

2020-044443

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

2020 Jul 15

8:59 AM

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE:

CAROL ANN JANSEN, DECEDENT

DEVOLUTION AFFIDAVIT

The undersigned, Candus A. Childress, (the "Affiant"), being duly sworn on oath states that:

1. She is a surviving legatee of CAROL ANN JANSEN (the "Decedent"), who died on December 10, 2018 while domiciled in Lake County, Indiana. (Certificate of Death attached as Exhibit "A")

2. That she is the Alternate Executor/Executrix designated in the Last Will and Testament of CAROL ANN JANSEN, a copy of which is attached hereto and marked as Exhibit "B" and which was Spread of Record in the Lake Circuit Court, Probate Division, sitting at Lake County, Indiana under Cause Number 45C01-2007-EM-000126.

3. That at the time of her death the decedent owned real estate located in Lake County, Indiana, and described by property tax parcel number and legal description as follows, to-wit:

Parcel No.: 45-07-23-454-011.000-006
Lot 23, Happy Homes Addition to the Town of Griffith, Lake County, Indiana, as shown in Plat Book 24, Page 82, in the Recorder's Office of Lake County, Indiana.
Common Address: 1715 N. Jay Street, Griffith, IN 46319

4. The Decedent acquired a joint interest with her husband, Robert E. Jansen, in the real estate described in this Affidavit (the "Real Estate") by the Quit Claim Deed dated October 17, 1986 and recorded on November 6, 1986 in the office of the Recorder of Lake County, Indiana.

5. Decedent's husband, Robert E. Jansen predeceased Carol Ann Jansen on May 10, 1998, at which time title to the above described real estate vested in the Decedent, CAROL ANN JANSEN by virtue of the parties holding the property as husband and wife. A copy of Robert E. Jansen's death certificate is attached hereto and marked as Exhibit "C."

6. The last instrument recorded in the office of the Recorder of Lake County, Indiana, was a Survivorship Affidavit dated December 6, 2018 and recorded on September 26, 2019 as document number 2019-066195 in the office of the Recorder of Lake County, Indiana.



FILED

JUL 15 2020

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

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7. The individuals entitled to the real estate as a result of the Decedent's death and pursuant to Decedent's Last Will and Testament are her surviving children, Candus A. Childress, as to an undivided 50% interest and Cynthia M. Holme, as to an undivided 50% interest, and that the aforementioned legatees are competent adults.

8. Pursuant to the Last Will and Testament of the Decedent, CAROL ANN JANSEN, the Decedent's Title Interest for the property herein listed should be transferred to the legatees, Candus A. Childress and Cynthia M. Holme as a matter of probate law of the State of Indiana.

9. The Decedent owed no financial obligations to creditors and there is no federal estate tax due and owing as a consequence of the Decedent's death.

10. As of this date:

- a. at least 7 months have elapsed since the Decedent's death;
- b. no letters testamentary or letters of administration have been issued to a court-appointed personal representative for the Decedent within the time limits specified under I.C. 29-1-7-15.1(d);
- c. a probate court has not issued findings and an accompanying order preventing the limitations in I.C. 29-1-7-15(b) from applying to the real estate;
- d. a majority in interests of the Decedent's distributees have not consented to the Decedent's personal representative's sale of the Decedent's Title Interest to pay any debt or obligation of the Decedent, which is not a lien of record in Lake County, Indiana, or to pay any costs of administration of any Decedent's estate under I.C. 29-1-10-21; and
- e. consequently, it is not possible for the Decedent's personal representative to sell the Decedent's Title Interest to pay any debt or obligation of the Decedent, which is not a lien of record in Lake County, Indiana, or to pay any costs of administration of any Decedent's estate.

11. The purpose of this Affidavit is to induce the Auditor of Lake County, Indiana, to endorse this Affidavit and record it as a title transfer in the Auditor's real estate ownership records as an



