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2020-083261

2020 Nov 17

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

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

IN RE: THE ESTATE OF)
PRISCILLANA MARTINEZ, Deceased.)

AFFIDAVIT OF DEVOLUTION OF REAL PROPERTY

Rudy R. Martinez n/k/a Samuel Wooley, III, having been duly sworn according to law, states:

1. Priscillana Martinez died testate on April 27, 2019, while domiciled in Lake County, Indiana and a copy of the decedent's will is attached to this affidavit as Exhibit "A".
2. At least seven (7) months have elapsed since the death of the decedent.
3. No letters testamentary or letters of administration have been issued to a court-appointed Personal Representative for the decedent within the time limits specified in Indiana Code § 29-1-7-15.1(d) and a probate court has not issued findings and an accompanying order preventing the limitations in Indiana Code § 29-1-7-15.1(b) from applying to the decedent's real property.
4. The Affiant is the adopted son and biological grandson of the decedent.
5. The Affiant is the only heir of the decedent.
6. Among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:



FILED

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**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

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an

Legal description: The North 20 feet of Lot 42 and the South 30 feet of Lot 43 in Forsythe Highlands 3rd Additions, Hammond, as per plat thereof, recorded in Plat Book 27 Page 58, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 6742 Baring Avenue, Hammond, Indiana 46324

Key No: 45-07-08-177-034.000-023

7. The decedent acquired title to the described real estate by a Warranty Deed dated August 26, 2009 and recorded on September 1, 2009, as Document No. 2009 060112 in the Office of the Recorder, Lake County, Indiana, that vested interest in the decedent individually.

8. The individuals entitled to the real estate as a result of the decedent's death are the following devisees listed under Article Six of the decedent's Last Will and Testament, namely:

Rudy R. Martinez n/k/a Samuel Wooley, III

Samuel Wooley III

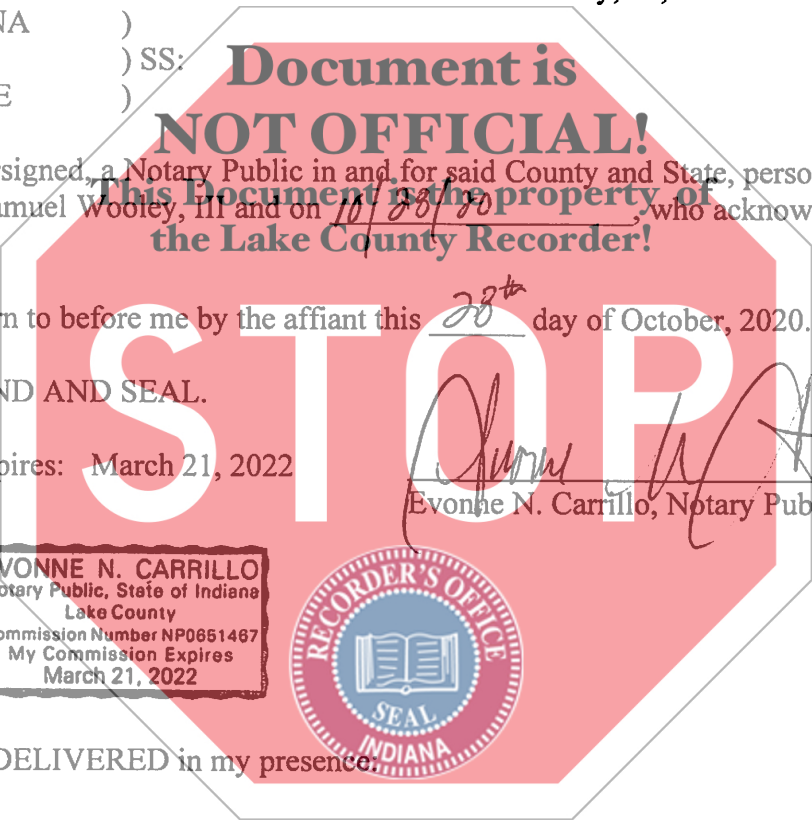
Rudy R. Martinez n/k/a
Samuel Wooley, III, Affiant



I swear or affirm that the foregoing is true and accurate to the best of my knowledge and belief.

