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2020-081263

2020 Nov 6 12:38 PM

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

State of Indiana

County of Lake

In the Matter of
Melinda Johnson
Deceased.

SS:

2020-074054

2020 Oct 15 2:38 PM

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

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~~DEVOLUTION AFFIDAVIT~~

NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

STOP



ALICE HARVEY, after being duly sworn, states as follows pursuant to the provisions of Ind. Code § 29-1-7-23(b):

- MELINDA JOHNSON, a resident of Lake County, Indiana, passed intestate on April 11, 2019 (Ind. Code § 29-1-7-23(b)(1) - (2)).
- MELINDA JOHNSON held a fee simple interest in the following parcel of real estate located within Lake County, Indiana at the time of her passing:

Legal Description:	All of Lot 18 and the North Twenty Feet (20') of Lot 19, of Block 6, in Gary Home and Improvement Company's First Subdivision, as per plat thereof, recorded in Plat Book 7, Page 32, in the Office of the Recorder of Lake County, Indiana.
Commonly known as:	1056 Wallace St., Gary, IN 46404
Tax I.D. No.:	45-08-07-207-022.000-004

(Ind. Code § 29-1-7-23(b)(5)).
- MELINDA JOHNSON acquired title to the property on August 1, 1986 by a Warranty Deed that was recorded in the Office of the Recorder of Lake County on August 6, 1986 as instrument number 868070 (Ind. Code § 29-1-7-23(b)(4) and (6)).
- The last document recorded relative to the Property is a Release of Mortgage executed by Midfirst Bank, on August 15, 2011 that was recorded in the Office of the Recorder of Lake County on September 10, 2001 as instrument number 2001 072615 (Ind. Code § 29-1-7-23(b)(3)).

43766
FILED
OCT 15 2020
JOHN E. PETALAS
LAKE COUNTY AUDITOR

FILED
NOV 06 2020
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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5. Title to the Property devolves to ALICE HARVEY, LEONRA JOHNSON, AND DAVID JOHNSON, as tenants in common with an undivided interest each in one-third (1/3) of the Property by virtue of the following:

a. Title to the Property described devolves entirely to the decedents children pursuant to Ind. Code § 29-1-2-1(d)(1) as MELINDA JOHNSON was survived by her children but was not survived by any spouse or parents. Such children include the following:

i. Alice Harvey;

ii. Melinda Johnson;

iii. Valerie Venus;

iv. Lela Mixon;

v. Lenora Johnson;

vi. Diana Johnson; and

vii. David Johnson.

b. The following children of Melinda Johnson have executed disclaimers of any interest they may have in the Property by, with, or through their mother:

i. Melinda Johnson;

ii. Valerie Venus;

iii. Lela Mixon; and

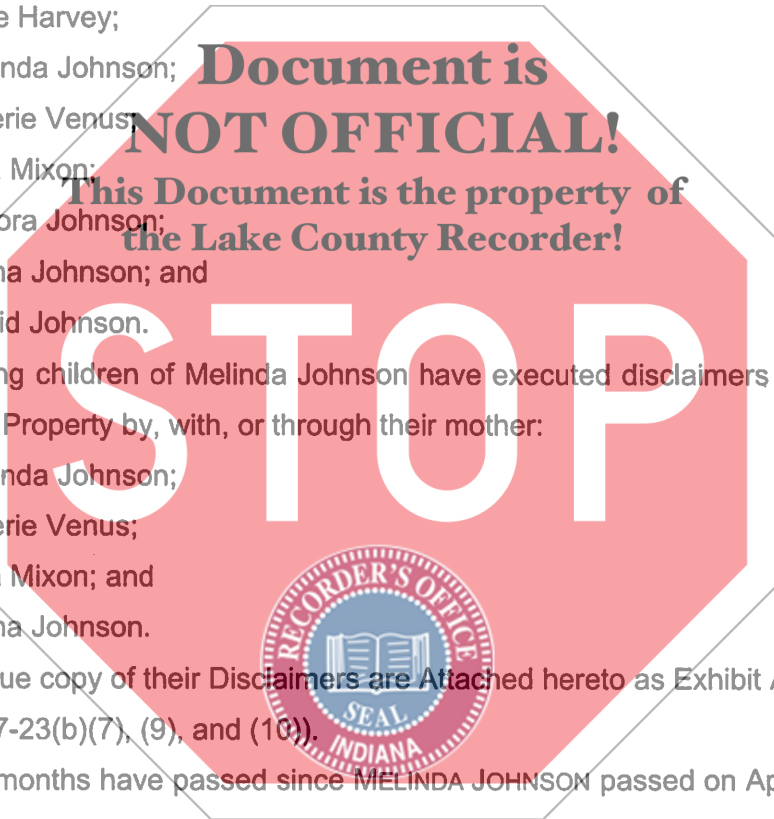
iv. Diana Johnson.