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 179514

Local No 904184

EDR No 00000680742

State No 061128

1. Decedent's Legal Name (First, Middle, Last) CAROL ANN JANSEN				1a. Maiden Name (If female) HALL		2. Sex FEMALE	3. Time Of Death 11:10 AM	4. Date Of Death (Month/Day/Year) 12/10/2018	
5. Social Security Number [REDACTED]		6a. Age - Yrs 80	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) 11/10/1938		8. Birthplace (City and State or Foreign Country) DYER, 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 checked="" 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) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. Last Name Before First Marriage		16. Decedent's Usual Occupation HOUSEWIFE		17. Kind Of Business/Industry DOMESTIC	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town GRIFFITH				
18c. Street And Number 1715 NORTH JAY STREET						18d. Apt. No.	18e. Zip Code 46319	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education UNKNOWN		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) DONALD HALL						23. Parent's Last Name Before First Marriage UNKNOWN			
24. Informant's Name CANDUS CHILDRESS				24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 6534 MADISON STREET, MERRILLVILLE, IN 46410			
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) CHAPEL LAWN CEMETERY			25c. Location - City, Town, And State CROWN POINT, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HILLSIDE FUNERAL HOME & CREMATION CENTER, 8941 KLEINMAN ROAD, HIGHLAND, IN 46322						27a. Funeral Home License Number: FH11700003	
27b. Signature Of Indiana Funeral Service Licensee: CORNELIUS A. KUIPER, BY ELECTRONIC SIGNATURE						27c. License Number Of Licensee: FD01014511			
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. <u>ACUTE RESPIRATORY FAILURE</u> Due to (Or As A Consequence Of): B. <u>STAGE 4 LUNG CANCER</u> Due to (Or As A Consequence Of): C. <u>SHOCK LIVER</u> Due to (Or As A Consequence Of): D. <u>ACUTE KIDNEY INJURY</u> Due to (Or As A Consequence Of): 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 Or On Line A.						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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) LAKE COUNTY HEALTH DEPARTMENT				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) NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: WADDAH AHDAB, 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: WADDAH AHDAB, 9696 GORDON DR., HIGHLAND, IN 46322						44. License Number 01046859A		45. Date Certified 12/13/2018	
46. Additional Funeral Service Provider:						47. *AK#s:			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): DEC 13 2018			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

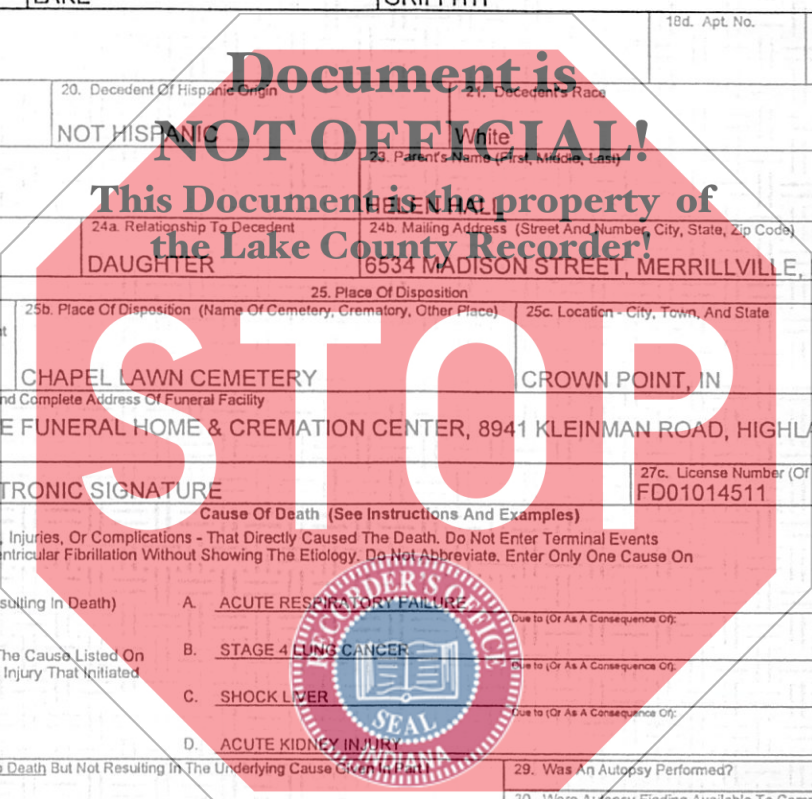


Exhibit "A"

Last Will and Testament of

CAROL A. JANSEN

I, CAROL A. JANSEN, of the Town of Griffith, County of Lake, State of Indiana, being of sound and disposing mind and memory, do hereby make this my Last Will and Testament and do hereby revoke any and all other Wills and Codicils heretofore made by me.

ARTICLE I.

I direct that all my debts, funeral expenses, the expenses of my last illness and the expenses of administration of my estate be paid by my Executor as soon after my decease as found convenient. I further direct that said expenses shall be paid out of my estate without apportionment between devisees and legatees herein, and prior to distribution. I further direct that said expenses shall be paid out of the assets of my estate mentioned in Article V below.



