2020-086526

2020 Nov 24 2:12 PM

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

STATE OF INDIANA)
) <i>SS</i> .
COUNTY OF LAKE)

AFFIDAVIT OF DEATH AND AFFIDAVIT FOR TRANSFER OF REAL ESTATE PURSUANT TO IC 29-1-7-23(b) AS AMENDED BY SEA 518, SEC. 10, EFFECTIVE 7/1/2019

Note to Recorder:

Please index this instrument to the following, previous last recorded instruments:

Deed dated September 15, 2017, recorded on September 20, 2017 as Instrument Number 2017 063702, in the office of the Recorder of Lake County, Indiana (hereafter, the "Deed");

The Affiant, Jaylyn Johnson, being first duly sworn, upon an oath deposes and says as follows:

1. The Affiant is one of the surviving adult children of Nathan W. Johnson Jr., deceased (hereafter, "Nathan").

2. Nathan was the sole owner in title to the following described real estate situated in Lake County, Indiana, to-wit:

the Lake County Recorder!

THE WEST 38.00 FEET BY PERPENDICULAR MEASURE OF LOT 9 IN GLENWOOD MANOR SUBDIVISION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 75, PAGE 84, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL NO.: 45-12-03-278-025.000-030

ADDRESS: 1596 56TH PL, HOBART, IN 46342

(referred to hereinafter, the "Real Estate," but the tax parcel number and property address are provided for informational purposes only and are not part of the description of the Real Estate) by Warranty Deed dated September 15, 2017, recorded on September 26, 2017 as Instrument Number 2017 063702, in the office of the Recorder of Lake County, Indiana, being the last deed of record.

- 3. Nathan died intestate on February 6, 2020, unmarried, leaving two adult children as his only heirs-at-law.
- 4. Nathan was the father of two children, namely, Jaylyn Johnson, the Affiant herein, (hereinafter, "Jaylyn") and Jasmin Johnson (hereinafter, "Jasmine"), both of whom are living, competent adults, as his only heirs-at-law (hereinafter, the heirs-at-law are referred to as the "Heirs").
- 5. Title to the Real Estate was immediately vested in the Heirs as tenants in common immediately upon Nathan's death by operation of the law in accordance with IC 29-1-7-23, subject to the power of a personal representative to divest title under the requirements of IC 29-1-7-15.1.
- 6. No petition was filed for probate of a will and for issuance of letters testamentary, for appointment of an administrator with the will annexed, or for the appointment of an administrator under IC 29-1-7-5 within five months after Nathan's death, nor did the Clerk issue letters testamentary or letters of administration within seven months after Nathan's death, so the power of a personal representative to divest title expired automatically as a matter of law under IC 29-1-7-15.1(b), and title is now invested indefeasibly in the **Heirs** as follows:

FILED

NOV 24 2020

JOHN E PETALAS LAKE COUNTY AUDITOR



Name	Relationship	Address	Percentage		
Jaylyn Johnson	Nathan's daughter	1596 56 th Pl. Hobart, IN 46342	50%		
Jasmine Johnson	Nathan's daughter	2585 Parkview St., Apt. 9 Portage, IN 46368	50%		

7. This affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor to transfer the Real Estate to the names of Jaylyn Johnson and Jasmine Johnson upon the Lake County Auditor's real estate transfer records.

FURTHER AFFIANT SAYETH NOT.

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a Notary Public in and for said County and State, this 244 day of November, 2020, personally appeared Jaylyn Johnson, who swore to the truth of the representations contained herein and acknowledged the execution of the above and foregoing Affidavit of Death and Affidavit for Fransfer of Real Estate to be her free and voluntary act and deed.

MY COMMISSION EXPIRES NOVEMBER 18,2005 COMMISSION NO. 705318

Notary Public

EXECUTED AND DELIVERED in my presence:

Witness:

printed name: Wancy

STATE OF INDIANA, COUNTY OF LAKE, 55

Before me, a Notary Rublic in and for said County and State, personally appeared Notary T. Wolf Rams T. 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 Jaylyn Johnson 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 244 day of November, 2020.

