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2019-086462

2019 Dec 13 11:22 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

Property Number:
45-09-17-229-012.000-021

Tax Mailing Address:
**2200 RANDOLPH ST
LAKE STATION IN 46405-1152**

HEIRSHIP AFFIDAVIT

State of Indiana)
) SS:
County of Lake)

Comes now Jennifer Willis, the Affiant, and who, being first duly sworn upon her oath, makes the following statements and affirmations:

1. Jennifer Willis is an adult currently residing at 165 Mosier Drive, Chesterton, IN 46304, in the County of Porter, State of Indiana, and has personal knowledge of the facts stated in this Heirship Affidavit as a surviving daughter of Dennis Wayne Willis.
2. Dennis Wayne Willis died on September 13, 2013, a resident of Lake County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Death of Dennis Wayne Willis is attached to this Heirship Affidavit as Exhibit "A" and made a part of this Heirship Affidavit by reference.
3. At the time of his death, Dennis Wayne Willis held an undivided 1/4 interest in the following described real estate located in Lake County, Indiana:

Lots 1 and 2 in Block 4 in Greater Gary Subdivision #1, as per plat thereof, recorded in Plat Book 13 page 15 in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 2200 Randolph Street
Lake Station, IN 46405

Property Number: 45-09-17-229-012.000-021

(Heirship Affidavit – Page 1 of 3)

Greater Indiana Title Company
INDIANA

FILED

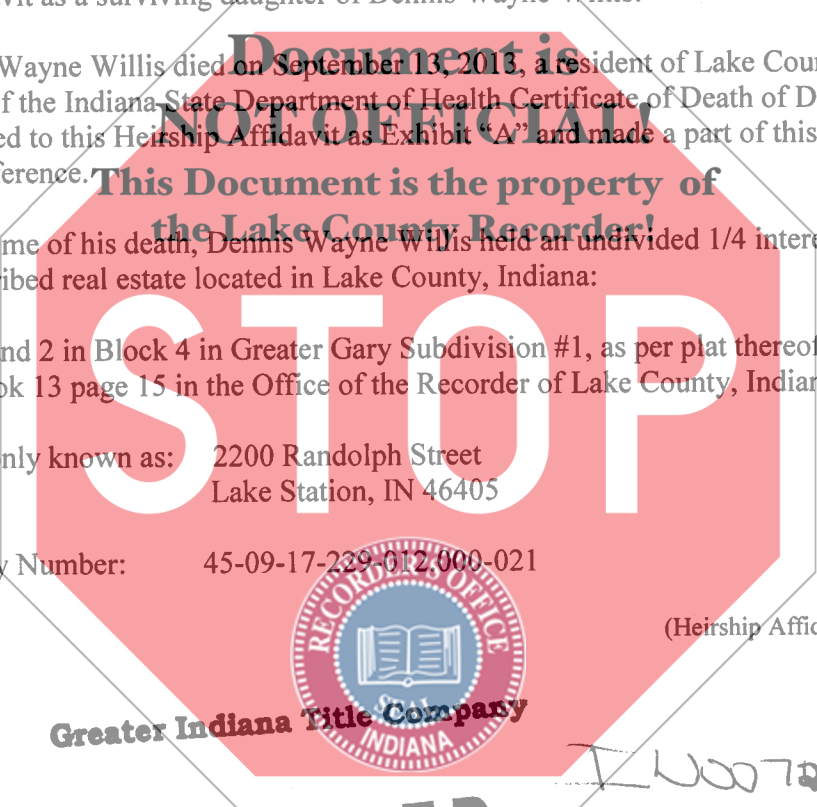
31728

DEC 13 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

32810

25-RM



4. Dennis Wayne Willis obtained his undivided $\frac{1}{4}$ interest in said real estate through the Quitclaim Deed dated July 13, 2006, and recorded November 17, 2006, as Document number 2006 101821, in the Office of the Recorder of Lake County, Indiana, made by Betty L. Willis to Linda Jo Cyprian, Catherine Louise Bunning, Diana Lynne Kirby and Dennis Wayne Willis, as tenants in common, in which Betty L. Willis reserved a life estate.
5. Dennis Wayne Willis died intestate and no estate was administered in any jurisdiction.
6. There were no Federal Estate taxes due by reason of the death of Dennis Wayne Willis.
7. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty-thousand dollars (\$50,000.00), the costs and expenses of administration, and reasonable funeral expenses.
8. Dennis Wayne Willis died a divorced man, having never been remarried, and left three heirs at law surviving him, being his surviving adult children, namely, the following:

Roberta Hillman, adult daughter;
Jennifer Willis, adult daughter; and
Patricia Pearl, adult daughter.

