NOT AN OFFICIAL DOCUMENT

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

> Mail Tax Bills To: JOAN B. VITH 10550 Maine Drive Crown Point, IN 46307

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2024-030749

9:10 AM 2024 Oct 28

TRANSFER ON DEATH DEED

This Indenture Witnesseth that JOAN B. VITH, of Lake County, Indiana, as a gift and for no consideration, convey and warrant to JOAN B. VITH of Lake County, Indiana, Transfer on Death to Kimberly J. Piazza and William M. Vith, her interest in the following described real estate in Lake County, Indiana:

LEGAL DESCRIPTION:

The North ½ of Lot 147 in Waterside Crossings Phase 1 as per plat thereof, recorded in Plat Book 94 page 10, in the Office of the Recorder of Lake County, Indiana

Parcel Number:

45-16-02-305-027,000-042

Common Address: 10550 Maine Drive, Crown Point, IN 46307

If Kimberly J. Piazza or William M. Vith does not survive Joan B. Vith, then her or his share of this Transfer on Death transfer shall be distributed to Kimberly J. Piazza's children: Taylor Piazza and Blake Piazza.

NOTE: Effective January 1, 2025, the following WARNING applies:

WARNING: After the death of the owner, the owner's insurance policy is required by IC 27-1-13-18 to cover the real property transferred for a period of time as set forth in IC 27-1-13-18(e) and IC 27-1-13-18(f). Once the period of time as set forth in IC 27-1-13-18(e) and

IC 27-1-13-18(f) expires, the insurance policy may no longer cover the real property and the beneficiary of a transfer on death deed and the real property may become uninsured.

In Witness Whereof, Joan B. Vith has executed this instrument this 25-th day of October, 2024.

25,

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA

COUNTY OF LAKE)

SEAL:

LYNDSEY M PRATT Commission Number 0743838 My Commission Expires

Before me, the undersigned, a Notary Public in and for said County and State, this **a5** of October, 2024, personally appeared **Joan B. Vith**, and acknowledged her execution of the foregoing Transfer on Death Deed as their voluntary act and deed.

WITNESS MY HAND AND SEAL.

My Commission Expires: 9-21-30

Notary Public

Resident of Lake County, Indiana

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. BMD

This Instrument Prepared By: Bessie M. Davis, Attorney at Law, P.O. Box 173, Crown Point, Indiana 46307, (219) 201-7443, at the specific request of the owner or the owner's representatives and is based solely on information supplied by one or more of those parties and without examination for accuracy. This preparer assumes no liability for any errors, inaccuracy or omissions in this instrument resulting from the information provided. The parties accept this disclaimer by the owner's execution of this document.