A full and true copy of their Disclaimers are Attached hereto as Exhibit A.

(Ind. Code § 29-1-7-23(b)(7), (9), and (10)).

7. At least seven (7) months have passed since MELINDA JOHNSON passed on April 11, 2019 (Ind. Code § 29-1-7-23(b)(8)(a)).

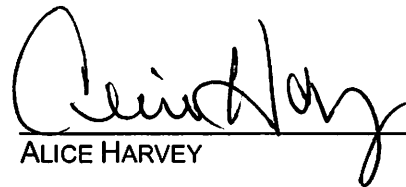
8. No application or petition for the appointment of a general personal representative is pending or has been granted in any jurisdiction over the Estate of MELINDA JOHNSON within the time limits of Ind. Code § 29-1-7-15.1(d) (Ind. Code § 29-1-7-23(b)(8)(b)).



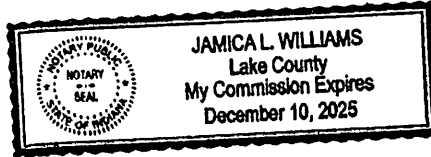
9. No Probate Court in Lake County, Indiana, nor any other Court, has issued findings and/or accompanying order preventing the limitations in Ind. Code § 29-1-7-15.1(b) from applying to any property owned by MELINDA JOHNSON at the time of her passing (Ind. Code § 29-1-7-23(b)(8)(c)).
10. The recipient of this Affidavit is further advised pursuant to Ind. Code § 29-1-8-3:
- a. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000), the costs and expenses of administration, and reasonable funeral expenses.
11. Accordingly, the purpose of this Affidavit is to induce the transfer of title for the Property, in fee simple, to ALICE HARVEY, LEONRA JOHNSON, AND DAVID JOHNSON, as tenants in common with an undivided interest each in one-third (1/3) of the Property.
12. No Indiana inheritance taxes, inheritance taxes from other states or countries, federal estate taxes, or other taxes accruing as a result of his death are owed by reason of the decedent's death.
13. Pursuant to Ind. Code § 29-1-8-4.5, the recipients of this Affidavit are advised that the failure to comply with and to effectuate the transfer may result in:
- a. A Petition being filed with the Lake County Circuit and/or Superior Court to Confirm and Enforce the Transfer, which may be granted without notice and hearing; and
 - b. A Petition being filed with the Lake County Circuit and/or Superior Court to award attorney's fees and costs in bringing an action to confirm and enforce the transfer, upon notice and hearing, if the failure to comply is either:
 - (a). In bad faith; or
 - (b). There is a refusal to act or respond within thirty (30) business days after receiving this Affidavit.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Date: 9-24, 2020.


ALICE HARVEY

STATE OF INDIANA)
)ss:
COUNTY OF LAKE)



Before me, the undersigned, a Notary Public in and for said County and State, personally appeared ALICE HARVEY and, being first duly sworn, stated that the facts alleged in the foregoing instrument are true.

Witness my hand and Notarial Seal this 24th day of September, 2020.

Signature Jamica L. Williams



This instrument prepared by:



OLSEN
LEGAL GROUP LTD.

SHAUN T. OLSEN
OLSEN LEGAL GROUP LTD.
9111 Broadway, Ste. RR
Merrillville, IN 46410
219-778-5415

Grantee: Alice Harvey, Lenora Johnson, and David Johnson, 1056 Wallace St., Gary, IN 46404
Tax Bills To: Alice Harvey, Lenora Johnson, and David Johnson, 1056 Wallace St., Gary, IN 46404
Return To: Alice Harvey, Lenora Johnson, and David Johnson, 1056 Wallace St., Gary, IN 46404

***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. No representation is made as to any time after this instrument was delivered or given to our client.



