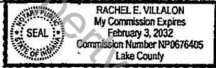
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
)
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 30th day of July, 2024, personally appeared Tracey A. McPartlan, and acknowledged her execution of the foregoing Transfer on Death Affidavit as her voluntary act and deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



Rachel E. Villalon
Rachel E. Villalon Notary Public
Resident of Lake County, Indiana

Mail and Send Tax Bills To:

Tracey A. McPartlan
234 Hollywood
Munster, IN 46321

I affirm, under the penalties for perjury, that that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

TR

Terrence M. Rubino

This instrument was prepared by RUBINO, RUMAN, CROSMER & POLEN
By: Terrence M. Rubino, #6220-45
275 Joliet Street, Suite 330, Dyer, IN 46311
(219) 322-8222

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 407854



Local No 002337

EDR No 000011742662

State No 2024-034115

1. Decedent's Legal Name (First, Middle, Last) Patricia S. Reidelbach				1a. Maiden Name (If Different) Thomas		2. Gender Female		3. Time of Death 02:10 AM		4. Date of Death (Month/Day/Year) 07/01/2024																					
5. Social Security Number [REDACTED]		6a. Age - Yrs. 80		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) 01/09/1944		8. Birthplace (City and State or Foreign Country) Hammond, Indiana																	
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				11a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility				11b. Other (Specify)																			
11. Facility Name (If Not Institution, Give Street and Number) Ignite Medical Resort - Dyer												13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" 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 Dyer, Indiana 46311						15a. Last Name Before First Marriage Homemaker						17. Kind Of Business/Industry Own home																			
18. Residence - State IN				18a. County Lake				18b. City Or Town Dyer				18c. Street And Number 941 Portrait Place				18d. Apt. No.		18e. Zip Code 46311		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) William Thomas				23a. Parent's Last Name Before First Marriage Reed															
24. Informant's Name Tracey McPartian				24a. Relationship To Decedent Daughter				24b. Mailing Address (Street And Number, City, State, Zip Code) 234 Hollywood Avenue, Munster, IN, 46321				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) Heritage Crematory				25c. Location - City, Town, And State Portage, IN											
28. 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: Donald F. Sciaritano				27c. License Number (Of Licensee): FD20900052															
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Or 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. Malignant neoplasm of lung B. Secondary malignant neoplasm of bone C. D. 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												Approximate Interval: Onset To Death 6/24/2024 6/24/2024 JUL 05 2024																			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I												29. 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 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 checked="" type="checkbox"/> Not Pregnant, But Pregnant 42 Days To 1 Year Before Death <input type="checkbox"/> Not Pregnant, But Pregnant Within The Year Prior				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				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
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)				38. Location Of Injury - State				38a. City Or Town				38b. Street & Number				38c. Apt. No.				38d. Zip Code			
39. Describe How Injury Occurred												40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NOT VALID UNLESS																			
41. Signature, Of Person Certifying Cause Of Death: Jose Luis Agusti						Electronically Signed						42. Certifier: <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: Jose Luis Agusti 4900 E. 107th Circle, Winfield, IN 46307												44. License Number 01061624A				45. Date Certified 07/03/2024															
46. Additional Funeral Service Provider: Schroeder-Lauer Funeral Home 3227 Ridge Road, Lansing, IL 60438												47. Aka:																			
48. Signature of Local Health Officer: Chandana Vasitla												Electronically Signed						49. For Registrar Only - Date Filed (Month/Day/Year): 07/05/2024													

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)