2020-044443

2020 Jul 15

8:59 AM

IN RE:

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

STATE OF INDIANA)
) SS:

COUNTY OF LAKE)

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 Alechate 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. A and which was Spread of Record in the Lake Circuit Court, Probate Division, sitting at Lake County, Indiana under Cause Number 45001 2007 EM 000126.
- the Lake County Recorder!

 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, 1936 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.

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JOHN E. PETALAS LAKE COUNTY AUDITOR 25

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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 could and owing as a consequence of the Decedent's death TOFFICIAL!
 - 10. As of this date: Document is the property of
 - a. at least the months have y elepsedes ince 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 Take 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

instrument that is exempt from the requirements to file a sales disclosure under I.C. 29-1-7-23 (c), and to direct the Recorder of Lake County, Indiana, to record the Affidavit and index it to the Latest Recorded Instrument in the Recorder's index records showing that the property is hereby transferred to the legatees, Candus A. Childress as to an undivided 50% share, and Cynthia M. Holme as to an undivided 50% share.

11. The Affiant affirmed the truth of the representations in this Affidavit under penalty for perjury and authorizes any person to rely upon this Affidavit as evidence of an effective transfer of title of record (as defined in I.C. 32-20-2-1) as stated in I.C. 29-1-7-23(e).

I affirm under the pooluie entresjury that the foregoing statements are true.

This Document is the Property HOLDRESS, AFFIANT

STATE OF INDIANA the Lake County Recorder!
) SS:

COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, this ILM day of 1, 2020, did personally appear CANDUS A. CHILDRESS, and acknowledged the execution of the foregoing Affidavit For Transfer Of Real Property. In witness whereof I have hereunto subscribed my name and affixed my official seal.

ANTOINETTE KRUPA
Notary Public, State of Technolog
Lake County
Commission # 693568
My Commission Expires
January 19, 2025
Resident of Lake County
Coomission No.: 693508

I affirm, under penalty for perjury, that I have taken reasonable care to redact each Social Security number from this document, unless otherwise required by law.

Joseph S. Irak

Prepared by: Attorney Joseph S. Irak, 9219 Broadway, Merillville, Atty. I.D. #4851-45 (219) 769-4552 IN 46410

Mail to: 9219 Broadway, Merrillville, IN 46410

EXECUTED AND DELIVERED in my presence:

WITNESS SIGNATURE

STATE OF INDIANA SS: COUNTY OF LAKE Before me, a Notary for said County and State, I YM day of did personally appear is the property of all sworn by me, witness to the deposes and says thate thereforegoing Repatriment was executed and delivered by Candus A. Childress in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction. In witness whereof I have hereunto subscribed my name and affixed my official seal. Notary Public, State of Irolena Lake County Commission Expires 01/19/2025 Commission # 633508 My Commission Expires January 19, 2025 Resident of Lake County ommission No/: 693508

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 179514

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Hast 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 Document is
of my last illness and the expenses of administration of my
estate be paid by my Executor as soon after my decease as found
This Document is the property of
convenient. I further direct that oracle 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.

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 helder 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 II.

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"

1.00 Lo

ARTICLE IV

Upon my death, I do hereby will and bequeath my entire Estateto 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.

NOT OFFICIAL!

If any of my children shalf predecease me, the interest the Lake County Recorder! 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 diesal orior 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

NB FR

request that no bond be required of him/her in that capacity. event that he/she cannot act, for any reason, then I hereby appoint CANDUS ANN CHILDRESS as alternate Executrix/Executor. 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 pr so used; and to settle, compromise, or pay any claims, including taxes, asserted in favor of or against This Document is the property of me or my estate Lahet aubeneftecoadyr! or their executors or administrators, shall not be liable for any unintentional, nonnegligent 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, Testator

XIII

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 pach of the witnesses in the presence of the testatrix/testatoscanderefiseachpetherty signed the will as a witness; the Lake County Recorder!
 - 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 C. Jon TESTAPRIX/TESTATOR

WITNESS

Xititi

DATED:

