

2020-073480

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

2020 Oct 14 11:56 AM

AFFIDAVIT OF DEVOLUTION OF REAL ESTATE

6

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Lola Samuel aka Lola Samuel-Douglas (the "Affiant"), being first duly sworn upon oath deposes and says:

1. The Affiant is the daughter of the Leon Charles Samuel, Jr. aka Leon C. Samuel, deceased and Shirley J. Samuel, deceased and has personal knowledge of the facts stated herein.
2. Shirley J. Samuel died intestate on May 3, 2001, while domiciled in Lake County, Indiana.
3. Leon Charles Samuel, Jr. aka Leon C. Samuel died intestate on March 14, 2019, while domiciled in Lake County, Indiana.
4. Leon C. Samuel and Shirley J. Samuel were husband and wife when they acquired title as Tenants by the Entireties to the real estate described in this Affidavit ("the Real Estate") by a Corporate Warranty Deed dated January 17th, 1977, and recorded on March 29, 1977 as Document Number 1977-399186, in the Office of the Recorder of Lake County, Indiana.
5. The last instrument recorded in the Office of the Recorder of Lake County, Indiana, was a Certificate of Death for Shirley dated May 10, 2001 and recorded on February 13, 2002.
6. Leon C. Samuel survived as Shirley J. Samuel's surviving spouse after Shirley J. Samuel's death on May 3, 2001. Leon C. Samuel and Shirley J. Samuel were never at any time divorced subsequent to their acquisition of the Real Estate as tenants by the entirety; and consequent, by operation of the law, title to the Real Estate was immediately vested in Leon C. Samuel upon Shirley J. Samuel's death.
7. The Real Estate is located in Lake County, Indiana, and is more fully described by property tax parcel number and legal description as follows:

Legal Description: LOT 77, GUADALUPE SUBDIVISION, BEING RESUBDIVISION OF

PARCEL 2 OF PRAIRIE PARK UNIT NUMBER 5, IN THE CITY OF EAST CHICAGO, AS SHOWN IN PLAT BOOK 45, PAGE 46, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY.

Affidavit of Devolution

054135

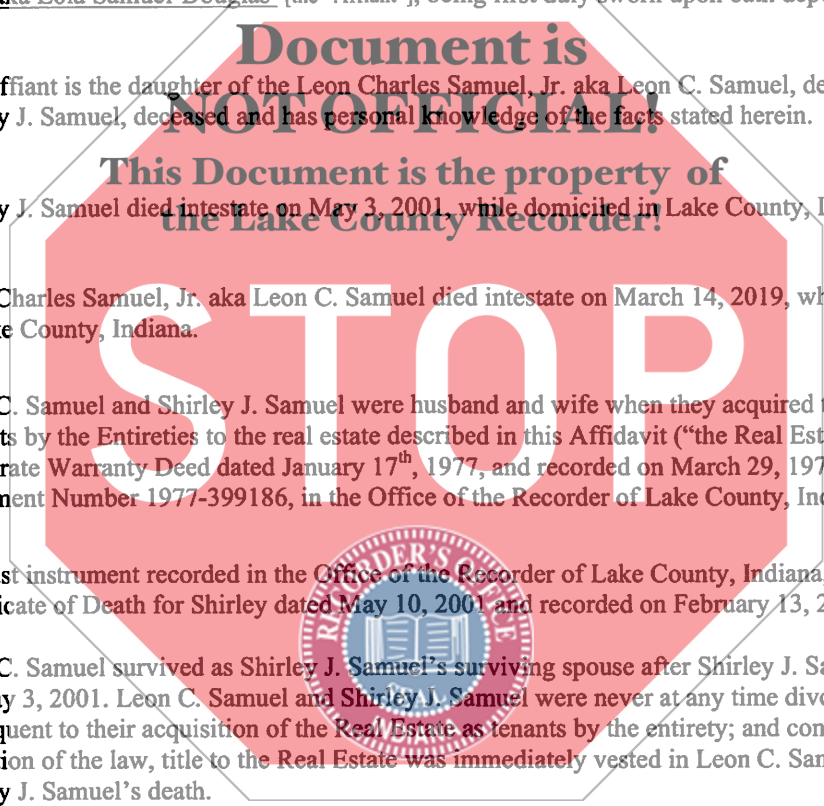
FILED

Page 3 of 3

OCT 14 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Handwritten signature/initials: J. CASPI