DAVID G. CLARK NOTARY PUBLIC

SEAL
LAKE COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES NOVEMBER 18, 2025
COMMISSION NO. 705318

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. - David G. Clark

THIS INSTRUMENT WAS PREPARED BY DAVID G. CLARK, LAWYER #15397-45, CANALIA & CLARK LLC, 8840 CALUMET AVENUE, SUITE 205, MUNSTER, IN 46321, AT THE SPECIFIC REQUEST OF OWNER OR REPRESENTATIVES AND IS BASED SOLELY ON INFORMATION SUPPLIED BY ONE OR MORE OF THOSE PARTIES AND WITHOUT EXAMINATION FOR ACCURACY. THIS PREPARER

ASSUMES NO LIABILITY FOR ANY ERROR, INACCURACY OR OMISSIONS IN THIS INSTRUMENT RESULTING FROM THE INFORMATION PROVIDED. THE PARTIES ACCEPT THIS DISCLAIMER BY OWNER'S EXECUTION OF THIS DOCUMENT.

PREPARED BY, RECORD AND RETURN TO:

David G. Clark, Esq. Canalia & Clark, LLC 8840 Calumet Avenue, Suite 205 Munster, IN 46321-2546

SEND TAX BILLS TO:

Jaylyn Johnson 1596 56th Pl Hobart, IN 46342

LAPROBATE Johnson, Jr, Nathan W (affidavit)/Real Estate Devolution Affidavit - Intestate.wpd ent is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **223719**