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

Local No 256580	THE RECORDS IN 1				ERTIFICA	I E OF	DEATH		State	No.	•••••	• • • • •	• • • • • • • • • • •		
TYPE/PRINT	1. DECEASED—NAME			DENTIAL PE	H IC 16-1-19-3	2 SEX 3a TIME OF 0					EATH 36 DATE OF DEATH GAME COR Y)				
IN		Robert	ansen Mal						May 10, 1998						
PERMANENT	4. *SOCIAL SECURITY N	UMBER	Sa. AGE—L (Years)		Sb. UNCER 1 YEAR Months Day		R I DAY 6. DA			7. BIS	RTHPLACE (Cay	and State o	r Foreign Country)		
BLACK INK	8a. WAS DECEDENT		80. YEAR LAST SE	63 RVED IN		<u> </u>			, 1934 ATH (Check only o	T	hree Oa	ks, I	Michigan		
	A U.S. VETERAN? YES		U.S. ARMED FO	RCES7	HOSPITAL Ing			1	Nursing Home						
	9b. FACILITY NAME (If not institution, give street and number)			X ER	Residence	esidence									
DECEDENT	The Community Hospital			9% CITY. TOWN OR LO											
	10 MARTAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife give marken name) Carol Hall			12a. DECEDENT'S USUAL OCCUPA Jone during most of working Ma.					Lake 126. KIND OF BUSINESS/INDUSTRY				
						Assistant Gene		enera.	eral Foreman						
	134 RESIDENCE—STATE Indiana		Lake		13c. CITY, TOWN, O			136	STREET AND N						
	13a ZIP CODE 131 INSIDE CIT 46319		Y LIMITS 14 CITIZEN OF WHAT COUNTRY			iffith OF HISPANIC ORIGIN? 16. I		16 PACE	1715 N. J 16. RACE—American Indian. Black White, etc. (Specify)		17. DECEDENT'S EDUCATION (Specify only highest grade completed)				
						Yes (If yes	Yes (If yes, specify Cuben,								
		NA FARA		S.A.	JUCUI	TICII	r 12	/	" ite	Elemen	mary/Secondary (12	College (1-4 or 5 +)		
PARENTS	18. FATHER'S NAME (Fv.) Gerrit Jan	t Middle.	Lasti	NO	TOF	FIC		S NAME (Fi	rst Middle Meiden MC Dona						
NEORMANIT	20s. INFORMANTS NAM		no This	s Doo	111110-114	(CAODARS)			Mumber, City or		To Codo	20- 24			
INFORMANT	Carol Jans		4	ho I	1715	N. Ja	y St. G	riffi	th, Indi	ana	and Zip Code)	Wii			
	21a. METHOD OF DISPOS	7	☐ Entombment		216. DATE AND PLA				netory, or	21c. LOC	CATION-City or	Town, Stat	•		
	Bunel Cremeton Removel from State Other (Specify)				other place) May 13, 19 Chapel Lawn cemetery					Col	chererville, Indiana				
DISPOSITION	22a. EMBALMER'S NAME		22b. EMBALMER		Cellete	1	AS DEATH REPOR			rie,	Indiana				
5.67 66711611	Edgar Gle	im			3	016173			No X Y		CONONEN				
	24s. SIGNATURE OF FUND	ERAL DIR	ECTOR		24b	LICENSE NUM	SER 2	S. NAME AC	DORESS. AND LIC	ENSE NU	IMBER OF FUNER	AL HOME			
		2			F	tof Licensee) DO 101	1850 L	Jiahl.	and Ind				einman Rd		
l I	26 PARTICIS OF PARTY		A Significant	INIT	and the clause On any a	mar nonanacho	torms such as co								
	CCT/P (arrest.)	dart laibire. List only	used the death. Do not enser nonspecific terms, such as cardiac or respiratory each time.					Approximate Interval Between							
	IMMEDIATE CAUSE (FINAL											U	Onset and Deeth ILKIIOWII		
CAUSE OF	disease or condition resulting in death)		Due	to a	RASA CONSCUENTE L'OSCI	CE OF LC	heart a	nd va	scular	dise	ease				
DEATH	Conditions, if any, which tis	71 J	1 13 20	DUE TO (O	R AS A CONSEQUEN	CE OF)	1								
	stating the underlying	4 6	101.00	DUE TO (O	R AS A CONSEQUEN	CÉ OF)	3		/		 .				
	() E () () ()	<i>(4)</i>	4		ELL. A	EAL	7								
	PART II. Other significant C		Conditions contribu	ong to death b	ut not praviously stated	in Part Hills	27. WAS DECED		28a. WAS AN	AUTOPS	SY 285. WE	RE AUTOR	SY FINDINGS		
					PREGNANT OR POSTPARTUM?				(Yes or n		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
							(Yes or no)	No			No OF	DEATH? (1	(es or no)		
ľ	29a. CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, data, and place, and due to the cause(s) as stated														
	one) MEALTH OFFICER On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date, and place, and due to the cause(s) as stated														
ŀ	DEPUTY			sis of examine	ban end/or investigation	, in my opinion,	death occurred at t								
CERTIFIER (296 SIGNATURE AND TIT	$V \cup$	L.QL					79c. M	EDICAL LICENSE N/A	NO	May		(Month Day, Year) .998		
Ì	30 NAME AND ADDRESS		_				·- C	. C.	nara Dod		Tadion	. 463	0.7		
	Donna Merlyc JI HEALTH OFFICERS SK			roner	, 2293	2293 North Main Street, Crown Point						12 PATE FILED (Mondy Day, Year)			
DEALTH DEFICER			AND ACCEPTED . I'M					May 11, 1998							
ĵ	33. MANNER OF DEATH		ATE OF INJURY 346 TIME OF 34c INJURY AT WO												
	☑ Natural ☐ Pend	(146)	nth Day, Year	יאטטאי ("	(Yes or no)					~/				
ł		sposoon	34a Pi 4	CE OF IM 8 IS	Y—At home form	-At home, farm, street, factory, office		16 LOCATION (Street and Number or			Rural Route Number City of Town State)				
ļ	Dete	id not be immed		ing atc (Spec			. 3			⊶ar or reua	- HOUSE NUMBER	C ty OF 1C	31.77		
	☐ Homicide														
					IR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pades Exhibit 1) [
i	May 10, 199	70				ι _ ۷	こいしん	IT	/						