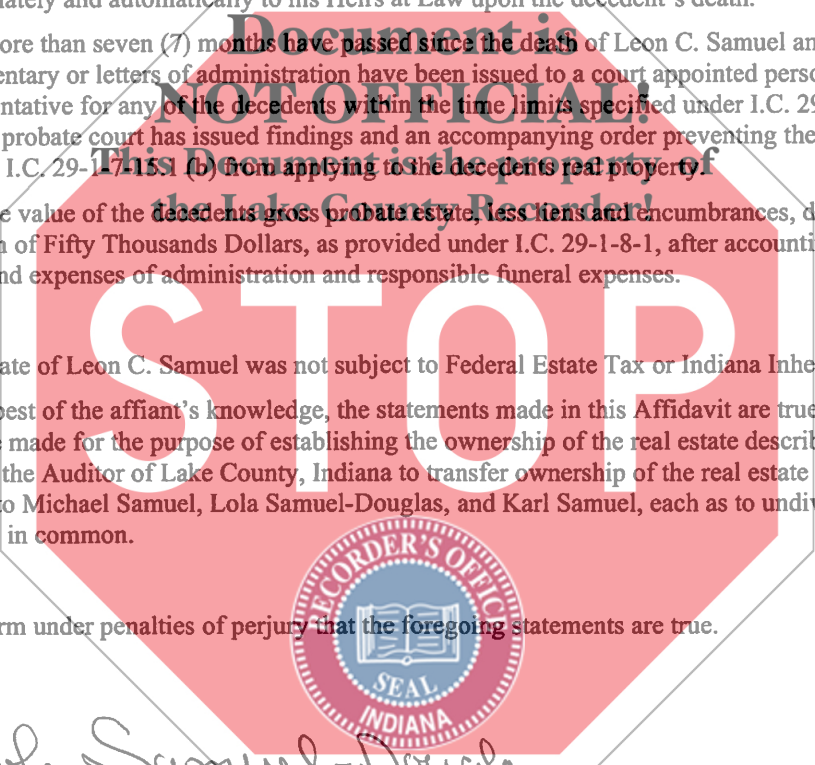


Parcel Number: 45-05-32-353-009.000-004

Commonly Known: 2730 East Guadalupe, East Chicago, Indiana 46312

8. Leon C. Samuel died intestate on March 20, 2019, leaving as his Heirs Michael Samuel 1/3, Lola Samuel-Douglas 1/3, and Karl Samuel 1/3 undivided, tenants in common, who are entitled to his entire estate under I.C. 29-1-2-1.
9. Pursuant to Indiana Code 29-1-7-23, when a person dies, title to his real property devolves immediately and automatically to his Heirs at Law upon the decedent's death.
10. That more than seven (7) months have passed since the death of Leon C. Samuel and no letters of testamentary or letters of administration have been issued to a court appointed personal representative for any of the decedents within the time limits specified under I.C. 29-1-7-15.1(d) and no probate court has issued findings and an accompanying order preventing the limitations in section I.C. 29-1-7-15.1 (b) from applying to the decedents real property.
11. That the value of the decedents gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousands Dollars, as provided under I.C. 29-1-8-1, after accounting for the costs and expenses of administration and responsible funeral expenses.
12. The Estate of Leon C. Samuel was not subject to Federal Estate Tax or Indiana Inheritance Tax.
13. To the best of the affiant's knowledge, the statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, to induce the Auditor of Lake County, Indiana to transfer ownership of the real estate described above to Michael Samuel, Lola Samuel-Douglas, and Karl Samuel, each as to undivided 33.33%, tenants in common.

I affirm under penalties of perjury that the foregoing statements are true.

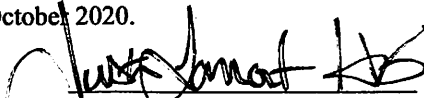

Lola Samuel-Douglas
Lola Douglas-Samuel, Signature of Affiant
LOLA SAMUEL-DOUGLAS J. H.
Lola Samuel-Douglas
Lola Douglas-Samuel, Print Name of Affiant
SAMUEL DOUGLAS J.H.

ACKNOWLEDGMENT

~~SAMUEL-DOUGLAS~~

I, a Notary Public, hereby certify that Lola ~~Douglas-Samuel~~ whose name is signed to the foregoing instrument or conveyance, and who produced her driver's license, acknowledged before me on this day that, being informed of the contents of the conveyance, she executed the same voluntarily on the day the same bears date.

Given under my hand this the 6th day of October, 2020.