CERTIFICATE OF DEATH

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**



Local No. **800211**

EDR No **000000704435**

State No. **023649**

1. Decedent's Legal Name (First, Middle, Last) MELINDA JOHNSON				1a. Maiden Name (if female) JOHNSON		2. Sex FEMALE		3. Time Of Death 11:11 PM		4. Date Of Death (Month/Day/Year) 04/11/2019		
5. Social Security Number [REDACTED]		6a. Age - Yrs 75		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Hour Hours		6e. Under 1 Day Minutes		
7. Date of Birth (Month/Day/Year) 04/15/1943				8. Birthplace (City and State or Foreign Country) CLARKSDALE, MS								
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) 1056 WALLACE STREET												
12. City Or Town, State, And Zip Code GARY, IN, 46404						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 POSTAL WORKER		17. Kind Of Business/Industry U S POSTAL SERVICE		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town GARY			18d. Apt. No.		18e. Zip Code 46404	
18c. Street And Number 1056 WALLACE STREET			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 Black or African American				
22. Parent's Name (First, Middle, Last) CHINA LEE GARDNER				23. Parent's Last Name Before First Marriage JOHNSON				24. Relationship To Decedent DAUGHTER				
24a. Informant's Name ALICE HARVEY				24b. Mailing Address (Street And Number, City, State, Zip Code) 1056 WALLACE STREET, GARY, IN 46404								
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) OAK HILL CEMETERY				25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404						27a. Funeral Home License Number: FH83007704				
27b. Signature Of Indiana Funeral Service Licensee: CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD29700070								
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. LEFT PARIETAL STROKE <small>Due to (Or As A Consequence Of):</small> B. RIGHT CEREBELLAR <small>Due to (Or As A Consequence Of):</small> C. <small>Due to (Or As A Consequence Of):</small> D.										Approximate Interval: Onset To Death JANUARY 10, 2019 MARCH 6, 2019		
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I FAILURE TO THRIVE DUE TO IMPAIRMENTS FROM RECURRENT CVA												
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 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 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, Worked 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: ANGELA TERESA CARBONE, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			45. Date Certified 05/14/2019			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ANGELA TERESA CARBONE, 14 SHORE DRIVE, INDIANAPOLIS, IN 46254						44. License Number 01046887A		47. *Akas:				
48. Signature Of Local Health Officer: REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 15 2019						

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

CERTIFICATE OF PROOF

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached.

Bryan Thomas
Witness Signature

Bryan Thomas
Witness Printed Name

PROOF:

STATE OF IN This Document is the property of
the Lake County Recorder!

COUNTY OF Lake

Before me a Notary Public in and for said County and State, Dated on 10/15/201, personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows WITNESS- Bryan Thomas to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said GRANTOR(S)- Mice Harvey execute the same: and the said WITNESS at same time subscribed his/her name as a witness thereto

Kathryn L. Horst
NOTARY PUBLIC SIGNATURE

Kathryn L. Horst
NOTARY PRINTED NAME

Notary Name exactly as Commission

Notary Public- State of

Seal

My Commission Expires: 04.21.2027

Commission No: NP0719862

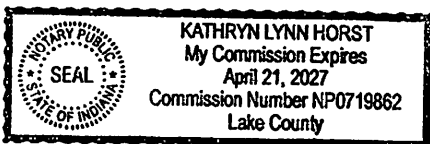


Exhibit A

State of Indiana

County of Lake

In the matter of
Melinda Johnson,
Deceased,

SS: In the Superior Court of Lake County
Probate Division
Sitting at Crown Point, Indiana

Cause No.:

DISCLAIMER OF INTESTATE SHARE OF DECEDENT'S ESTATE

Melinda Johnson, being the daughter of Melinda Johnson, who passed on April 11, 2019 while a resident of Lake County, Indiana, states as follows:

