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STATE OF INDIANA)
)
COUNTY OF LAKE)

2020-063698

SS: 2020 Sep 14 8:54 AM

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

AFFIDAVIT OF DEVOLUTION

Jarvis Ramone Hodge, being first duly sworn upon his oath, deposes and says:

1. That he is the son of the decedent, Ferra Hodge a/k/a Ferra Johnson Hodge a/k/a Ferra Hodge-Love.

2. That Ferra Hodge a/k/a Ferra Johnson Hodge a/k/a Ferra Hodge-Love died intestate on March 12, 2016, at which time a resident of Lake County, Indiana. A copy of the death certificate is attached.

3. That the most recent instrument conveying title to the decedent are as follows:

A. A Quit-Claim Deed recorded February 7, 1974, as Document No. 239020, from Robert Hodge to Ferra Hodge wherein Ferra Hodge acquired title to the following described real estate located in Lake County, Indiana, to-wit:

Lot 8, Eek's 1st Subdivision in the City of Gary, as shown in Plat Book 25, page 42 in Lake County, Indiana.

Key No. 45-07-12-478-027.000-004

Commonly known as 4632 W. 20th Court, Gary, IN 46406

B. A Quit-Claim Deed recorded April 19, 1984 as Document No. 753583, re-recorded May 3, 1984, as Document No. 755275, from Gertrude Keirger to Ferra Hodge wherein Ferra Hodge acquired title to the following described real estate located in Lake County, Indiana, to-wit:

Lot 96, 2nd Addition to Oak Meadow, Gary, Lake County, Indiana.

Key No. 45-08-18-303-001.000-003

Commonly known as 2601 Clark Road, Gary, IN 46406

C. A Quit-Claim Deed with a transfer date of July 19, 1985 as Auditor's Deed Reference No. 00953, Ferra Johnson Hodge acquired title to the following described real estate located in Lake County, Indiana, to-wit:

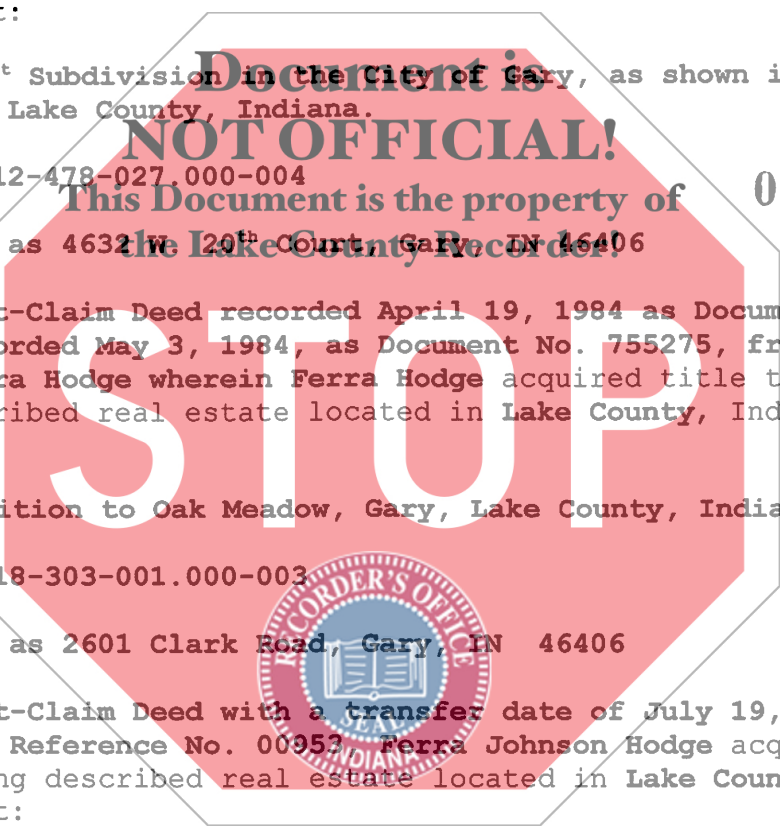
Lot 62 Second Addition to Oak Meadow, as shown in Plat Book 26, page 73 in the Office of the Recorder of Lake County, Indiana.

Key No. 45-08-18-302-023.000-003

Commonly known as 4522 W. 26th APPR Avenue, Gary, IN 46406

4. That Jarvis Ramone Hodge (son), Rodney Derek Hodge (son), and Yolanda Renee Harmon (daughter) are the heirs at law under Indiana intestacy laws and upon the death of Ferra Hodge a/k/a Ferra Johnson Hodge a/k/a Ferra Hodge-Love, each acquired a 1/3 interest in said real estate as the surviving children of the decedent.