Signature

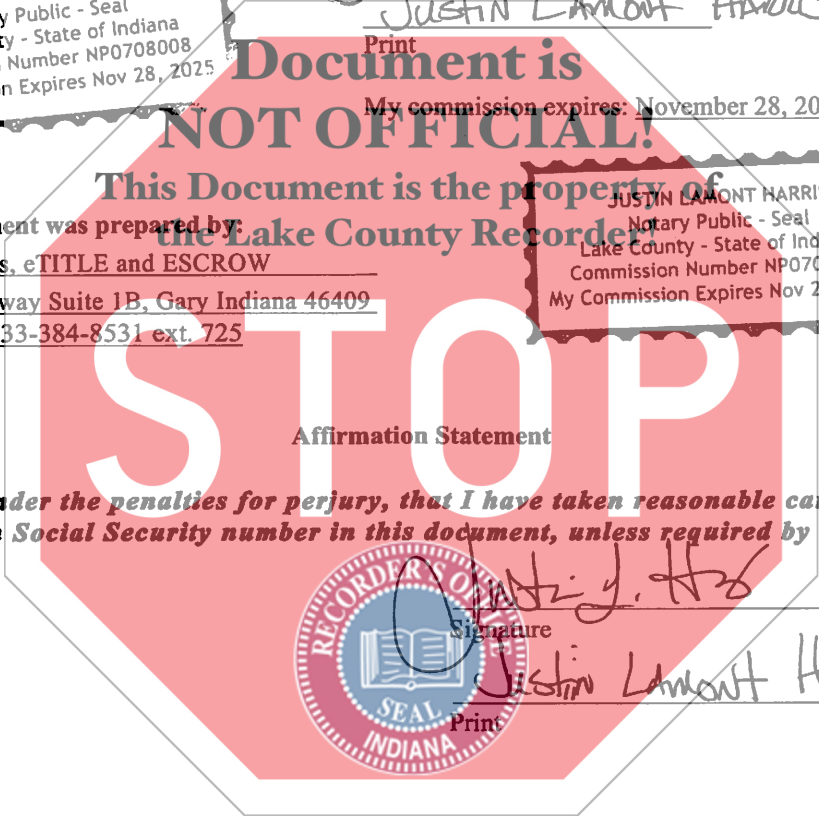
Justin Lamont Harris
Print

JUSTIN LAMONT HARRIS
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0708008
My Commission Expires Nov 28, 2025

Document is NOT OFFICIAL!
My commission expires: November 28, 2025

This Instrument was prepared by:
Justin Harris, eTITLE and ESCROW
4431 Broadway Suite 1B, Gary Indiana 46409
Telephone: 833-384-8531 ext. 725

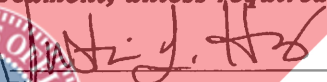
JUSTIN LAMONT HARRIS
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0708008
My Commission Expires Nov 28, 2025



Affirmation Statement

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.


Signature


Justin Lamont Harris
Print

Witness #1 Signature: 

Witness #1 Printed Name: ERICK ALLEN

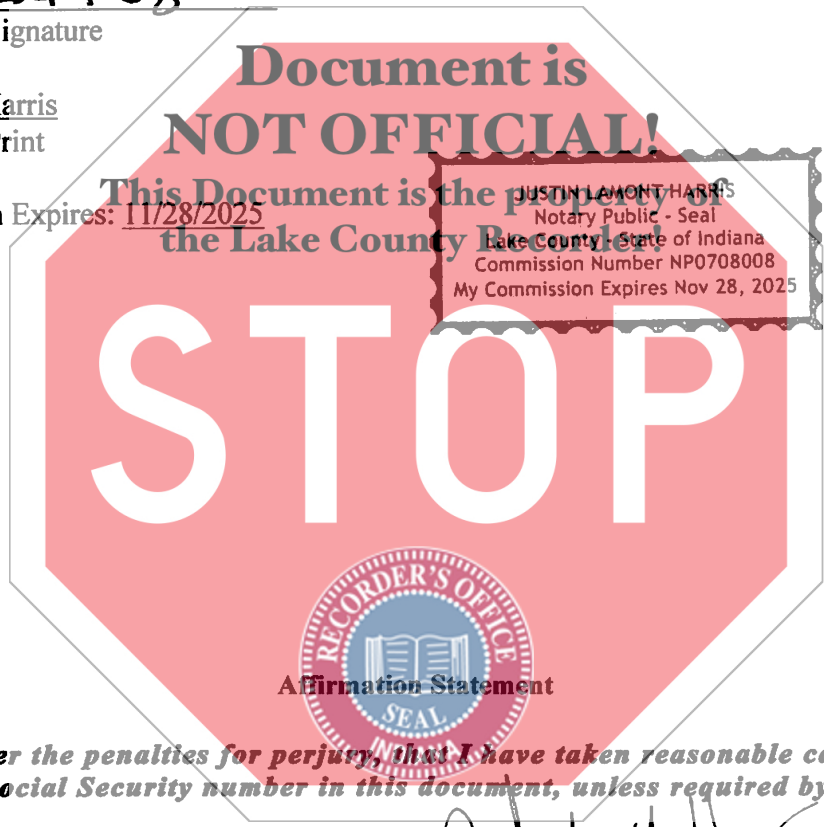
Witness Acknowledgment

The foregoing instrument was acknowledged before me by means of in person notarization, this 6th day of October 2020 by ERICK ALLEN as witness [] who is personally know to me or [] who have produced a _____ as identification.