ARTICLE II.

All inheritance, estate and succession taxes, payable by the reason of my death with respect to property passing under my Will or Codicil, and property held by me jointly with any person with rights of survivorship, and with respect to the interest therein of any person, shall be paid, compromised or otherwise discharged from my estate without apportionment, and without reimbursement from any person.

ARTICLE III.

The term "estate" as used in this Will shall mean all property, which I own or have the right to dispose of, at my decease of whatever kind, character and description, real, personal, tangible and mixed and wherever situated; less all administrative expenses, debts, claims and charges, including estate and inheritance taxes.

Exhibit "B"

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ARTICLE IV

Upon my death, I do hereby will and bequeath my entire Estate to my loving husband, ROBERT E. JANSEN, of the County of Lake, State of Indiana, if he survives me. It is my intention to exclude all of my children, under the terms of this paragraph, whether born before or after this Will is executed.

ARTICLE V

In the event that my husband predeceases me, all of my property is to be distributed to my children, CANDUS ANN CHILDRESS and CYNTHIA MAE HOLME, to be divided equally, share and share alike.

Document is NOT OFFICIAL!

ARTICLE VI.

If any of my children shall predecease me, the interest which would have passed to him/her had he/she survived me is hereby given by right of representation to the descendants of said deceased child, who survive me. If there is no surviving descendant of said deceased child, my property is hereby given in such shares and to such beneficiaries as would have been the distributees under this Will if that child had never lived.

ARTICLE VII

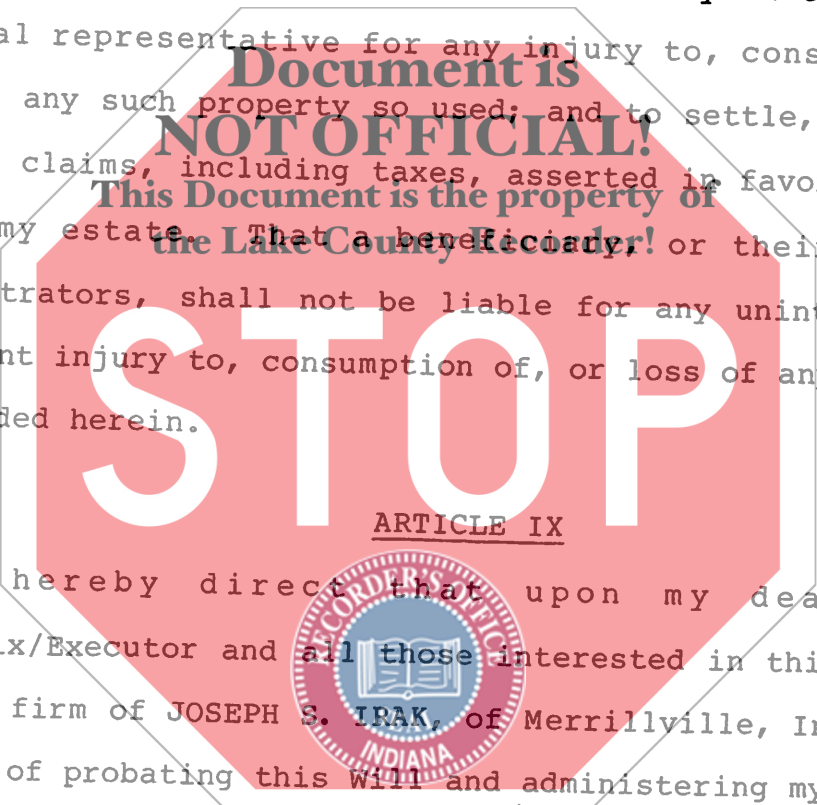
If any beneficiary dies, prior to the entry of an Order, Decree, or Judgment in my estate distributing the property in question, or within five (5) months after the date of my death, whichever is earlier, any interest which would have passed to said beneficiary under other provisions of this Will, are to be disposed of according to the plan of distribution which would have been effective under this Will if such beneficiary had predeceased me. It is my intention that any property or interest which is distributed from my estate, as a result of any Order, Decree or Judgment will not be revoked or otherwise affected by the subsequent death of the distributee.