9. The above named heirs succeeded to the interest of Dennis Wayne Willis pursuant to IC § 29-1-7-23 and IC § 29-1-2-1(d)(1), and are the owners in equal shares of his undivided $\frac{1}{4}$ interest in said real estate.

10. The purpose of this Heirship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that, as a result of the death of Dennis Wayne Willis, the following parties are the owners his undivided $\frac{1}{4}$ interest in said real estate:

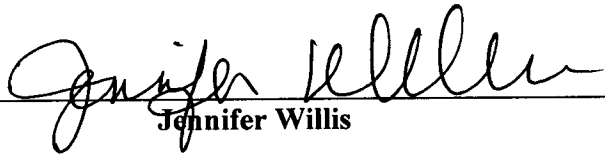
Roberta Hillman,
Jennifer Willis, and
Patricia Pearl;

and to place of record with the Lake County Recorder's Office that the above named individuals are the owners of the $\frac{1}{4}$ undivided interest in said real estate formerly owned by Dennis Wayne Willis.

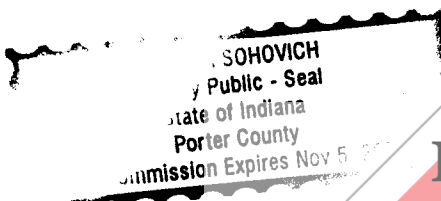
(Heirship Affidavit – Page 2 of 3)

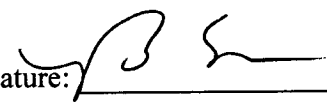


Further Affiant saith not.


Jennifer Willis

Subscribed and sworn to before me, the undersigned Notary Public in and for said
County and State, on this 6 day of Dec, 2019,
by Jennifer Willis, the Affiant.

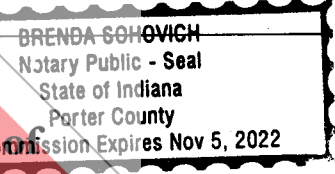


Notary's Signature: 

Notary's County of Residence:

Notary's Commission Expires:

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!



After recording return to and Mailing Address of Affiant: Jennifer Willis
165 Mosier Drive
Chesterton, IN 46304

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License #19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366); referencing Greater Indiana Title Company commitment no. IN007261.

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. Chris Fox





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003023

EDR No 000000343138

State No 042037

1. Decedent's Legal Name (First, Middle, Last) DENNIS WAYNE WILLIS				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 06:25 AM	4. Date Of Death (Month/Day/Year) 09/13/2013			
5. Social Security Number		6a. Age - Yrs 61	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) 10/15/1951		8. Birthplace (City and State or Foreign Country) GARY, IN		
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"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" 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) 2200 RANDOLPH											
12. City Or Town, State, And Zip Code LAKE STATION, IN, 46405					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation IRONWORKER		17. Kind Of Business/Industry CONSTRUCTION			
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town LAKE STATION						
18c. Street And Number 2200 RANDOLPH						18d. Apt. No.	18e. Zip Code 46405	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) EARL D WILLIS				23. Mother's Name (First, Middle, Last) BETTY L WILLIS			23a. Mother's Maiden Last Name KACIN				
24. Informant's Name BETTY WILLIS			24a. Relationship To Decedent MOTHER			24b. Mailing Address (Street And Number, City, State, Zip Code) 2200 RANDOLPH, LAKE STATION, IN 46405					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) KELLY CARROLL CREMATION SERVICE			25c. Location - City, Town, And State GARY, IN						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME OLSON CHAPEL, 5341 CENTRAL AVE, PORTAGE, IN 46368					27a. Funeral Home License Number FB41200016				
27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE										27c. License Number 006463	
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) A. CHRONIC OBSTRUCTIVE LUNG DISEASE 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. COR PULMONALE										28. This is a TRUE COPY OF THE RECORD ON FILE WITH LAKE COUNTY HEALTH DEPARTMENT SEP 16 2013 <i>Susan W. Best, M.D.</i> LAKE COUNTY HEALTH OFFICER	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I CHRONIC OBSTRUCTIVE LUNG DISEASE										29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				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. 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		
36. Location Of Injury - State		36a. City Or Town			36b. Street & Number			36c. Apt. No.	36d. 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: KENNETH A. BLACK, BY ELECTRONIC SIGNATURE										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: KENNETH A. BLACK, 814 LAPORTE AVE, VALPARAISO, IN 46383						44. License Number 01024841A		45. Date Certified 09/13/2013			
46. Additional Funeral Service Provider:										47. *Alcas:	
46. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): SEP 13 2013					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											