

STATE OF INDIANA )  
 ) SS  
COUNTY OF LAKE )

**2020-049032**

2020 Jul 30

2:21 PM

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

## DEVOLUTION AFFIDAVIT

The undersigned Michelle Haywood (affiant), being sworn on oath states that:

1. My Father, Olice Cody died intestate on April 15, 2015, my Mother Elizabeth R. Cody a.k.a Elizabeth Ruth Cody a.k.a Elizabeth Ruth Garmon also died intestate on July 15, 2012, they were still married and leaving no Will, and no other children.

2. Pursuant to a Quit Claim Deed dated June 28, 2007 and recorded in the office of the Lake County Recorder on July 13, 2007, instrument number 2007-057258 the owner of the following described real estate located in Lake County, Indiana, to wit:

- Legal: Resub. Gary Land Company's 6<sup>th</sup> Sub Lot 14 Block 22 in Lake County, Indiana
- Property Number: 45-08-05-133-005.000-004
- Commonly Known as: 225 Marshall Street Gary, In 46404

3. The most recent instrument recorded is a dated June 28, 2007 and recorded in the Office of the Recorder of Lake County on July 13, 2007, instrument number 2007-057258 Recorded in the office of the Lake County Recorder regarding the above -described property.

4. The Decedent(s) died intestate, leaving as the decedent's heir(s) through intestate transfer under ICs 29-1-2-1 the following person percentage(s) or fraction(s):

4.1 100% to, Michelle Haywood the decedent(s) only HEIR, whose address is 702 East 92<sup>nd</sup> Place Merrillville, In 46410

5. The Decedent(s) owned no obligations to creditors and there is no federal estate tax due and owing as consequence of the Decedent's death as of this date.

6. At least 7 months have passed.

7. No letters testamentary or letters of administration have been issued to a court appointed personal representative for Decedent(s) within the time limits, specified under I.C. §29-1-7-15. (d)

8. A probate court has not issued findings and an Accompanying order preventing the limitations. I.C. §29-1-7-15. 1 (b)

9. The purpose of this affidavit is to induce the Auditor of Lake County, Indiana to endorse the Affidavit and record it as a title of transfer in the Auditor real estate ownership records as an instrument that exempt from the requirements to file a sale disclosure under ICs 29-1-7-23(c) and direct the Recorder of Lake County, Indiana to record the Affidavit and index it to the Latest Recorded Instrument in the Recorder index records.

JUL 30 2020  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

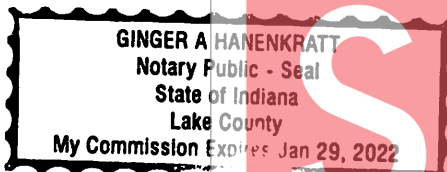
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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared Michelle Haywood, being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by Michelle Haywood 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.

WITNESS my hand and notarial seal this 27<sup>th</sup> day of July, 2020.  
**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**



Ginger A. Hanenkraatt  
Ginger A. Hanenkraatt, Notary Public  
A Resident of Lake county

My Commission Expires:  
1-29-22



I Affirm Under the Penalties for Perjury that The Foregoing Statements Are True

Send Tax Bill Information To: Michelle Haywood 702 east 92<sup>nd</sup> place Merrillville, in 46410

"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."  
PREPARED BY: M.H.



CERTIFICATE OF DEATH

REGISTRY NO. 00018



Local No 001574

EDR No 000000444221

State No 022291

1. Decedent's Legal Name (First, Middle, Last) <b>OLICE CODY</b>				1a. Maiden Name (If Female)		2. Sex <b>MALE</b>	3. Time Of Death <b>07:48 PM</b>	4. Date Of Death (Month/Day/Year) <b>04/15/2015</b>
5. Social Security Number <b>[REDACTED]</b>	6a. Age - Yrs <b>85</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>08/17/1929</b>	8. Birthplace (City and State or Foreign Country) <b>GARY, IN</b>	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) <b>METHODIST SOUTHLAKE HOSPITAL</b>			13. County Of Death <b>LAKE</b>		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		
12. City Or Town, State, And Zip Code <b>MERRILLVILLE, IN, 46410</b>			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>MILLWORKER</b>		17. Kind Of Business/Industry <b>LTV STEEL CORP</b>