5. That (1) at least seven months have passed since the decedent's death, (2) no letters testamentary or letters of administration have been issued to a court appointed personal representative for the decedent within the limits specified under I.C.29-1-7-23 §15.1(d), and (3) a probate court has not issued findings and an accompanying order preventing the limitations in I.C.29-1-7-23 §15.1(b) from applying to the decedent's real property.



053381

FILED

SEP 11 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Handwritten initials and amount: \$25.00

Handwritten number: #2197

6. That the names of each distributee known to the affiant is as follows:

Jarvis Ramone Hodge 33.3%
Rodney Derek Hodge 33.3%
Yolanda Renee Harmon 33.4%

7. That Jarvis Ramone Hodge, as to an undivided 33.3% interest, Rodney Derek Hodge, as to an undivided 33.3% interest, and Yolanda Renee Harmon, as to an undivided 33.4% interest, as tenants in common, of the real described herein by virtue of being the only living children of Ferra Hodge a/k/a Ferra Johnson Hodge a/k/a Ferra Hodge-Love, who left no other child or children or descendants of a deceased child surviving.

The statements made in this Affidavit are true and complete insofar as the affiant knows and are made for the purpose of establishing the heirship of Ferra Hodge a/k/a Ferra Johnson Hodge a/k/a Ferra Hodge-Love.

Jarvis Ramone Hodge
Jarvis Ramone Hodge

I affirm, under the penalties for perjury, that the foregoing representations are true.

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

EXECUTED AND DELIVERED in my presence:

Witness Signature: [Signature]

Witness Printed Name: Mary Kaletka

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 10th day of September, 2020, personally appeared Jarvis Ramone Hodge who acknowledged the execution of the this Affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission expires:

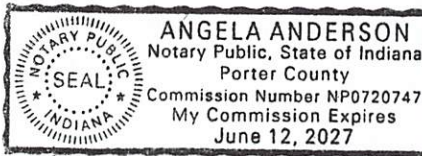
10-12-2027

Angela Anderson
Notary Public

A Resident of Porter County

Commission No. NP0720747

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



Before me, a Notary Public in and for said County and State, personally appeared Mary Kaletka (Witness) 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 Jarvis Ramone Hodge (Affiant) 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 10th day of September, 2020.

My Commission expires:

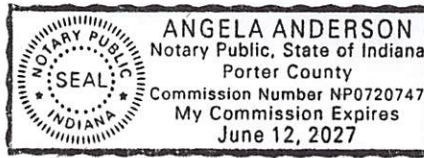
6-12-2027

Angela Anderson

Notary Public

A Resident of Porter County

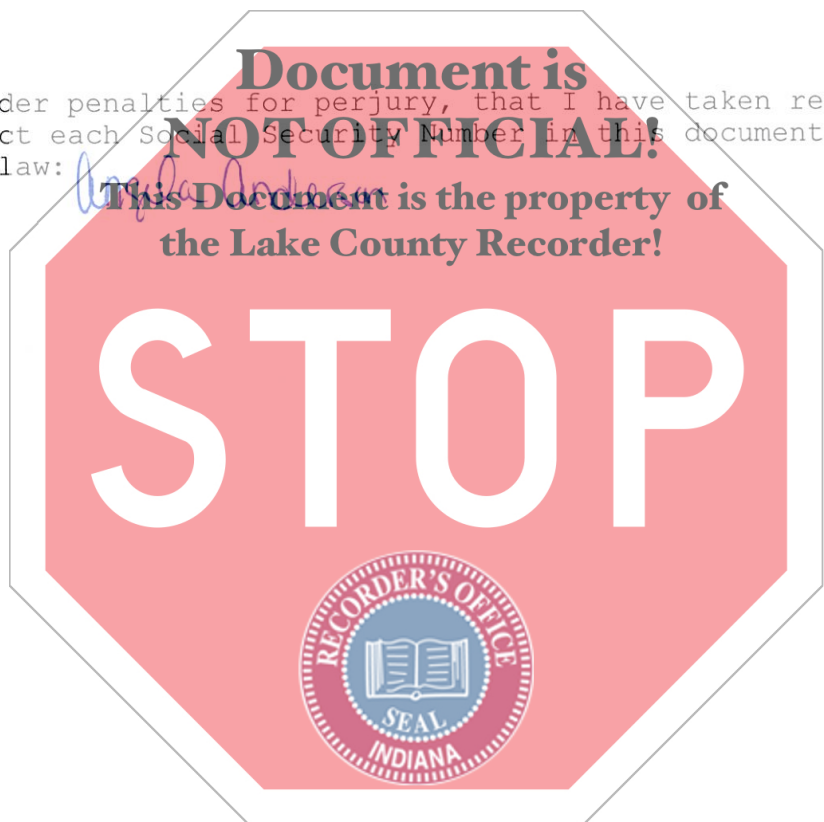
Commission No. NP0720747



MAIL TAX BILLS TO: Jarvis Ramone Hodge
5489 Dexter Drive, Merrillville, IN 46410
TAX KEY NO(S): 45-07-12-478-027.000-004/45-08-18-303-001.000-003
45-08-18-302-023.000-003
GRANTEE(S) ADDRESS: 5489 Dexter Drive, Merrillville, IN 46410