Justin Lamont Harris
Notary Public, Signature

Justin Lamont Harris
Notary Public, Print

My Commission Expires: 11/28/2025



Affirmation Statement

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.

Justin L. Harris
Signature

Justin L. Harris
Print

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 600046

EDR No 00000699565

State No

| | | | | | | | |
|---|---------------------------|--|--------------------------|--|------------------------------------|---|--|
| 1 Decedent's Legal Name (First, Middle, Last) LEON CHARLES SAMUEL JR | | 1a Maiden Name (if female) | | 2 Sex MALE | 3 Time Of Death 09:30 AM | 4 Date Of Death (Month/Day/Year) 03/14/2019 | |
| 5 Social Security Number | 6a Age - Yrs 84 | 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) 03/25/1934 | |
| 8 Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 9 # Death Occurred in A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival | | 10a # 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) 2730 EAST GUADALUPE CIRCLE | | | | | | | |
| 12 City Of Town, State, And Zip Code EAST CHICAGO, IN, 46312 | | | | 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 type="checkbox"/> Never Married <input type="checkbox"/> Unknown | |
| 15 Surviving Spouse's Name | | 15a Last Name Before First Marriage | | 16 Decedent's Usual Occupation MECHANIC | | 17 Kind Of Business/Industry INLAND STEEL | |
| 18 Residence - State INDIANA | | 18a County LAKE | | 18b City Or Town EAST CHICAGO | | | |
| 19c Street And Number 2730 EAST GUADALUPE CIRCLE | | | | 19d Apt. No. | | 19e Zip Code 46312 | |
| 19f Is Decedent A Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 19g Is Decedent A Non-Resident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 19h Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED | | 19i Decedent's Race Or Ethnicity NOT HISPANIC | | 19j Decedent's Ethnicity Black or African American | | | |
| 20a Parent's Name (First, Middle, Last) LEON CHARLES SAMUEL SR | | | | 20b Relationship To Decedent SON | | 20c Mailing Address (Street And Number, City, State, Zip Code) 4131 HAWTHORN STREET, EAST CHICAGO, IN 46312 | |
| 20d Parent's Last Name Before First Marriage WESTBROOK | | 20e Place Of Disposition (Name Of Cemetery, Crematory, Other Place) EVERGREEN MEMORIAL PARK | | 20f Location - City, Town, And State HOBART, IN | | | |
| 21a Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Burial From State <input type="checkbox"/> Other (Specify) | | 21b Final Disposition Contact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 21c Name And Complete Address Of Funeral Facility HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE), 4850 ALEXANDER AVE, EAST CHICAGO, IN 46312 | | 21d Funeral Home License Number FH83001529 | |
| 21e Signature Of Licensee Funeral Director TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE | | 21f License Number (if Licensee) FD08600238 | | | | | |
| 22 Part 1 - 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 Venous Thrombosis Without Showing The Etiology. Go Next At End Of Line. Enter Only One Cause On A Line. Add Additional Lines If Necessary. | | | | | | | |
| Immediate Cause (Final Disease Or Condition Resulting In Death) | | A CARDIAC ARREST | | B | | C | |
| Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause Of Death Or Injury That Initiated The Events Resulting In Death Last | | B | | C | | D | |
| 23 Part 2 - Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part 1 | | | | 24 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 25 Were Autopsy Finding Relevant To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| 26 ICD-10-M ICD-10-CM ICD-10-PCS ICD-10-PCS ICD-10-PCS ICD-10-PCS ICD-10-PCS ICD-10-PCS | | | | | | | |
| 27a Date Of Injury (Month/Day/Year) | | 27b Time Of Injury | | 27c Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) | | 27d Injury At Work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 27e Location Of Injury - State | | 27f City Or Town | | 27g Street & Number | | 27h Apt. No. | |
| 27i Zip Code | | 27j License Number | | 27k Date Certified | | 27l Other (Specify) | |
| 28 Describe How Injury Occurred | | | | 29 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 XIAO RUI LI, BY ELECTRONIC SIGNATURE | | | | 42 Coroner (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 XIAO RUI LI, 7905 CALUMET AVE, MUNSTER, IN 46321 | | | | 44 License Number 01055296A | | 45 Date Certified 03/18/2019 | |
| 46 Signature of Local Health Officer GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE | | | | 47. Attest: MAR 20 2019 | | | |