18. Residence - State <b>INDIANA</b>	18a. County <b>LAKE</b>	18b. City Or Town <b>GARY</b>	18c. Apt. No.	18e. Zip Code <b>46404</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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18c. Street And Number <b>225 MARSHALL STREET</b>	19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>	20. Decedent Of Hispanic Origin <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	21. Decedent's Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other (Specify)
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22. Father's Name (First, Middle, Last) <b>WILLIAM JEAN CODY</b>	23. Mother's Name (First, Middle, Last) <b>ROCHELLE CODY</b>	23a. Mother's Maiden Last Name <b>LOCKHART</b>
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24. Informant's Name <b>MICHELLE HAYWOOD</b>	24a. Relationship To Decedent <b>DAUGHTER</b>	24b. Mailing Address (Street And Number, City, State, Zip Code) <b>702 EAST 92ND PLACE, MERRILLVILLE, IN 46410</b>
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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>EVERGREEN MEMORIAL PARK</b>	25c. Location - City, Town, And State <b>HOBART, IN</b>
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404</b>	27a. Funeral Home License Number: <b>FH83007704</b>
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27b. Signature Of Indiana Funeral Service Licensee <b>CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE</b>	27c. License Number (Of Licensee): <b>FD29700070</b>
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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.		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. <b>SQUAMOUS CELL CARCINOMA OF URINARY BLADDER WITH LOCAL METASTASIS</b> <small>Due to (Or As A Consequence Of)</small>	<b>3 MONTHS</b>
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. <b>URINARY OBSTRUCTION</b> <small>Due to (Or As A Consequence Of)</small>	<b>3 MONTHS</b>
	C. <b>RENAL FAILURE</b> <small>Due to (Or As A Consequence Of)</small>	<b>3 MONTHS</b>
	D. <b>ANOREXIA</b> <small>Due to (Or As A Consequence Of)</small>	<b>3 MONTHS</b>

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause	29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 Before Death	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
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34. Date Of Injury (Month/Day/Year)	35. Time Of Injury <b>MAY 08 2015</b>	36. City Or Town <b>LAKE COUNTY HEALTH DEPARTMENT</b>	37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
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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)
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41. Signature, Of Person Certifying Cause Of Death: <b>RAKESH N. PARIKH, BY ELECTRONIC SIGNATURE</b>	42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>RAKESH N. PARIKH, 5495 BROADWAY, MERRILLVILLE, IN 46410</b>	44. License Number <b>01043290A</b>	45. Date Certified <b>05/08/2015</b>
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46. Additional Funeral Service Provider:	47. 'Attest':	48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>	49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAY 08 2015</b>
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NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 000264

EDR No 00000270880

State No

1. Decedent's Legal Name (First, Middle, Last) <b>ELIZABETH RUTH CODY</b>				1a. Maiden Name (If female) <b>GARMON</b>		2. Sex	3. Time Of Death <b>06:15 AM</b>	4. Date Of Death (Month/Day/Year) <b>07/15/2012</b>		
5. Social Security Number	6a. Age - Yrs <b>77</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>02/28/1935</b>		8. Birthplace (City and State or Foreign Country) <b>GARY, IN</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 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) <b>225 MARSHALL STREET</b>										
12. City Or Town, State, And Zip Code <b>GARY, IN, 46404</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>OLICE CODY</b>			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>CHURCH SECRETARY</b>		17. Kind Of Business/Industry <b>ZION PROGRESSIVE CHURCH</b>		
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>		18d. Apt. No.	18e. Zip Code <b>46404</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number <b>225 MARSHALL STREET</b>										
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Or Other Ethnicity <b>NOT HISPANIC</b>			21. Race <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other (Specify)		22. Father's Name (First, Middle, Last) <b>JAMES EDWARD GARMON</b>		
23. Informant's Name <b>OLICE CODY</b>			23a. Informant's Relationship To Decedent <b>HUSBAND</b>			23b. Informant's Address (Street, City, State, Zip Code) <b>225 MARSHALL STREET, GARY, IN 46404</b>		23c. Informant's Telephone Number (Area Code, Number) <b>219-338-XXXX</b>		
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>EVERGREEN MEMORIAL PARK</b>			25c. Location - City, Town, And State <b>HOBART, IN</b>					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404</b>						27a. Funeral Home License Number: <b>FH83007704</b>		
27b. Signature Of Indiana Funeral Service Licensee <b>CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD29700070</b>				
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. <b>SUDDEN DEATH</b>				Due to (Or As A Consequence Of):		Approximate Interval: Onset To Death <b>IMMEDIATE</b>
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. _____				Due to (Or As A Consequence Of):		_____
C. _____				Due to (Or As A Consequence Of):				_____		
D. _____				Due to (Or As A Consequence Of):				_____		
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.										
BILATERAL CANCER OF THE BREAST WITH NO CLINICAL METASTASES						29. Was An Autopsy Performed? <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"/> 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. Were Autopsy Findings Available To Complete The Cause Of Death? <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"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: <b>BARBARA L FULLER, BY ELECTRONIC SIGNATURE</b>						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: <b>BARBARA L FULLER, 801 MACARTHUR BLVD. SUITE 401, MUNSTER, IN 46321</b>						44. License Number <b>01034701A</b>		45. Date Certified <b>07/27/2012</b>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUL 30 2012</b>				



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