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHKOFF #5575-56
Attorney at Law, 325 N. Main Street, Crown Point, IN 46307
(219) 662-2977 File No: N/A

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law:



GEORGIA DEATH CERTIFICATE

State File Number 2016GA000015714

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) FERRA HODGE-LOVE		1a. IF FEMALE, ENTER LAST NAME AT BIRTH JOHNSON		2. SEX FEMALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 03/12/2016
3. SOCIAL SECURITY NUMBER [REDACTED]	4a. AGE (Years) 79	4b. UNDER 1 YEAR 4c. UNDER 1 DAY Mos. Days Hours Mins.		5. DATE OF BIRTH (Mo., Day, Year) 12/01/1936	
6. BIRTHPLACE MISSISSIPPI	7a. RESIDENCE - STATE INDIANA	7b. COUNTY LAKE		7c. CITY OR TOWN GARY	
7d. STREET AND NUMBER 4632 W 20TH COURT		7e. ZIP CODE 46406	7f. INSIDE CITY LIMITS? YES		8. ARMED FORCES? NO
8a. USUAL OCCUPATION PRE-SCHOOL TEACHER		8b. KIND OF INDUSTRY OR BUSINESS DAYCARE			
9. MARITAL STATUS WIDOWED	10. SPOUSE NAME CARL LOVE		11. FATHER'S FULL NAME (First, Middle, Last) TOMMY LEE JOHNSON		
12. MOTHER'S MAIDEN NAME (First, Middle, Last) LOUISE HATTBURG	13a. INFORMANT'S NAME (First, Middle, Last) JARVIS HODGE		13b. RELATIONSHIP TO DECEDENT SON		
13c. MAILING ADDRESS 5489 DEXTER DRIVE MERRILLVILLE INDIANA 46410			14. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED		
15. ORIGIN OF DECEDENT (Italian, Mexican, French, English, etc.) NO, NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) BLACK OR AFRICAN-AMERICAN			
17a. IF DEATH OCCURRED IN HOSPITAL		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) HOSPICE FACILITY			
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) VISITING NURSES HLTH SYS HOSPICE ATLANTA CENTER		19. CITY, TOWN or LOCATION OF DEATH ATLANTA		20. COUNTY OF DEATH DEKALB	
21. METHOD OF DISPOSITION (specify) BURIAL	22. PLACE OF DISPOSITION EVERGREEN CEMETERY 3815 W 39TH AVENUE HOBART INDIANA 46342			23. DISPOSITION DATE (Mo., Day, Year) 03/19/2016	
24a. EMBALMER'S NAME TODD M SINKUS	24b. EMBALMER LICENSE NO. 4377		25. FUNERAL HOME NAME ATLANTA MORTUARY SERVICE INC.		
25a. FUNERAL HOME ADDRESS 3234 DOGWOOD DRIVE ATLANTA GEORGIA 30354					
26a. SIGNATURE OF FUNERAL DIRECTOR TODD M SINKUS		26b. LICENSE NUMBER 4787	AMENDMENTS		
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 03/12/2016		28. HOUR PRONOUNCED DEAD 06:55 PM			
29a. PRONOUNCER'S NAME Jana Mitchell Sims		29b. LICENSE NUMBER RN124801	29c. DATE SIGNED 03/12/2016		
30. TIME OF DEATH 06:55 PM		31. WAS CASE REFERRED TO MEDICAL EXAMINER NO			
32. DATE OF INJURY (Mo., Day, Year)	33. TIME OF INJURY	34. PLACE OF INJURY (Home, Farm, Street, Factory, Office, etc.) (Specify)		35. INJURY AT WORK? (Yes or No)	
36. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)					
37. DESCRIBE HOW INJURY OCCURRED				38. IF TRANSPORTATION INJURY	
39. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) WILLIAM Y CHILDS, 5, 055116			40. 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) stated. Medical Examiner/Coroner (Name, Title, License No.)		
39a. DATE SIGNED (Mo., Day, Year) 03/17/2016	39b. HOUR OF DEATH 06:55 PM	40a. DATE SIGNED (Mo., Day, Year)	40b. HOUR OF DEATH		
41. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH WILLIAM Y CHILDS 1200 NORTHSIDE FORYSTH DRIVE CUMMING GEORGIA 30041					
42. REGISTRAR (Signature) /S/ DONNA L. MOORE			43. DATE FILED - REGISTRAR (Mo., Day, Year) 03/24/2016		