

FILED

Oct 28 2024 BDD  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

Tax ID Number(s):  
State ID Number Only 45-07-16-178-009.000-023

**AFFIDAVIT OF BENEFICIARY ON TRANSFER ON DEATH DEED**

The undersigned ("Affiant"), being duly sworn, deposes and says that:

- 1. Margaret Cruz ("deceased owner") died on June 11, 2024.
- 2. That prior to deceased owner's death, she was the owner of the property commonly known as 7535 Alexander Avenue, Hammond, IN 46323 and more particularly described as follows:

See Attached Exhibit "A"

- 3. That prior to deceased owner's death, she executed a transfer on death deed which was recorded on 3/21/2024 as Instrument Number 2024-009264 in the office of the Recorder of Lake County, Indiana.
- 4. That the name and address of each designated beneficiary who survived the owner or was alive on the date of the owner's death is the following:
  - a. Robert Cruz 1215 Westbrook Ct., Crown Point, IN 46307
  - b. Elizabeth Harakal 338 W. 600 N., Valparaiso, IN 46385
  - c. Daniel Cruz 6907 Tapper Ave., Apt. 2D, Hammond, IN 46324
  - d. Linda Kruhaj 39 Oak Hollow Ct., Valparaiso, IN 46383
- 5. That the name and address of each designated beneficiary who did not survive at the owner's death or was not alive on the date of the owner's death is the following:
  - a. NA
- 6. That the purpose of this Affidavit pursuant to I.C. 32-17-14-26(b) (20) is to induce the Auditor of Lake County, Indiana to transfer ownership of the above-described real estate to Robert Cruz, Elizabeth Harakal, Daniel Cruz and Linda Kruhaj as tenants in common.

Further, Affiant sayeth not.

Executed this 24 day of Oct., 2024

Linda Kruhaj  
Linda Kruhaj

Robert Cruz  
Robert Cruz

MTC File No.: 24-21826 (TODA)

1

HOLD FOR MERIDIAN TITLE CORP.

# NOT AN OFFICIAL DOCUMENT

*Daniel Cruz*

Daniel Cruz

*Elizabeth Harakal*

Elizabeth Harakal

State of Indiana, County of Porter ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Linda Kruhaj and Robert Cruz** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 24 day of Oct., 2024

3/27/2026

My Commission Expires:

NP0711888

Commission No.

Starke County, IN  
Notary Public County and State of Residence

*Katie Jackson*

Signature of Notary Public

Katie Jackson  
Printed Name of Notary



# NOT AN OFFICIAL DOCUMENT

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Elizabeth Harakai and Daniel Cruz** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 24<sup>th</sup> day of October, 2024

My Commission Expires:

2/15/2031

Commission No.

662555

Notary Public County and State of Residence

Lake IN

This instrument was prepared by:

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

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. Andrew R. Drake

Signature of Notary Public

Kim A. Diaz

Printed Name of Notary

Kim A Diaz



# NOT AN OFFICIAL DOCUMENT

Exhibit "A"

Lot 11, Except the North 11.5 feet thereof and the North 22 feet of Lot 12, Block 6, in Roxana First Addition to Hammond, as per plat thereof, recorded in Plat Book 20 page 24 in the Office of the Recorder of Lake County, Indiana.