1. I have been duly advised that I am a beneficiary of the Estate of Melinda Johnson according to the intestate distribution provided under Ind. Code § 29-1-2-1.
2. I do not wish to participate in the undertakings to administer the estate or the costs to hold the assets of the estate during the pendency of these proceedings and after.
3. Accordingly, with full knowledge of the foregoing, hereby irrevocably disclaims my entire intestate statutory share in the decedent's estate, consisting of real and/or personal property. This includes, but is not limited to an interest in the following real property located in Lake County, Indiana:

Common Address: 1056 Wallace St., Gary, IN 46404

Legal Description:

All of Lot 18 and the North Twenty Feet (20') of Lot 19, of Block 6, in Gary Home and Improvement Company's First Subdivision, as per plat thereof, recorded in Plat Book 7, Page 32, in the Office of the Recorder of Lake County, Indiana.

Tax I.D. No.: 45-08-07-207-022.000-004

4. It is the intention of the undersigned that this disclaimer constitute a qualified disclaimer as defined in §2518(c)(3) of the Internal Revenue Code, as amended, and the corresponding provisions of any subsequent Federal Tax law and also constitutes a qualified disclaimer under the appropriate provisions of Ind. Code § 32-17.5 *et seq.* and fulfills the disclaimer procedure established under Ind. Code § 32-17.5-3-3 and Ind Code § 32-17.5-7 *et seq.*

Dated this 9-10, 2019. 2020 MJ

Melinda Johnson
Melinda Johnson

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Melinda Johnson who acknowledged the execution of the foregoing, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this September 10th, 2019.

Signature [Signature]

NICOLE JACKSON
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20144017017
MY COMMISSION EXPIRES APRIL 22, 2022

State of Indiana

County of Lake

In the matter of
Melinda Johnson,
Deceased,

SS: In the Superior Court of Lake County
Probate Division
Sitting at Crown Point, Indiana

Cause No.:

DISCLAIMER OF INTESTATE SHARE OF DECEDENT'S ESTATE

Lela Mixon, being the daughter of Melinda Johnson, who passed on April 11, 2019 while a resident of Lake County, Indiana, states as follows:

1. I have been duly advised that I am a beneficiary of the Estate of Melinda Johnson according to the intestate distribution provided under Ind. Code § 29-1-2-1.
2. I do not wish to participate in the undertakings to administer the estate or the costs to hold the assets of the estate during the pendency of these proceedings and after.
3. Accordingly, with full knowledge of the foregoing, hereby irrevocably disclaims my entire intestate statutory share in the decedent's estate, consisting of real and/or personal property. This includes, but is not limited to an interest in the following real property located in Lake County, Indiana:

Common Address: 1056 Wallace St., Gary, IN 46404

Legal Description: All of Lot 18 and the North Twenty Feet (20') of Lot 19, of Block 6, in Gary Home and Improvement Company's First Subdivision, as per plat thereof, recorded in Plat Book 7, Page 32, in the Office of the Recorder of Lake County, Indiana.

Tax I.D. No.: 45-08-07-207-022.000-004

4. It is the intention of the undersigned that this disclaimed constitute a qualified disclaimed as defined in §2518(c)(3) of the Internal Revenue Code, as amended, and the corresponding provisions of any subsequent Federal Tax law and also constitutes a qualified disclaimed under the appropriate provisions of Ind. Code § 32-17.5 *et seq.* and fulfills the disclaimer procedure established under Ind. Code § 32-17.5-3-3 and Ind Code § 32-17.5-7 *et seq.*

Dated this August 7, ~~2019~~ ²⁰²⁰

Lela Mixon
Lela Mixon

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Lela Mixon who acknowledged the execution of the foregoing, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this August 07, ~~2019~~ ²⁰²⁰

Signature [Handwritten Signature]



State of Indiana

County of Lake

In the matter of
Melinda Johnson,
Deceased,

SS: In the Superior Court of Lake County
Probate Division
Sitting at Crown Point, Indiana

Cause No.:

DISCLAIMER OF INTESTATE SHARE OF DECEDENT'S ESTATE

Valerie Venus, being the daughter of Melinda Johnson, who passed on April 11, 2019 while a resident of Lake County, Indiana, states as follows:

