

4
State of Indiana }
County of Lake }SS:

Affidavit of Devolution of Real Estate
Pursuant to I.C. 29-1-7-3

AFFIDAVIT

Comes now Melissa A. Jones who states under the penalties of perjury as follows:

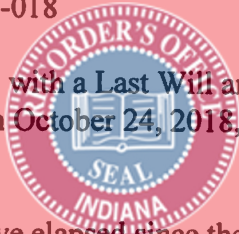
1. That affiant is familiar with the affairs of Debra A. Walker, a/k/a Debbie Walker, because she is her daughter.
2. That Debra A. Walker died on the 22nd day of June, 2017.
3. That Debra A. Walker owned real estate at the time of her death, together with affiant acquired by a deed dated the 13th day of April, 2011. Said deed was recorded on the 13th day of April, 2011 as Document No. 2011-020944 in the Office of the Recorder of Lake County.
4. The most recent instrument recorded with regard to this property is believed to be: Deed of 4/13/2011 from Debra A. Walker to Debra A. Walker and Melissa A. Jones
5. The real estate referred to above is legally described as:
Lot 6, Block 4, Hobart Lakewood Addition to the City of Hobart, as per plat thereof as shown in Plat Book 15, page 25 in the office of the Recorder of Lake County, Indiana
and Commonly known as : 921 W. 8th Street, Hobart Indiana 46342
with Parcel No.: 45-09-31-376-009.008-018
6. Debra A. Walker died testate, with a Last Will and Testament dated September 29, 2004, which was admitted to probate on October 24, 2018, under Cause No.45D11-1810-EM-00127 in the Lake Superior Court.
7. At least seven (7) months have elapsed since the date of death of Debra A. Walker.
8. No Letters Testamentary or Letters of Administration have been issued to a court appointed Personal Representative for the decedent within the time limits set forth in I.C. 29-1-7-15.1(d).
9. No court has issued findings and an accompanying order preventing the limitations in I.C. 29-1-7-15.1(b) from applying to the real property of decedent.
10. The name of each distributee, and a description of the fractional interest in the above described real estate to which they are entitled are as follows:

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

2020-081259

11:30 AM

2020 Nov 6



FILED
NOV 06 2020
JOHN E. PETALAS
LAKE COUNTY AUDITOR

25
10938
AM

Melissa A. Jones 50% as co-tenant
25% as 1/2 of the interest of decedent by devolution
Heather Walker 25% as 1/2 of the interest of decedent by devolution

This affidavit is intended as evidence of a devolution of title to the real estate described herein, pursuant to I.C. 29-1-7-23.

Dated: 8/4/2020

Melissa Jones

Melissa A. Jones, Affiant

Before me, a Notary Public or other official authorized to administer oaths and take acknowledgments, on 8/4/20 appeared Melissa Ann Jones, a person known to me or whose identity was sufficiently established, and acknowledged the execution of the foregoing document to be their voluntary act and deed for the purposes expressed therein.

Name:
Office:

William J. Longer
William J. Longer
Judge, Hobart City Court

County of Residence: LAKE
My Commission Expires: 12/31/2023

Prepared by William J. Longer, Attorney No. 8894-45
651 E. Third Street, Hobart IN 46342
(219) 947-1571 / wjlonger@hobartlaw.net

I affirm under the penalties for perjury that I have taken reasonable care to redact all Social Security Numbers from the foregoing document, except as required by law.

