

2020-006499

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

2020 Jan 27 9:06 AM

STATE OF INDIANA )  
COUNTY OF LAKE )

THIS DOCUMENT IS BEING RERECORDED FOR SCRIVENORS ERROR

DEVOLUTION AFFIDAVIT

Maria L. Andrade, Affiant, being first duly sworn on oath, deposes and states as follows:

1. That the Affiant resides at 1017 169<sup>th</sup> Pl., Hammond, IN 46324.
2. That the Affiant is the surviving spouse of Lucio Andrade, deceased.

That Lucio Andrade passed away on July 6, 2019, in the City of Hammond, County of Lake, State of Indiana, as evidenced by the Death Certificate attached hereto.

That Lucio Andrade died owning the property described as:

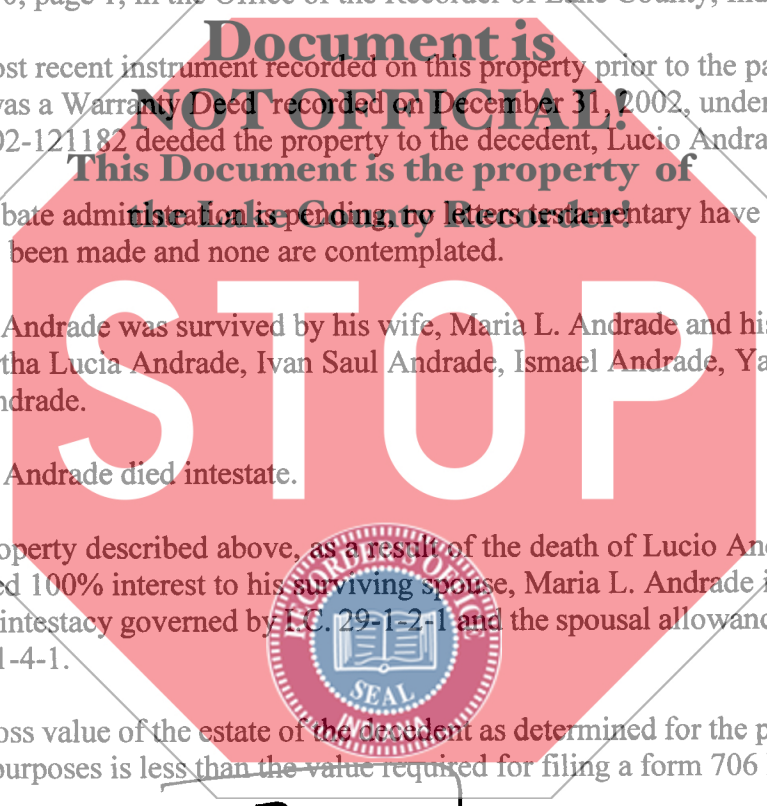
1017 169<sup>th</sup> Place., Hammond, IN 46324  
Parcel: 45-07-07-326-021.000-023

Lots 32 and 33, Block 2, Walter Addition to Hammond, as per plat thereof, recorded in Plat Book 10, page 1, in the Office of the Recorder of Lake County, Indiana.

3. That the most recent instrument recorded on this property prior to the passing of the decedent, was a Warranty Deed recorded on December 31, 2002, under document number 2002-121182 deeded the property to the decedent, Lucio Andrade, in fee simple.
4. That no probate administration is pending in the Lake County probate court.
5. That no probate administration is pending in the Lake County probate court. Letters testamentary have been issued no orders have been made and none are contemplated.
6. That Lucio Andrade was survived by his wife, Maria L. Andrade and his children, Manuel Rivera, Bertha Lucia Andrade, Ivan Saul Andrade, Ismael Andrade, Yanira Andrade, and Yolanda Andrade.
7. That Lucio Andrade died intestate.
8. That the property described above, as a result of the death of Lucio Andrade shall pass as an undivided 100% interest to his surviving spouse, Maria L. Andrade in accordance with the laws of intestacy governed by I.C. 29-1-2-1 and the spousal allowance statute governed by I.C. 29-1-4-1.
9. That the gross value of the estate of the decedent as determined for the purposes of Federal Estate tax purposes is less than the value required for filing a form 706 Federal Estate Tax Return.
10. That all debts of the decedent have been paid in full.

