

NOT AN OFFICIAL DOCUMENT

NOTICE OF DEATH AFFIDAVIT AND ACCEPTANCE OF TRANSFER ON DEATH DEED

ORIGINAL INSTRUMENT
RECORDER 2024-030024
STATE OF INDIANA
LAKE COUNTY 9:24 AM 2024 Oct 16
RECORDED AS PRESENTED

MAIL TO:

Mary Ellen Burgess
2167 Greenvalley Drive
Crown Point, IN 46307

NAME AND ADDRESS OF TAXPAYER:

Alice G. Burgess Trust dated 8/6/14
2167 Greenvalley Drive
Crown Point, IN 46307

Above reserved for official use only

The undersigned beneficiary or beneficiaries, being duly sworn on oath state as follows:

That Alice G. Burgess died on January 9, 2022, a resident of Lake County, IN, owning residential real estate legally described below:

Lot 194, Lakes of the Four Seasons, Unit No.4, as shown on Plat Book 38, page 3, in the Recorder's Office of Lake County, Indiana.

That the street address of the residential real estate is 4296 Sunrise Drive, Crown Point, IN 46307

Parcel No. 45-17-09-330-004.000-044

That the Transfer on Death Deed is dated September 2, 2014, and recorded as Document No. 2014 069862 in the Office of the Recorder of Lake County, Indiana on November 5, 2014.

That the undersigned whose names and addresses appear below are all beneficiaries entitled to receive under the Transfer on Death Instrument:

Beneficiary Name, Relationship to Owner	Beneficiary Address	Share (%)
Alice G. Burgess and her successors in trust as Trustee of the Alice G. Burgess Trust UA Dtd 8/6/14.	2167 Greenvalley Drive Crown Point, IN 46307	100%

FILED

OCT 16 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

\$25
CK 10/16
MA

NOT AN OFFICIAL DOCUMENT

In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the transfer on death instrument this 9th day of October, 2024.

Mary Ellen Burgess

Mary Ellen Burgess
Successor Co-Trustee
Alice G. Burgess Trust
Dated 8/6/2014

Nancy L Shaver

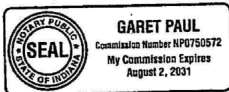
Nancy Shaver
Successor Co-Trustee
Alice G. Burgess Trust
Dated 8/6/2014

STATE OF INDIANA
COUNTY OF LAKE

I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT Mary Ellen Burgess and Nancy Shaver, as Successor Co-Trustees personally known to me to be the same person or persons whose name or names are subscribed to the foregoing instrument, appeared before me this day in person and swore on oath to the above foregoing affidavit. Signed and sworn to before me this 10th day of

October, 2024.

[Signature]



My commission expires on August 2, 2031
Notary Public Garet Paul

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

Mary Ellen Burgess

Mary Ellen Burgess
Successor Co-Trustee
Alice G. Burgess Trust
Dated 8/6/2014

This Instrument prepared by Laurence Velchek, Attorney at Law
9130 S. Houston Ave., Chicago, IL 60617 IN Atty No.11845-45



NOT AN OFFICIAL DOCUMENT

INDIANA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000148

EDR No 00001225400

State No 2022-00378

4. Date Of Death (Month/Day/Year)

1. Decedent's Legal Name (First, Middle, Last) Alice G. Burgess
2. Gender Female
3. Maiden Name (If Female) Gugeler
Time Of Death 08:23 AM
Date Of Death 01/09/2022

5. Social Security Number 93
6a. Age - Yrs 93
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 4 Hours
7. Date of Birth (Month/Day/Year) 08/01/1928
8. Residence (City and State or Foreign Country) Burlington, Iowa

9. Ever in U.S. Armed Forces? No
10. If Death Occurred In A Hospital: Inpatient
11. Facility Name (If Not Institution, Give Street and Number) Crown Point Christian Village
12. City or Town, State, and Zip Code Crown Point, Indiana 46307
13. County Of Death Lake
14. Marital Status At Time Of Death Married

15. Surviving Spouse's Name
15a. Last Name Before First Marriage
16. Decedent's Usual Occupation Registered nurse
17. Kind Of Business/Industry hospital

18. Residence - State IN
18a. County Lake
18b. City or Town Crown Point
18c. Apt. No.
18d. Zip Code 46307
18e. Inside City Limits? No

19. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)
20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino
21. Decedent's Race White

22. Parent's Name (First, Middle, Last) Edward Gugeler
23. Parent's Name (First, Middle, Last) Edna Gugeler
23a. Parent's Last Name Before First Marriage Smitty

24. Informant's Name Nancy Shaver
24a. Relationship To Decedent Daughter
24b. Mailing Address (Street And Number, City, State, Zip Code) 4296 Sundse Drive, Crown Point, IN, 46307

25a. Method Of Disposition Burial
25b. Place Of Disposition (Name of Cemetery, Crematory, or Other Facility) Calumet Park Cemetery
25c. Location - City/Town/And State Merrillville, IN

26. Was Coroner Contacted? No
27. Name And Complete Address Of Funeral Facility Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307
27a. License Number (If Different From License Number) FD01009461

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) failure to thrive due to cancer
metastatic colon cancer
metastatic disease to liver
Underlying Cause (Basic Cause Of Death) THE CAUSE OF DEATH IS THE
LAKE COUNTY, IN
DATE OF DEATH: JAN 18, 2022

29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.
30. Was A Physician Involved? No
30a. Where Answered "No" Enter To Complete The Cause Of Death

31. Did Tobacco Use Contribute To Death? No
32. If Female: Has Pregnant Within Past Year? No
33. Marital Status At Death: Married

34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Workplace, etc.)
37. Injury At Work? No

38. Location Of Injury - State
38a. City or Town
38b. Street & Address
38c. Apt. No.
38d. Zip Code

39. Describe How Injury Occurred
40. If Transportation Injury (Specify):
41. Signature Of Person Certifying Cause Of Death: Kristine Marie Teodoroff
42. Certifier (Check Only):
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Kristine Marie Teodoroff 300 N Main Street Ste D, Crown Point, IN 46307

44. Additional Funeral Service Provider:
45. Signature Of Local Health Officer: Chandana Verma

46. Additional Information:
47. For Information:
48. Signature Of Local Health Officer: Chandana Verma

49. Additional Information:
50. For Information:
51. Signature Of Local Health Officer: Chandana Verma

52. Additional Information:
53. For Information:
54. Signature Of Local Health Officer: Chandana Verma

55. Additional Information:
56. For Information:
57. Signature Of Local Health Officer: Chandana Verma

58. Additional Information:
59. For Information:
60. Signature Of Local Health Officer: Chandana Verma

61. Additional Information:
62. For Information:
63. Signature Of Local Health Officer: Chandana Verma

64. Additional Information:
65. For Information:
66. Signature Of Local Health Officer: Chandana Verma

67. Additional Information:
68. For Information:
69. Signature Of Local Health Officer: Chandana Verma

70. Additional Information:
71. For Information:
72. Signature Of Local Health Officer: Chandana Verma

73. Additional Information:
74. For Information:
75. Signature Of Local Health Officer: Chandana Verma

76. Additional Information:
77. For Information:
78. Signature Of Local Health Officer: Chandana Verma

79. Additional Information:
80. For Information:
81. Signature Of Local Health Officer: Chandana Verma

82. Additional Information:
83. For Information:
84. Signature Of Local Health Officer: Chandana Verma

85. Additional Information:
86. For Information:
87. Signature Of Local Health Officer: Chandana Verma

RAISED SEAL AFFIXED