Samuel Wooley III
Rudy R. Martinez n/k/a
Samuel Wooley, III, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



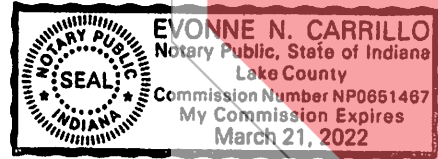
Before me the undersigned, a Notary Public in and for said County and State, personally appeared Rudy R. Martinez n/k/a Samuel Wooley, III and on 10/28/20, who acknowledged the execution of this Affidavit.

Subscribed and sworn to before me by the affiant this 28th day of October, 2020.

WITNESS MY HAND AND SEAL.

My Commission Expires: March 21, 2022

Evonne N. Carrillo
Evonne N. Carrillo, Notary Public



EXECUTED AND DELIVERED in my presence:

Sarah M. Emery
Witness Signature

Sarah M. Emery
Witness Printed Name

IN RE: PRISCILLANA MARTINEZ, Decedent

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, this witness personally appeared and on 10/28/20, who acknowledged the execution of this Affidavit.

Subscribed and sworn to before me by the affiant this 28th day of October, 2020.

WITNESS MY HAND AND SEAL.

My Commission Expires March 21, 2022



[Signature]
Evonne N. Carrillo, Notary Public

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]
Shelice R. Tolbert



NOTE: This instrument prepared by Attorney Shelice R. Tolbert, 1085 Broadway, Suite B, Gary, Indiana 46402; (219) 427-0094

LAST WILL AND TESTAMENT
OF
PRISCILLANA MARTINEZ

I, Priscillana Martinez of Hammond, Indiana, hereby do make and publish and declare this to be my Last Will and Testament, and revoke other Wills and Codicils heretofore executed by me.

FIRST I am a widow.

SECOND I order and direct my Executor hereinafter named, to pay all my just debts as soon after my death, as conveniently may be.

THIRD I wish to be cremated and have my ashes buried next to my Husband in my grave. I do not wish to have a visitation service at my funeral.

FOURTH I have eight children now living, namely: David Aulph, Anthony Aulph, Roberta Wick, Monica Martinez, Priscilla Martinez, Carlos Martinez, Jesse Martinez, and Rudy R. Martinez. Rudy R. Martinez n/k/a Samuel Wooley III n/k/a is my adoptive son and biological grandson.

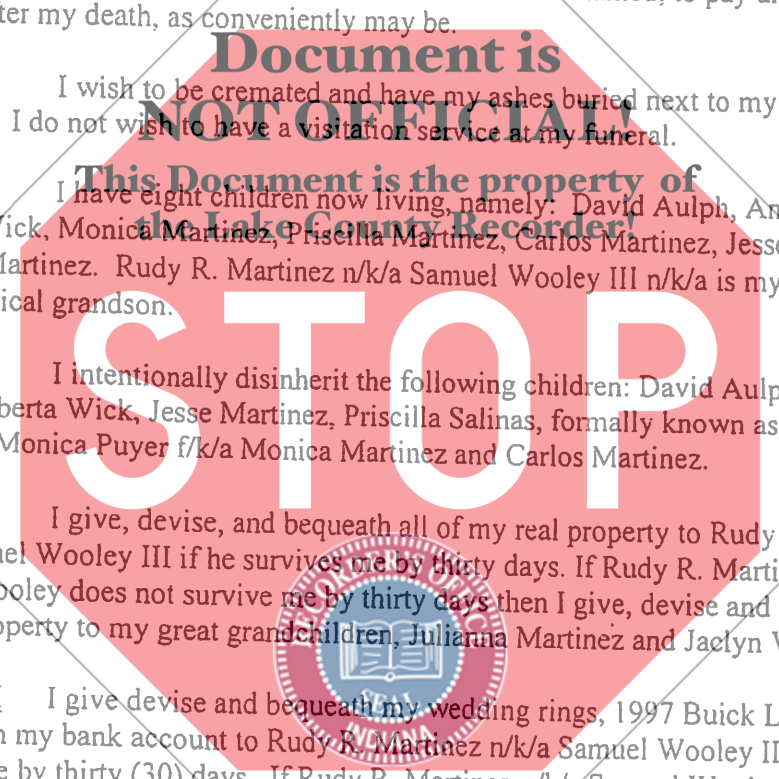
FIFTH I intentionally disinherit the following children: David Aulph, Anthony Aulph, Roberta Wick, Jesse Martinez, Priscilla Salinas, formally known as Priscilla Martinez, Monica Puyer f/k/a Monica Martinez and Carlos Martinez.

