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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-021525
8:48 AM 2024 Aug 16

AFFIDAVIT OF BENEFICIARY
ON TRANSFER ON DEATH DEED

Affiant, THOMAS P. MCCOBB, being first duly sworn upon his oath, deposes and says:

1. That Martha McCobb, also sometimes known as Marta McCobb, died a resident of Lake County, Indiana on March 5, 2024 as evidenced by her death certificate, a copy of which is attached hereto.

2. That Martha McCobb, also sometimes known as Marta McCobb, executed a Transfer on Death Deed on August 14, 2018 that was recorded on August 29, 2018 with the Lake County, Indiana Recorder's Office as Document No. 2018 059462 for the property legally described as follows:

LOT NO. NINE (9), IN BLOCK NO. EIGHT (8), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF BUNGALOW HEIGHTS, IN THE CITY OF GARY, LAKE COUNTY, INDIANA AS THE SAME APPEARS OF RECORD IN PLAT BOOK 15, PAGE 2, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA

Commonly known as 4465 Delaware St., Gary, IN 46409
Parcel ID No. 45-08-27-380-008.000-004

3. That Thomas P. McCobb is the only designated primary beneficiary in the Transfer on Death Deed; that he survived Martha McCobb, also sometimes known as Marta McCobb; that he will live at 4465 Delaware St., Gary, IN 46409; and that all tax bills should be sent to Thomas P. McCobb, 4465 Delaware St., Gary, IN 46409.

4. That there are no designated primary beneficiaries that did not survive Martha McCobb, also sometimes known as Marta McCobb.

5. That Affiant makes this Affidavit to induce the proper governmental authorities of Lake County, Indiana, to remove Martha McCobb, also sometimes known as Marta McCobb, from the chain of title to the Real Estate and place Thomas P. McCobb as the fee simple owner of the property pursuant to Indiana Code §32-17-14-26(b)(20).

Further Affiant Sayeth Not.

FILED

AUG 15 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Thomas P. McCobb
THOMAS P. MCCOBB

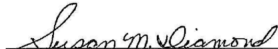
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NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, on the 5th day of August, 2024, personally appeared **Thomas P. McCobb**, and acknowledged the execution of this Affidavit of Beneficiary on Transfer on Death Deed.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.


Susan M. Diamond, Notary Public

My Commission Expires: April 28, 2027

County of Residence: Lake



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.

/s/Richard E. Anderson

This instrument prepared by:

Richard E. Anderson, #2408-45
Anderson & Anderson, P.C.
9211 Broadway
Merrillville, IN 46410
(219) 769-1892



Local No 000890

EDR No 000011690573

State No 2024-012487

1. Decedent's Legal Name (First, Middle, Last) Marta McCobb				1a. Maiden Name (if female) Liedl		2. Gender Female		3. Time Of Death 10:21 PM		4. Date Of Death (Month/Day/Year) 03/05/2024		
5. Social Security Number 92		6a. Age - Yrs 92		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) 01/14/1932				8. Birthplace (City and State or Foreign Country) Czechoslovakia								
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"/> Dated 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) Methodist Hospital Inc-Slake Campus												
12. City Or Town, State, And Zip Code Merrillville, Indiana 46410						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				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Book Keeper		17. Kind Of Business/Industry Accounting		
18. Residence - State IN			18a. County Lake			18b. City Or Town Gary			18d. Apt. No.		18e. Zip Code 46409	
18c. Street And Number 4485 Delaware Street			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education Associate's degree (e.g. AA, AS)				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) John Liedl				23. Parent's Name (First, Middle, Last) Anna Maria Liedl				23a. Parent's Last Name Before First Marriage Fiebigler				
24. Informant's Name Thomas P. McCobb				24a. Relationship To Decedent Son				24b. Mailing Address (Street And Number, City, State, Zip Code) 9258 Cleveland Street 4-207, Merrillville, IN, 46410				
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) Calumet Park Cemetery			25c. Location - City, Town, And State Merrillville, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Geisen-Pruzin Funeral & Cremation Services 6360 Broadway, Merrillville, Indiana, 46410				27a. Funeral Home License Number FB42100006				
27b. Signature Of Indiana Funeral Service Licensee: Jonathan R. Christiansen						Electronically Signed			27c. License Number (Of Licensee): FD20200095			
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.										Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death)										Hours		
A. Encephalopathy												
B. _____												
C. _____												
D. _____												
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 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"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death												
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. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
38. Location Of Injury - State				38a. City Or Town				38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred												
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other												
41. Signature, Of Person Certifying Cause Of Death: Ujor Ude Eko						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: Ujor Ude Eko 800 Grant Street, Gary, IN 46402						44. License Number 01065548A		45. Date Certified 03/11/2024				
46. Additional Funeral Service Provider:												
47. *Fax												
48. Signature of Local Health Officer: Chandana Varshala						Electronically Signed			49. For Registrar Only - Date Filed (Month/Day/Year) 03/11/2024			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

EXHIBIT

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