	No 00	1573		ED	P No (ากกก	007593	182	İ	State N	0			
1. Decedent's Legal Name (First	NO UUI)					(If female)	<u> </u>	2. Sex		Of Death	4. Date 0	Of Death (Month/Day/Y	'ear)
LA TUAN IN INCIDENCE	SN ID							-	MAL	E 10	:24 AM	1.	02/06/2020	l
5. Social Security Number 68		6b. Under	1 Year 6c. U	Inder 1 Month	6d. Unde	er 1 Day	6e. Under 1 Hou	7. Date	of Birth (Mon		Birthplace (Cit	y and State	or Foreign Country)	
	64	Months	Days		Hours		Minutes		09/18/19		SARY, IN			
9. Ever in U.S. Armed Forces?		th Occurred In	n A Hospital:				10a. If Death Occ		where Other ecedent's Hon		Home/Long-ten	m Care Faci	lity	1
Yes No Unknow	n 🔲 Inpatio	ent 🔲 Emer	gency Departme	ent Outpatient	☐ Dead	on Arrival	☐ Hospice Facili	. –	DOGGOTH 3 1100	(C (2) (C) (C)				
11. Facility Name (If Not Institu	tion, Give Stre	et and Numbe	ir)					,						
DYER NURSING AN 12."City Or Town, State, And Zi	D REHAE	BILITATIC	ON CENTE	:R			13. County	Of Death			14. Marital Sta			
							LAKE				Married [But Separated 🔯 Dive er Married 🔲 Unkno	
DYER, IN, 46311 15. Surviving Spouse's Name	-			15a	. Last Nam	e Before Fi	LAKE_		16. Decode	ent's Usual Occupa	tion	17. Kind	Of Business/Industry	
is, og itting opened to									CARPEN	ITED		U.S.ST	EEL CORP	
18. Residence - State		-	18a. County				18b. City Or To		CARPEN	VIEN.		1000.	post pr	
			LAKE				HOBART							
INDIANA 18c. Street And Number			LANL				11.00, 11.11			18d. Apt. No.	18e. Zip	Code	18f. Inside City Lim	ı
1596 56TH PLACE							4			}	46	342	⊠ Yes □ No	,
19. Decedent's Education		_	20. Dece	tent Of Hispar	nie Ongin	Cur	nent	Decedent's	Race					
HIGH SCHOOL GRA	DUATE C	OR GED	NOT H	SPANIC			Blac	k or Afri	can Ame	rican			Alexan Cotons First Mari	
22. Parent's Name (First, Middle	, Last)	_		NU	1	JI	23. Parent's Name	(First, Midd	le, Last)		23a. P	arent's Last	Name Before First Mar	"aye
NATHAN W JOHNS	ON SR	/	This	Doc	:11m	ent i	DELORES	OHNSO	N	f	POR	TER		
24, Informant's Name	211 011		24a. I	Relationship T	o Deceden	\sim 1	DELORES J 24b. Mailing Addre	_						
JASMINE JOHNSON			DA	IGHTER	ake		2585 PARK	AEW ST	REETA	PT 9, POR	AGE, IN 4	6368		
25a Method Of Disposition			25b. Place Of O	isposition (Na	ame Of Cen	25. Plac netery, Crea	e Of Disposition matery, Other Place	e) 25c. Lo	ocation - City,	Town, And State				
Burial Cremation D	onation 🔲 Er													
Removal From State			EVERGRE			PARK		HOB	ART, IN			1 27a Fur	neral Home License Nu	mber:
26.rWas Coroner Contacted?			omplete Addre											
∵[]-(Yes' ⊠ No	GU	JY & ALL	EN FUNE	RAL DIF	RECTO	RS, 295	9 WEST 11	TH AVE	NUE, GA	RY, IN 464	04 (Of Licensee):	FH830	107704	\dashv
27b. Signature Of Indiana Fune CARMELITA V. PER	cal Service Lic	ensee:		JATURE					F	29700070				
(5.1.4)				Ga	use Of De	ath (See	Instructions And	Examples t Enter Terr	i) mirul Events	THIS IS A	TRUE CO	PY OF	Approximate Interval: Ons	iet
28. Part I. Enter The <u>Chain</u> Such As Cardiac Arrest, Re À Line. Add Additional Line	of Events - L spiratory Arre	st, Or Ventri	cular Fibrillatio	n Without Sh	nowing The	Etiology.	Do Not Abbreviate	e. Enter Onl	ly One Caਪੋਤੀ ਜ਼ਿਲ੍ਹੀ	E COUNTY	HEALTH D	EPARTN	nE To Death RENT I	- 1
A Line. Add Additional Line Immediate Cause (Final Dis	esse Or Cou	y. tition Resulti	no in Desth)		CVA _	CURDE	R'S O		is A Consequence				DO NOT KNO	<u>~</u>
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The Events Resulting In De	ath) Last			C	CVA			Due to (Or A	s A Consequence	9n: /				
				D.	E	JE	Alexander			(4		2*		
Patt (f. Enter Other Significant C	onditions Cont	ributing to De	ath But Not Res	ulting In The I	Underlying (Cause Give	n'in Part I	29. Was	An Autopsy	PARE OUN	TY HEALES	ORGINA	iR	
CEREBROVASCULAR ACCIL	DENT							30. Wer	Autopsy Fir	133 Manner Of	Death:			
31 Did Tobacco Use Contribute	To Death?	32.	If Female: Not Pregnant Within	Past Year	Pregnant At Tin		Not Pregnant, But Pre			☐ Natural ☐	Homicide 🔲		Pending Investigation	n
Yes Probably No			Not Pregnant, But Pr		1 year Belore	Death Place	Unknown II Pregnant Of Injury (E.G., De	within The Past 1 acedent's Ho	me, Construc	tion Site, Restaur	Could Not Be D	32) 3	7. Injury At Work?	
34. Date Of Injury (Month/Day/	rear)	33.	Time Of Injury						:				☐ Yes ☐ No	
38. Location Of Injury - State		38a	City Or Town			38b. Str	ect & Number			****	38c. Apt.	No. 3	8d. Zip Code	
A Shill														
39. Describe How Injury Occurr	ed					1				40. If Transpor	tation Injury, Sp	CONTRACTOR	บ็ที่Less	
1. Dear		Dooth							42. Cer			TALIE		17.5°
41. Signature, Of Person Certif VIJAYA K. CHAPALA	N BY ELE	ECTRON	IC SIGNA	TURE					⊠ Ces	ntifying Physician	Cotone	11 4	Health Officer* 1	3 1
43. Namle, Address And Zip Co	de Of Person (Certifying Cau	se Of Death:							100			02413/2020	-
VIJAYA K. CHAPALA	, 3630 V	VILLOW	CREEK RI	D., PORT	AGE, I	N 4636	8			010 <u>7.6</u>	855A	Amazar ()	- TOTAL STEVEN	2004 1 1 2007 1
46: Additional Funeral Service I									49 Ec- P-	gistrar Only Libr	le Filed (Month	/Qay/Yearl:	E Ca En Danie	7 7 21
48. Signature of Local Health O	fficer:	LECTRO	אוור פופא	IATLIRE						Initial City State	*** PB 14	2U2U##		<u> </u>
CHANDANA VAVILA	LA, VIA E	LEUIRU	ANIC SIGN	AMENDME	NT TO CE	RTIFICAT	E OF DEATH (EN	TRY OR O	RIGINAL)	<u> </u>		To I reader	Figure Control	1 7 1 1
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