

**EXHIBIT G**

**Mail Tax Bills To:**  
Y  
Street  
City, State, Zip

**Return To:** Y  
Street  
City, State, Zip

**TRANSFER ON DEATH AFFIDAVIT**

[Name of Beneficiary], upon personal knowledge and belief, makes these statement's:

1. X died \_\_\_\_\_, 20\_\_\_, owning an interest in the following described real estate in Lake County, Indiana:

**LEGAL DESCRIPTION**

**Parcel Number:** \_\_-\_\_-\_\_

**Common Address:**

2. On \_\_/\_\_/\_\_, X signed a Transfer on Death Deed transferring, on HIS/HER death, HIS/HER interest in the real estate described above which document was recorded on \_\_\_\_\_ in the Office of the Recorder of Lake County, Indiana, as document number \_\_\_\_\_

3. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who did not survive Owner or were not in existence when Owner died are:

[Name of predeceased beneficiary and address]

4. The designated beneficiary or beneficiaries in the Transfer on Death Deed and their addresses who survive the Owner or are in existence at Owner's death are:

[Name of surviving beneficiary and address]

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

In Witness Whereof, Y has executed this instrument this \_\_\_\_\_ day of MONTH, 2021.

\_\_\_\_\_  
Y