Property of Lake County Recorder

# NOT AN OFFICIAL DOCUMENT

## CERTIFICATE OF DEATH

### INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

4204258

Local No 000792

EDR No 000611734021

State No 2024-030739

1. Decedent's Legal Name (First, Middle, Last) <b>Margaret CRUZ</b>		1a. Maiden Name (if female)		2. Gender <b>Female</b>	3. Time Of Death <b>05:30 PM</b>	4. Date Of Death (Month/Day/Year) <b>06/11/2024</b>																																									
5. Social Security Number <b>90</b>	6a. Age - Yrs <b>90</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	7a. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>06/06/1933</b>	8. Birthplace (City and State or Foreign Country) <b>Raton, New Mexico</b>																																								
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 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) <b>VNA Hospice Center - Valparaiso Street</b>								12. City Or Town, State, and Zip Code <b>Valparaiso, Indiana 46383</b>								13. Place Of Death <b>Porter</b>								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. Surname (Spouse's Name)				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation <b>Homemaker</b>				17. Kind Of Business/Industry <b>Own Home</b>																																			
18. Residence - State <b>IN</b>				18a. County <b>Lake</b>				18b. City Or Town <b>Hammond</b>				18c. Apt. No.				18d. Zip Code <b>46323</b>				19. Inmate City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
19a. Street And Number <b>7335 Alexander Avenue</b>				20. Decedent's Education <b>9th-12th grade, No Diploma</b>				21. Decedent's Race <b>White, Apache, Hoppe</b>				22. Parents Name (First, Middle, Last) <b>Rueben Sandoval</b>				23a. Parents Last Name Before First Marriage <b>Gonzalez</b>																															
23. Informant's Name <b>Elizabeth Horakal</b>				23a. Relationship to Decedent <b>Daughter</b>				23b. Mailing Address (Street And Number, City, State, Zip Code) <b>338 W 600 N, Valparaiso, IN, 46385</b>				24. Signature Of Informant (Print Name, License Number) <b>Elizabeth Horakal</b>				25. License Number (If Licensed) <b>FD29500088</b>																															
25a. Method Of Disposition <input 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) <b>Skyline Crematory</b>								25c. Location - City, Town, And State <b>Monroe, IL</b>																															
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No								27. Name And Complete Address Of Funeral Facility <b>Memorial Gardens 8178 S. Cline Ave., Crown Point, Indiana, 46307</b>								27a. Funeral Home License Number <b>FH19900051</b>																															
28. Signature Of Indiana Funeral Service Licensee <b>Alida Kirby</b>								28a. Electronically Signed								28b. License Number (If Licensed) <b>FD29500088</b>																															
29. Part I. Enter the <b>Chain Of Events</b> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Erase Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venular Occlusion 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) <b>A. CONGESTIVE HEART FAILURE</b> <small>Subtype As Applicable On</small> <b>DAYS</b> 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 <b>B.</b> <small>Subtype As Applicable On</small> <b>C.</b> <small>Subtype As Applicable On</small> <b>D.</b> <small>Subtype As Applicable On</small>																																															
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown																32. If Female: <input type="checkbox"/> All Pregnant Times Full Term <input type="checkbox"/> Pregnant At Less Than Full Term <input type="checkbox"/> Not Pregnant <input type="checkbox"/> All Pregnant Birthweight 10 lbs. or more birth <input type="checkbox"/> Unborn Fetus Weight 10 lbs. or more birth <input type="checkbox"/> Unborn Fetus Weight Not Determined																33. Manner Of Death: <input 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. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No																																			
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 type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)																															
41. Signature, Of Person Certifying Cause Of Death: <b>Rupesh J Shah</b>																41. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer																															
42. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Rupesh J Shah 202 E 86th Place, Merrillville, IN 46410</b>																44. License Number <b>02002106A</b>																45. Date Certified <b>06/14/2024</b>															
46. Additional Funeral Service Provider:																47. Date: <b>06/17/2024</b>																															
48. Signature of Local Health Officer: <b>Maria C. Stamp</b>																49. Fee Register Only - Date Filed (Month/Day/Year): <b>06/17/2024</b>																															

State Form 5322a - ATTENTION: ESTATE PLANNING - THIS FORM IS A PUBLIC RECORD AND IS AVAILABLE TO ANYONE WHO REQUESTS IT. IT IS THE POLICY OF THE STATE OF INDIANA THAT ALL PUBLIC RECORDS BE MADE AVAILABLE TO THE PUBLIC. THIS FORM IS A PUBLIC RECORD AND IS AVAILABLE TO ANYONE WHO REQUESTS IT. IT IS THE POLICY OF THE STATE OF INDIANA THAT ALL PUBLIC RECORDS BE MADE AVAILABLE TO THE PUBLIC. THIS FORM IS A PUBLIC RECORD AND IS AVAILABLE TO ANYONE WHO REQUESTS IT. IT IS THE POLICY OF THE STATE OF INDIANA THAT ALL PUBLIC RECORDS BE MADE AVAILABLE TO THE PUBLIC.

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STATE OF INDIANA