SIXTH I give, devise, and bequeath all of my real property to Rudy R. Martinez n/k/a Samuel Wooley III if he survives me by thirty days. If Rudy R. Martinez n/k/a Samuel Wooley does not survive me by thirty days then I give, devise and bequeath all of my real property to my great grandchildren, Julianna Martinez and Jaelyn Wooley.

SEVENTH I give devise and bequeath my wedding rings, 1997 Buick Lesabre, and the funds in my bank account to Rudy R. Martinez n/k/a Samuel Wooley III, if he survives me by thirty (30) days. If Rudy R. Martinez n/k/a Samuel Wooley does not survive me by thirty days, then I give, devise and bequeath all of my personal property to my great grandchildren, Julianna Martinez and Jaelyn Wooley.

EIGHTH I give, devise, and bequeath all the residue of my real, personal, and mixed personal property to Rudy R. Martinez n/k/a Samuel Wooley III if he survives me by thirty days. . If Rudy R. Martinez n/k/a Samuel Wooley does not survive me by thirty days then I give, devise and bequeath all of my mixed personal property to my great grandchildren, Julianna Martinez and Jaelyn Wooley.

NINTH I hereby nominate and appoint Rudy R. Martinez n/k/a Samuel Wooley III, Executor of this, my Last Will and Testament, without being required to give security for the faithful performance of the duties as such Executor, or for the exercise of any power of sale granted to her under this Will. I hereby give said Executor full power and



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EXHIBIT
A

P. M. S. F. W.

authority to transfer, convey, sell, or otherwise deal with or dispose of, without order of court, any property, whether real or personal, belonging to me estate for the purpose of carrying out any provisions of my Will. I also give said Executor full power and authority at any time or times to sell, mortgage, pledge, exchange or otherwise upon such terms as he shall deem best, settle and compound any and all claims in favor or against my estate and deliver any and all deeds, contracts, mortgages, bills of sale or other instruments necessary and desirable thereof, with or without covenants of warranty to any purchases thereof, and the purchase of purchasers thereof need not look to the application of the purchase money.

TENTH In the event at any time because of death, resignation, refusal, inability or incapacity to act for any reason as Executor hereunder of Priscillana Martinez, I nominate and appoint Monica Puyer T/a Monica Martinez, Successor Executor hereunder, without being required to give security for faithful performance of her duties as Successor.

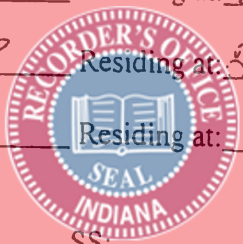
IN WITNESS OF, I have signed the Will, consisting of two pages, and for the purpose of identification have placed my initials at the foot of each preceding page this 24th day of Feb, 2017.

Priscillana Martinez
Priscillana Martinez

We certify that the above instrument was on the date thereof signed, and declared by Priscillana Martinez as her Will in our presence, and that we at her request and in her presence and in the presences of each other, have signed our names as witnesses thereto, believing that Priscillana Martinez is of sound mind and memory at the time of signing.