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

2020-027063  
2020 May 19 8:45 AM



**FILED**  
JAN 24 2020  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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**FILED**  
MAY 14 2020  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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12. That the Affiant makes this affidavit to induce the Lake County Recorder and Auditor to change the ownership accordingly.
13. The following documents attached hereto are hereby incorporated by reference as part of this Affidavit: Death Certificate of Decedent Lucio Andrade;

IN WITNESS WHEREOF, the Affiant has affixed her signature hereto this 23 day of December, 2019.

*Maria L. Andrade*  
 Maria L. Andrade, Affiant

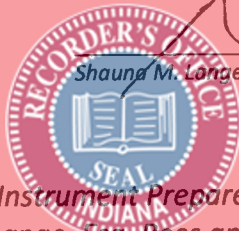
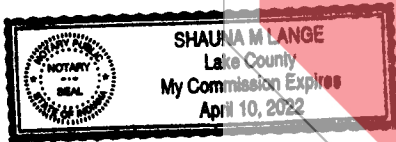
*I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.*

**Document is NOT OFFICIAL!**

STATE OF INDIANA )  
 ) SS:  
 COUNTY OF LAKE )

**This Document is the property of the Lake County Recorder!**

Before me appeared Maria L. Andrade, the affiant and she did on this date attest to the truth of the foregoing statements made in the Devolution Affidavit. Subscribed and sworn to before me this 23 day of December, 2019.



This Instrument Prepared by:  
 Shauna M. Lange, Esq, Rees and Lange, P.C.  
 301 Main Street, Hobart, IN 46342  
 Telephone: (219) 947-1692

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 201621

Local No 902444

EDR No 00000719812

State No 033094

1. Decedent's Legal Name (First, Middle, Last) <b>LUCIO ANDRADE</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>11:16 AM</b>	4. Date Of Death (Month/Day/Year) <b>07/06/2019</b>	
5. Social Security Number		6a. Age - Yrs <b>70</b>	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) <b>02/06/1949</b>		8. Birthplace (City and State or Foreign Country) <b>SOCIEDAD, ES</b>
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 checked="" 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>FRANCISCAN HEALTH (HAMMOND)</b>									
12. City Or Town, State, And Zip Code <b>HAMMOND, IN, 46320</b>					13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input checked="" 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. Surviving Spouse's Name <b>MARIA LUISA ANDRADE</b>			15a. Last Name Before First Marriage <b>RIVERA GONZALEZ</b>			16. Decedent's Usual Occupation <b>TREE TRIMMER</b>		17. Kind Of Business/Industry <b>ASPLUNGH TREE SERVICE</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>			18b. City Or Town <b>HAMMOND</b>				
18c. Street And Number <b>1017 169TH PLACE</b>						18d. Apt. No.	18e. Zip Code <b>46324</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>8TH GRADE OR LESS</b>			20. Decedent Of Hispanic Origin <b>SALVADORAN</b>			21. Decedent's Race <b>White</b>			
22. Parent's Name (First, Middle, Last) <b>MODESTO BENITEZ</b>				23. Parent's Name (First, Middle, Last) <b>ANTANACIA ANDRADE</b>			23a. Parent's Last Name Before First Marriage <b>ANDRADE</b>		
24. Informant's Name <b>MARIA LUISA ANDRADE</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1017 169TH PLACE, HAMMOND, IN 46324</b>					
25. Place Of Disposition									
25a. Method Of Disposition <input checked="" 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>ST JOHN CEMETERY</b>			25c. Location - City, Town, And State <b>HAMMOND, IN</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>FIFE FUNERAL HOME, INC., 4201 INDIANAPOLIS BLVD., EAST CHICAGO, IN 46312</b>					27a. Funeral Home License Number <b>FH83001512</b>		
27b. Signature Of Indiana Funeral Service Licensee <b>JOHN P. FIFE, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee) <b>ED0120366</b>			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Conditions. 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. CAUSE OF DEATH PENDING Due to (Or As A Consequence Of) B. Due to (Or As A Consequence Of) C. Due to (Or As A Consequence Of) D. 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								Approximate Interval: Onset To Death	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I								29. Was An Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death <b>MERRILEE D. FREY, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307</b>						44. License Number	45. Date Certified <b>07/08/2019</b>		
46. Additional Funeral Service Provider:						47. Akas:			
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only Date Filed (Month/Day/Year): <b>JUL 12 2019</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
49: 07/09/2019 7: 1949/02/04									