ARTICLE VIII

I hereby appoint ROBERT E. JANSEN, of the Town of Griffith, Lake County Indiana, as Executrix/Executor of this Will and

RB JR

request that no bond be required of him/her in that capacity. In event that he/she cannot act, for any reason, then I hereby appoint CANDUS ANN CHILDRESS as alternate Executrix/Executor. I empower said person(s) or any successors in that capacity to sell, lease or mortgage any property, real or personal, publicly or privately, without an Order of the Court and without notice to anyone, upon such terms and conditions as shall seem best to said personal representative and without liability on the part of any purchaser, tenant, or mortgagee to see to the application of consideration; to permit any of the beneficiaries named herein to enjoy the use in kind, during the probate of this Will, of any tangible personal property without liability on the part of said personal representative for any injury to, consumption of, or loss of any such property so used; and to settle, compromise, or pay any claims, including taxes, asserted in favor of or against me or my estate. That a beneficiary or their executors or administrators, shall not be liable for any unintentional, non-negligent injury to, consumption of, or loss of any property used a provided herein.



ARTICLE IX

I hereby direct that upon my death that my Executrix/Executor and all those interested in this Will contact the law firm of JOSEPH S. IRAK, of Merrillville, Indiana, for the purpose of probating this Will and administering my estate.

SIGNED THIS 16th DAY OF February, 1988.

Carol A. Jansen
CAROL A. JANSEN, Testator

Handwritten initials and signature in the bottom right corner.

UNDER THE PENALTIES FOR PERJURY, we, the undersigned textatrix/testator and the undersigned witnesses, respectively, whose names are signed to the attached or foregoing instrument, which consists of three (3) typewritten pages, declare:

1. that the testatrix/testator executed the instrument as his/her will;

2. that, in the presence of both witnesses, the testatrix/testator signed or acknowledged his/her signature already made or directed another to sign for his/her in his/her presence;

3. that the testatrix/testator executed the will as his/her free and voluntary act for the purposes expressed in it;

4. that each of the witnesses, in the presence of the testatrix/testator and of each other, signed the will as a witness;

5. that the testatrix/testator was of sound mind; and

6. that to the best of his/her knowledge the testatrix/testator was at the time eighteen (18) or more years of age, or was a member of the armed forces or of the merchant marines of the United States or its allies.



Carol A. Jansen
TESTATRIX/TESTATOR

Jamie S. Seal
WITNESS

Richard J. Bowman
WITNESS

DATED:

February 16, 1988

This instrument prepared by JOSEPH S. IRAK, ATTORNEY AT LAW,
506 E. 86th Avenue, Merrillville, IN 46410. PHONE: 769-4552.

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1078-98

State No. _____

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) Robert E. Jansen		2. SEX Male	3a. TIME OF DEATH 5:45 A M	3b. DATE OF DEATH (Month, Day, Yr) May 10, 1998	
4. *SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 63	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo, Day, Yr) Jun. 20, 1934	
7. BIRTHPLACE (City and State or Foreign Country) Three Oaks, Michigan	8a. WAS DECEDENT A U.S. VETERAN? YES	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? UNK	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) The Community Hospital	9c. CITY, TOWN, OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Carol Hall	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Assistant General Foreman	12b. KIND OF BUSINESS/INDUSTRY Steel Co.		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Griffith	13d. STREET AND NUMBER 1715 N. Jay St.		
13a. ZIP CODE 46319	13i. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+): _____				
18. FATHER'S NAME (First, Middle, Last) Gerrit Jansen		19. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Mc Donald			
20a. INFORMANT'S NAME (Type/Print) Carol Jansen		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1715 N. Jay St. Griffith, Indiana	20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 13, 1998 Chapel Lawn cemetery		21c. LOCATION—City or Town, State Schererville, Indiana	
22a. EMBALMERS NAME Edgar Gleim		22b. EMBALMERS LICENSE NO. (of license) FDO 1016173	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James S. [Signature]</i>		24b. LICENSE NUMBER (of license) FDO 1010850	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FH83007500		
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory failure, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Vascular collapse DUE TO (OR AS A CONSEQUENCE OF) Due to arteriosclerotic heart and vascular disease Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last MAY 11 1998 <i>Robert M. [Signature]</i>				Approximate Interval Between Onset and Death Unknown	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> DEPUTY CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. N/A	
29d. DATE SIGNED (Month, Day, Year) May 11, 1998		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307			
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>			32. DATE FILED (Month, Day, Year) May 11, 1998		
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) May 10, 1998		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. Exhibit "C"			