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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER
2020-005736
2020 Jan 23 8:35 AM

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

DEVOLUTION AFFIDAVIT

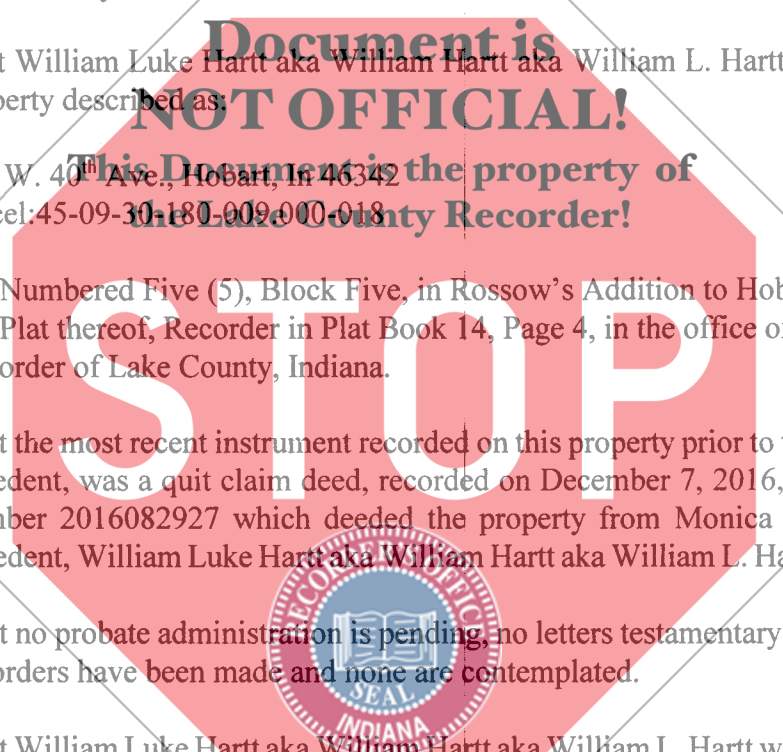
Jackie D. Hartt, Affiant, being first duly sworn on oath, deposes and states as follows:

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:
819 W. 40th Ave., Hobart, IN 46342
Parcel: 45-09-30-180-009-000-018
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.

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

2020-054825

2020 Aug 21 9:56 AM



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FILED
JAN 22 2020
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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FILED
AUG 19 2020

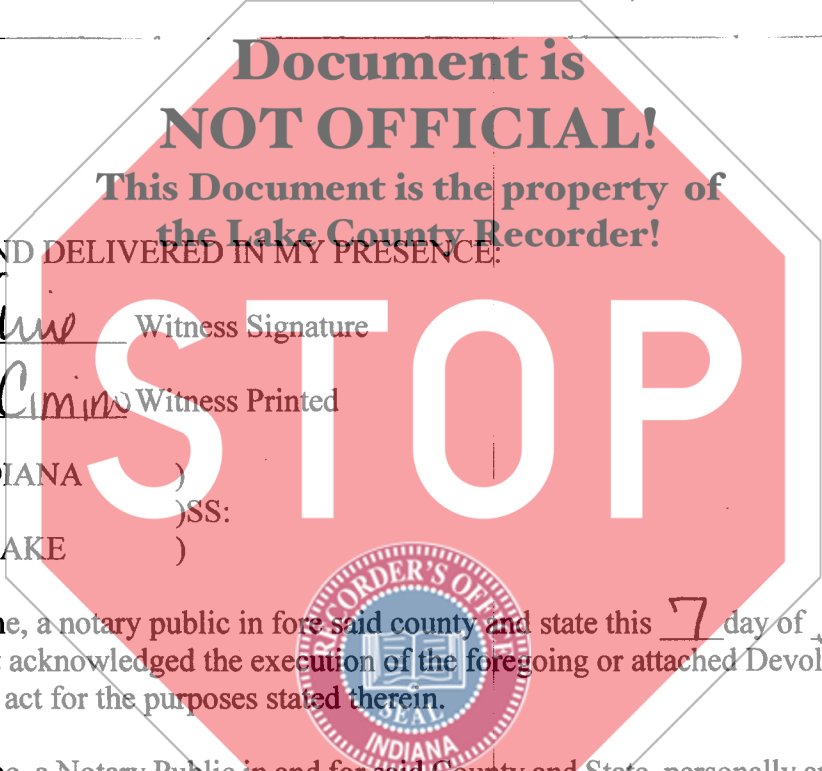
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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11. That seven (7) months have elapsed from the date of passing.
12. 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 7 day of January, 2020.

