STATE OF INDIANA

LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

STATE OF INDIANA ) This Document is being rerecorded to add IC language.

COUNTY OF LAKE

## **DEVOLUTION AFFIDAVIT**

Jackie D. Hartt, Affiant, being first duly sworn on oath, deposes and states as follows:

- 1. That the Affiant resides at 823 W. 39th Place, Hobart, IN 46342.
- 2. That the Affiant is the mother of William Luke Hartt aka William Hartt aka William L. Hartt, deceased.
- 3. That William Luke Hartt aka William Hartt aka William L. Hartt passed away on the September 21, 2019, in the City of Hobart, County of Lake, State of Indiana, as evidenced by the Death Certificate attached hereto.
- 4. That William Luke Hartt aka William Hartt aka William L. Hartt died owning the property described as: TORRICIAL

819 W. 40 HAVe., Hobart, 16 46342 the property of Parcel: 45-09-30-180-009-00-018-1ty Recorder!

Lot Numbered Five (5), Block Five, in Rossow's Addition to Hobart, as Per Plat thereof, Recorder in Plat Book 14, Page 4, in the office of the Recorder of Lake County, Indiana.

- 5. That the most recent instrument recorded on this property prior to the passing of the decedent, was a quit claim deed, recorded on December 7, 2016, under document number 2016082927 which deeded the property from Monica M. Wiley to the decedent, William Luke Hartt aka William Hartt aka William L. Hartt, in fee simple.
- 6. That no probate administration is pending, no letters testamentary have been issued no orders have been made and none are contemplated.
- 7. That William Luke Hartt aka William Hartt aka William L. Hartt was survived by his mother, Jackie D. Hartt, his father, William R. Hartt, and his sister, Jackie L. Galambos.
- 8. That William Luke Hartt aka William Hartt aka William L. Hartt died intestate, and pursuant to I.C. 29-1-2-1, his estate passes to his mother, Jackie D. Hartt, his father, William R. Hartt, and his sister, Jackie L. Galambos, as equal heirs.
- 9. That the property described above, as a result of the death of William Luke Hartt aka William Hartt aka William L. Hartt passed as an undivided 33.33% interest each to to his mother, Jackie D. Hartt, his father, William R. Hartt, and his sister, Jackie L. Galambos.
- 10. 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.

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JOHN E. PETALAS LAKE/COUNTY AUDITOR JOHN E. PETALAS LAKE COUNTY AUDITOR



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- 11. That seven (7) months have elapsed from the date of passing.
- That all debts of the decedent have been paid in full.
- 13. That the Affiant makes this affidavit to induce the Lake County Recorder and Auditor to change the ownership accordingly.
- 14. The following documents attached hereto are hereby incorporated by reference as part of this Affidavit: Death Certificate of Decedent William Luke Hartt aka William Hartt aka William L. Hartt.

IN WITNESS WHEREOF, the Affiant has affixed her signature hereto this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 2020.

Jackie D. Hartt, Affiant

## Document is NOT OFFICIAL

This Document is the property of

EXECUTED AND DELIVERED IN MY PRESENCE COORDER!

Mundam Witness Signature

Maranda Cimino Witness Printed

STATE OF INDIANA

COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, personally appeared Maranda M. Cimino, being Known to me to be the person whose name is subscribed as a witness to the forgoing instrument, who being duly sworn by me, deposes and says that the forgoing instrument was executed and delivered by **Jackie D. Hartt** in the above-named subscribing witness's presences, 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 \_\_\_\_\_\_ day of \_\_\_\_\_\_, 2020

Notary Signature

Shauna M Lange
Lake County
My Commission Expires
April 10, 2022

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.

Shauna M. Lange

This Instrument prepared by:
Shauna M. Lange, ESQ
REES AND LANGE, P.C.
301 Main Street, Hobart, IN 46342
(219) 947-1692

## INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 211236

Local No 903	502			<u>)0000733</u>	<u> 232                                   </u>		Sta	te No	0471	65	o Of Death (Month/Day/)
Decedent's Legal Name (First, Middle, Last)			1a. Maide	n Name (If female)		2. Sex		3. Time C		4. Date	
VILLIAM LUKE HARTT  . Social Security Number   6a. Age - Yrs   6	3b. Under 1 Yea	r   6c. Under 1	Month 6d. Under 1	Day 6e. Under 1 h	our 7. Da	MAL te of Birth (Mon			00 PM Birthplace (Ci	ty and Staf	09/21/2019 e or Foreign Country)*
				Minutes	+		•	-t-	ALPARA	ISO IN	1
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<ol> <li>Facility Name (If Not Institution, Give Street at 19 WEST 40TH AVENUE</li> </ol>	and Number)										Of Death
2. City Or Town, State, And Zip Code				13. Co	unity Of Death	1		- 1	14. Marital St  Married [	] Married,	But Separated Div
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VILLIAM R HARTT				JACKIE D					BAT	ES	
24. Informant's Name		24a. Relatio	nship To Decedent	24b. Mailing A	dress (Stree	et And Number,	City, State	, Zip Code	<del>)</del>		
IACKIE D HARTT		MOTHE			1	PLACE, HO	OBART	r, IN 46	342		
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27. Mass Coroner Contacted?  27. May Yes □ No  27b. Signature Of Indiana Funeral Service Licen IOSHUA R. KRAUSE, BY ELE  28. Part I. Enter The Chain Of Events - Dis Such As Cardiac Arrest, Respiratory Arrest A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Conditions, Sequentially List Conditions, If Any, Leadin Line A. Enter The Underlying Cause (Disease Or Events Resulting In Death) Last  Part II. Enter Other Startificant Conditions Contrib  31. Did Tobacco Use Contribute To Death?  □ Yes □ Probably ☒ No □ Unknown  34. Date Of Injury (Month/Day/Year)  38. Location Of Injury - State  39. Describe How Injury Occurred  41. Signature, Of Person Certifying Cause Of D  MERRILEE D. FREY, BY ELEC  43. Name, Address And Zip Code Of Person Certifying Cause Of D	Seases, Injuries, Or Ventricular tion Resulting Ir The Causase Or Injury To Sease Or Inju	ALHOME, SIGNATUR OF Complication With Death)  Be Listed On that Initiated  Separat Within Past Ye regnant, But Pregnant, But Pre	Cause Of Dead ons - That Directly Chair Showing The El A. CARDIAC AF B. ACUTE MYC.  C. SEVERE CC.  In The Underlying Call  The Pregnant At Time C.  The The Carte Co. D.  The	REST  CARDIAL INFARCT  CONARY ARTERY I  CO Death   Not Pregnant, I in the property of the point of the property of the propert	And Example of Enter Totale Enter Ente	GERD, HC 22 Files CTU Forminal Event Only One Cau Forman A Consequenc For As A Consequence For As A	DBART  7c. Licens D2970  ssee On:  •	Number 0036  dr?  iilable To 0  lanner Of latural lidicide logocation of latural lidicide log	Complete The Death: Hornicide Could Not Be nt. Wooded A  38c. Apt  38c. Apt	Cause Of Accident Determine rea)	Approximate Interval: Or To Death  IMMEDIATE  INTERMEDIA  INTERMEDIA  INTERMEDIA  INTERMEDIA  OPENDING INVESTIGATION INTERMEDIA  TO DEATH? Yes No. 10
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27. Mass Coroner Contacted?  27. May Yes □ No  27b. Signature Of Indiana Funeral Service Licen (IOSHUA R. KRAUSE, BY ELE)  28. Part I. Enter The Chain Of Events - Dis Such As Cardiac Arrest, Respiratory Arrest A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Conditions, If Any, Leadin Line A. Enter The Underlying Cause (Disease Chaine Conditions)  27  □ Yes □ Probably ☑ No □ Unknown  28  □ Location Of Injury (Month/Day/Year)  29  □ Describe How Injury Occurred  41  □ Signature, Of Person Certifying Cause Of Derson Cause (Insease Chaine)  42  □ Signature, Of Person Certifying Cause Of Derson Cause (Insease Chaine)  43  □ Name, Address And Zip Code Of Person Cause (Insease Chaine)  44  □ Signature, Of Person Certifying Cause Of Derson Cause (Insease Chaine)  45  □ Signature, Of Person Certifying Cause Of Derson Cause (Insease Chaine)  29  □ Signature, Of Person Certifying Cause Of Derson Cause (Insease Chaine)  29  □ Signature, Of Person Certifying Cause Of Derson Cause (Insease Chaine)  41  □ Signature, Of Person Certifying Cause Of Derson Cause (Insease Chaine)	See CTRONIC  Seases, Injuries, Or Ventricular tion Resulting Ir ng To The Caus ase Or Injury T  32. If Fe Not P 35. Tin 38a. Cit	ALHOME, Or Complication Fibrillation With the Death)  Selection of Resulting to the Complete	Cause Of Dead ons - That Directly Chaut Showing The El A. CARDIAC AF B. ACUTE MYC.  C. SEVERE CC.  D. Pregnant At Time C. 43 Days To 1 year Before Dead The CARDIAC AF The Co. 1	REST  CARDIAL INFARCT  CONARY ARTERY I  CO Death   Not Pregnant, I in the property of the point of the property of the propert	DRIDO CIN Due to CIN Decedent's COPY C. E. WITH CEPAR	GE RD, HC  22 Ferminal Event Only One Cau  Or As A Consequence The Autopsy Fi  The The This This This This This This This This	DBART 7c. Licens D2970 Ssee On  On:  Performe inding Ava  33. N  Sociotion Site  40. Iff Deriving Performe  retifying P	d7 d7 d7 dilable To 0 tanner of fatural   1 tarrate   0 Restauran	Yes Complete The Death: Hornicide Could Not Be nt Wooded A  38c. Apt  38c. Apt	Cause Of Accident Determine rea) No.	Approximate Interval: On To Death  IMMEDIATE  INTERMEDIA  INTERMEDIA  INTERMEDIA  INTERMEDIA  OPENING INVESTIGATION IN INTERMEDIA  Pending Investigated  37. Injury At Work?  OPENING INVESTIGATION IN INTERVAL IN