JJ Blue Residing at: 2109 Broadway, E. Chicago, IN
Monica Daleo Residing at: 3109 Broadway, E. Chicago, IN 46312
Residing at: _____

STATE OF INDIANA)
)
COUNTY OF LAKE)



We, the attesting witnesses to the Will of Priscillana Martinez on oath state that each of us was present and saw the testator sign the Will, of which this affidavit is a part, in our presence; that the Will was attested by each of us in the presence of the testator; and that each of us believed the testator, to be of sound mind and memory at the time of signing.

JJ Blue
Monica Daleo

P. M. FS 100



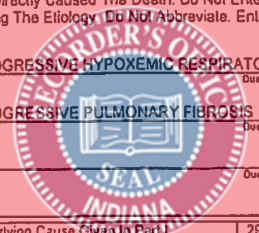
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 600075

EDR No 00000707152

State No

1. Decedent's Legal Name (First, Middle, Last) PRISCILLANA MARTINEZ				1a. Maiden Name (If female) ESPINOZA		2. Sex FEMALE	3. Time Of Death 09:42 AM	4. Date Of Death (Month/Day/Year) 04/27/2019		
5. Social Security Number 330-28-0027		6a. Age - Yrs 83	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) 01/04/1936		8. Birthplace (City and State or Foreign Country) DEPUE, IL	
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 CATHERINE HOSPITAL INC										
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312					13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" 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 LIBRARIAN		17. Kind Of Business/Industry SCHOOL RESOURCE CENTER		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18c. Street And Number 6742 BARING AVENUE	18d. Apt. No.	18e. Zip Code 46324	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education ASSOCIATE DEGREE (AA, AS)		20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) BERNABE ESPINOZA				
23. Parent's Name (First, Middle, Last) PRESILIANA ESPINOZA				23a. Parent's Last Name Before First Marriage JACINTO		24. Informant's Name MONICA PUYEAR				
24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 3 PONSETTI DRIVE APT 3A, SPRING VALLEY, IL 61362								
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) REGIONAL CREMATION		25c. Location - City, Town, And State MUNSTER, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility RIDGELAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46408						27a. Funeral Home License Number: FH10200007		
27b. Signature Of Indiana Funeral Service Licensee: RONALD DUANE COOPER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD21100051				
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)								Approximate Interval: Onset To Death		
A. <u>PROGRESSIVE HYPOXEMIC RESPIRATORY FAILURE</u> Due to (Or As A Consequence Of)								1 WEEK		
B. <u>PROGRESSIVE PULMONARY FIBROSIS</u> Due to (Or As A Consequence Of)										
C. _____ Due to (Or As A Consequence Of)										
D. _____ Due to (Or As A Consequence Of)										
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. ACUTE ON CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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)			38. Zip Code			
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: CAROLINA V. OCAMPO, 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. CAROLINA V. OCAMPO, 3100 45TH AVE. #3, HIGHLAND, IN 46322						44. License Number 01058122A		45. Date Certified 04/29/2019		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 30 2019				



2009 060112

2009 SEP -1 AM 9:06

MARILEE A. BROWN
RECORDER

Parcel No. 45-07-08-177-034-000-023

WARRANTY DEED

ORDER NO. 620082315

THIS INDENTURE WITNESSETH, That Fernando L. Jimenez, Maria L. Jimenez and Juan Melendez

of Lake County, in the State of INDIANA CONVEY(S) AND WARRANT(S)
to Priscilana Martinez

of Lake County, in the State of INDIANA, for the sum of
ONE DOLLAR AND 00/100 Dollars (\$ 1 00)

and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate in Lake County, State of Indiana

The North 20 feet of Lot 42 and the South 20 feet of Lot 43 in Foxvthe Highlands Int Ardtion, Hammond, as per plat thereof, recorded in Plat Book 27 page 58, in the Office of the Recorder of Lake County, Indiana