Jackie D. Hartt
 Jackie D. Hartt, Affiant



EXECUTED AND DELIVERED IN MY PRESENCE:

Maranda Cimino Witness Signature
Maranda Cimino Witness Printed

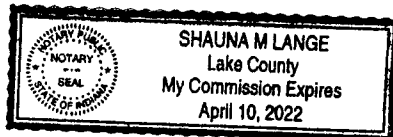
STATE OF INDIANA)
)SS:
 COUNTY OF LAKE)

Before me, a notary public in fore said county and state this 7 day of January, 2020, **Jackie D. Hartt** acknowledged the execution of the foregoing or attached Devolution Affidavit as her voluntary act for the purposes stated therein.

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 7 day of Jan, 2020.

Shauna M. Lange Notary Signature
Shauna M. Lange Notary Print



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
CERTIFICATE OF DEATH - RESUBMIT

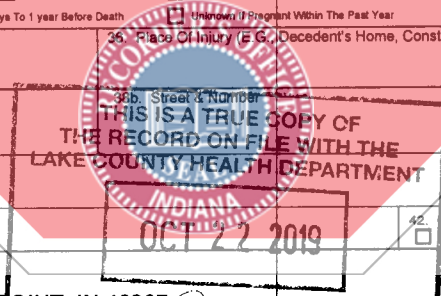
Tracking No. 211236

Local No 903502

EDR No 00000733232

State No 047165

1. Decedent's Legal Name (First, Middle, Last) WILLIAM LUKE HARTT				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 03:00 PM		4. Date Of Death (Month/Day/Year) 09/21/2019		
5. Social Security Number [REDACTED]		6a. Age - Yrs 41		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) 10/09/1977				8. Birthplace (City and State or Foreign Country) VALPARAISO, 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 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) 819 WEST 40TH AVENUE												
12. City Or Town, State, And Zip Code HOBART, IN, 46342						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 type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation OIC OF SECURITY		17. Kind Of Business/Industry MEDICAL		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HOBART			18d. Apt. No.		18e. Zip Code 46342	
18c. Street And Number 819 WEST 40TH AVENUE												
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) WILLIAM R HARTT				23. Parent's Name (First, Middle, Last) JACKIE DARLENE HARTT				23a. Parent's Last Name Before First Marriage BATES				
24. Informant's Name JACKIE D HARTT			24a. Relationship To Decedent MOTHER			24b. Mailing Address (Street And Number, City, State, Zip Code) 823 WEST 39TH PLACE, HOBART, IN 46342						
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) GRACELAND CEMETERY				25c. Location - City, Town, And State VALPARAISO, IN				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342						27a. Funeral Home License Number FH83003069				
27b. Signature Of Indiana Funeral Service Licensee: JOSHUA R. KRAUSE, BY ELECTRONIC SIGNATURE												
27c. License Number (Of Licensee): FD29700036												
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. CARDIAC ARREST Due to (Or As A Consequence Of):												
B. ACUTE MYOCARDIAL INFARCTION Due to (Or As A Consequence Of):												
C. SEVERE CORONARY ARTERY DISEASE Due to (Or As A Consequence Of):												
D.												
Approximate Interval: Onset To Death IMMEDIATE												
INTERMEDIATE												
INTERMEDIATE												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I												
29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input 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 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			35. 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)												
NOT VALID UNLESS												
41. Signature, Of Person Certifying Cause Of Death: MERRILEE D. FREY, BY ELECTRONIC SIGNATURE												
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: MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307												
44. License Number												
45. Date Certified 10/11/2019												
46. Additional Funeral Service Provider:												
47. Akas:												
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE												
49. For Registrar Only Date Filed (Month/Day/Year): OCT 11 2019												
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												
30: NO						281-Interval B:						
281-Cause A: DEFERRED PENDING FURTHER INVESTIGATION						281-Interval C:						
281-Cause B:						33: PENDING INVESTIGATION						
281-Cause C:						49: 09/27/2019						
1						281-Interval A:						
45: 9/24/2019 2:52:15 PM												



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