1. I have been duly advised that I am a beneficiary of the Estate of Melinda Johnson according to the intestate distribution provided under Ind. Code § 29-1-2-1.
2. I do not wish to participate in the undertakings to administer the estate or the costs to hold the assets of the estate during the pendency of these proceedings and after.
3. Accordingly, with full knowledge of the foregoing, hereby irrevocably disclaims my entire intestate statutory share in the decedent's estate, consisting of real and/or personal property. This includes, but is not limited to an interest in the following real property located in Lake County, Indiana:

Common Address: 1056 Wallace St., Gary, IN 46404

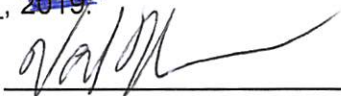
Legal Description:

All of Lot 18 and the North Twenty Feet (20') of Lot 19, of Block 6, in Gary Home and Improvement Company's First Subdivision, as per plat thereof, recorded in Plat Book 7, Page 32, in the Office of the Recorder of Lake County, Indiana.

Tax I.D. No.: 45-08-07-207-022.000-004

4. It is the intention of the undersigned that this disclaimed constitute a qualified disclaimed as defined in §2518(c)(3) of the Internal Revenue Code, as amended, and the corresponding provisions of any subsequent Federal Tax law and also constitutes a qualified disclaimed under the appropriate provisions of Ind. Code § 32-17.5 *et seq.* and fulfills the disclaimer procedure established under Ind. Code § 32-17.5-3-3 and Ind Code § 32-17.5-7 *et seq.*

Dated this 5 August 2020, ~~2019~~


Valerie Venus

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Valerie Venus who acknowledged the execution of the foregoing, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 5th day of August, ~~2019~~ ²⁰²⁰

Signature



Arika Chelsea Seymour
Notary Public - Maryland
Montgomery County
My Commission Expires Feb. 20, 2022

State of Indiana

County of Lake

In the matter of
Melinda Johnson,
Deceased,

SS: In the Superior Court of Lake County
Probate Division
Sitting at Crown Point, Indiana

Cause No.:

DISCLAIMER OF INTESTATE SHARE OF DECEDENT'S ESTATE

Diana Johnson, being the daughter of Melinda Johnson, who passed on April 11, 2019 while a resident of Lake County, Indiana, states as follows:

1. I have been duly advised that I am a beneficiary of the Estate of Melinda Johnson according to the intestate distribution provided under Ind. Code § 29-1-2-1.
2. I do not wish to participate in the undertakings to administer the estate or the costs to hold the assets of the estate during the pendency of these proceedings and after.
3. Accordingly, with full knowledge of the foregoing, hereby irrevocably disclaims my entire intestate statutory share in the decedent's estate, consisting of real and/or personal property. This includes, but is not limited to an interest in the following real property located in Lake County, Indiana:

Common Address: 1056 Wallace St., Gary, IN 46404

Legal Description: All of Lot 18 and the North Twenty Feet (20') of Lot 19, of Block 6, in Gary Home and Improvement Company's First Subdivision, as per plat thereof, recorded in Plat Book 7, Page 32, in the Office of the Recorder of Lake County, Indiana.

Tax I.D. No.: 45-08-07-207-022.000-004

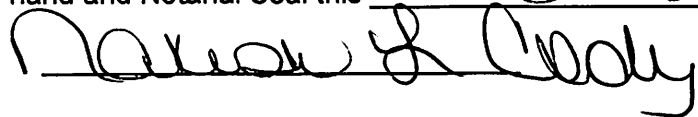
4. It is the intention of the undersigned that this disclaimed constitute a qualified disclaimed as defined in §2518(c)(3) of the Internal Revenue Code, as amended, and the corresponding provisions of any subsequent Federal Tax law and also constitutes a qualified disclaimed under the appropriate provisions of Ind. Code § 32-17.5 *et seq.* and fulfills the disclaimer procedure established under Ind. Code § 32-17.5-3-3 and Ind Code § 32-17.5-7 *et seq.*

Dated this 7-29-2020, 2019.


Diana Johnson

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Diana Johnson who acknowledged the execution of the foregoing, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 7-29-2020 2019.

Signature 

NAKISHA L CODY
NOTARY PUBLIC - SEAL
STATE OF INDIANA
COMMISSION NUMBER NP0718416
MY COMMISSION EXPIRES FEB 07, 2027