William J. Longer



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

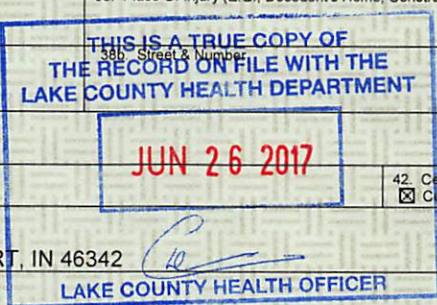
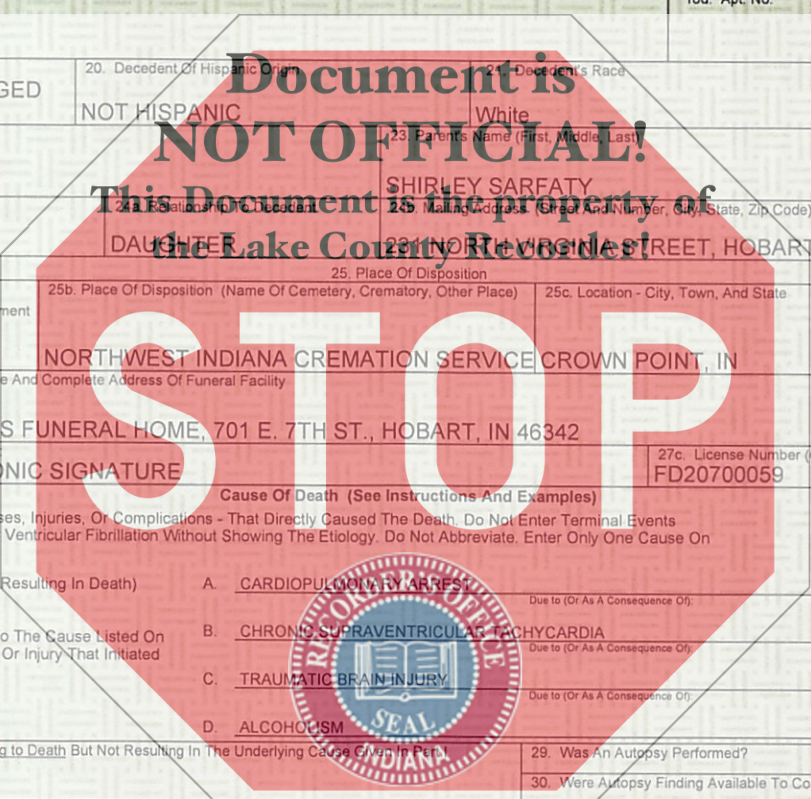
Tracking No. 127492

Local No 002176

EDR No 00000584579

State No 031225

1. Decedent's Legal Name (First, Middle, Last) DEBRA A WALKER				1a. Maiden Name (If female) SARFATY		2. Sex FEMALE	3. Time Of Death 04:41 PM	4. Date Of Death (Month/Day/Year) 06/22/2017	
5. Social Security Number		6a. Age - Yrs 61	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) 05/12/1956		8. Birthplace (City and State or Foreign Country) HAMMOND, 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 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) ST MARY MEDICAL CENTER INC									
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 checked="" 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 REAL ESTATE AGENT		17. Kind Of Business/Industry REAL ESTATE		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART		18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 921 WEST 8TH STREET									
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) BARNETT SARFATY			23. Parents Name (First, Middle, Last) SHIRLEY SARFATY			23a. Parent's Last Name Before First Marriage PASSAGE			
24. Informant's Name MELISSA JONES		24a. Relationship To Decedent DAUGHTER		24b. Informant's Address (Street, City, State, Zip Code) 231 NORTH WINDYBROOK STREET, HOBART, IN 46342					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) NORTHWEST INDIANA CREMATION SERVICE CROWN POINT, IN			25c. Location - City, Town, And State				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 701 E. 7TH ST., HOBART, IN 46342							27a. Funeral Home License Number. FH83002380
27b. Signature Of Indiana Funeral Service Licensee JAMES E. BURNS, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee: FD20700059							
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. <u>CARDIOPULMONARY ARREST</u> Due to (Or As A Consequence Of) ACUTE B. <u>CHRONIC SUPRAVENTRICULAR TACHYCARDIA</u> Due to (Or As A Consequence Of) CHRONIC C. <u>TRAUMATIC BRAIN INJURY</u> Due to (Or As A Consequence Of) CHRONIC D. <u>ALCOHOLISM</u> Due to (Or As A Consequence Of) CHRONIC 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									Approximate Interval: Onset To Death
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Given In Part I.) NO									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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" 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		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: MARK OREN CARTER, BY ELECTRONIC SIGNATURE						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: MARK OREN CARTER, 164 BRACKEN PKWY, HOBART, IN 46342						44. License Number 01036415A	45. Date Certified 06/23/2017		
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): JUN 23 2017			



NOT VALID UNLESS

Proof By Witness

EXECUTED AND DELIVERED in my presence.

Name: Martha C. Thyer

STATE OF INDIANA }
} SS:
COUNTY OF LAKE }

Before me, a Notary Public or other officer authorized to administer oaths and take acknowledgments in and for said County and State personally appeared the above witness, MARtha C. Thyer, being known to me or sufficiently proven to me to be the person whose name is subscribed as a witness to the foregoing document, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by Melissa Ann Jones in the above 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 seal this 04 day of August, 2020.

Name: William J. Longore
Judge, Hobart City Court

County: LAKE

My Commission Expires: 12/31/2023