SUBJECT TO COVENANTS AND RESTRICTIONS, EASEMENTS AND BUILDING LINES AS CONTAINED IN THE PLAT OF SUBDIVISION AND AS CONTAINED IN ALL OTHER DOCUMENTS OF RECORD; AND REAL ESTATE TAXES AND ASSESSMENTS FOR 2009 PAYABLE IN FULL TOGETHER WITH DELINQUENCY AND PENALTY, IF ANY, AND ALL REAL ESTATE TAXES AND ASSESSMENT DUE AND PAYABLE THEREAFTER WHICH THE GRANTEE HEREIN ASSUMES AND AGREES TO PAY.

This Document is the property of the Lake County Recorder!

Subject to any and all easements, agreements and restrictions of record. The address of such real estate is commonly known as 6742 Baring Avenue, Hammond, Indiana 46324

Tax bills should be sent to Grantee at such address unless otherwise indicated below.
IN WITNESS WHEREOF, Grantor has executed this deed this 20th day of August, 2009

Grantor Signature Fernando L. Jimenez (SEAL) Grantor Signature Maria L. Jimenez (SEAL)
Printed Fernando L. Jimenez Printed Maria L. Jimenez

STATE OF INDIANA

§§. ACKNOWLEDGEMENT

COUNTY OF Lake

Before me, a Notary Public in and for said County and State, personally appeared Fernando L. Jimenez and Maria L. Jimenez who acknowledged the execution of the foregoing Warranty Deed, and who, having been duly sworn, stated that any representations therein contained are true

Witness my hand and Notarial Seal this 26th day of August, 2009
My commission expires AUGUST 7, 2010

Signature Lisha Vera Notary Name
Printed Lisha Vera Resider of Porter County, Indiana

This instrument prepared by Donna LaMere, Attorney at Law #03089-64/jc

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 Jennifer Church

Return deed to 6742 Baring Avenue, Hammond, Indiana 46324 P.M.
Send tax bills to 6742 Baring Avenue, Hammond, Indiana 46324

(Grantee Mailing Address)

DULY ENTERED FOR TAXATION PURPOSES
FINAL ACCEPTANCE FOR TRANSFER

AUG 11 2009

Lisha Vera
Notary Public, State of Indiana
Porter County
My Commission Exp. 8/07/10

PEGGY HOLINGA KATONA
LAKE COUNTY RECORDER

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CHICAGO TITLE INSURANCE COMPANY

IN WITNESS WHEREOF, Grantor has executed this deed this 26th day of August, 2009

Grantor: _____ (SEAL) Grantor: _____ (SEAL)
Signature Signature

Printed Juan Melendez Printed _____

STATE OF Indiana } SS: ACKNOWLEDGEMENT
COUNTY OF Lake

Before me, a Notary Public in and for said County and State, personally appeared _____
Juan Melendez
who acknowledged the execution of the foregoing Warranty Deed, and who, having been duly sworn, stated that
any representation therein contained are true.
Witness my hand and Notarial Seal this 26th day of August, 2009

My commission expires:
AUGUST 7, 2010



Signature: _____
Printed Lisha Vera Notary Name
Resident of Porter County, Indiana.

Notary Public, State of Indiana
Porter County
Commission Expires 8/07/10

IN WITNESS WHEREOF, Grantor has executed this deed this _____ day of _____

Grantor: _____ (SEAL) Grantor: _____ (SEAL)
Signature Signature

Printed _____ Printed _____

STATE OF _____ } SS: ACKNOWLEDGEMENT
COUNTY OF _____

Before me, a Notary Public in and for said County and State, personally appeared _____
who acknowledged the execution of the foregoing Warranty Deed, and who, having been duly sworn, stated that
any representation therein contained are true.
Witness my hand and Notarial Seal this _____ day of _____

My commission expires:
AUGUST 7, 2010

Signature: _____
Printed Lisha Vera Notary Name
Resident of Porter County, Indiana.

