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2020-086551

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

2020 Nov 24 4:02 PM

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

PROPERTY NO. 45-08-03-457-009.000-004

IN RE THE MATTER OF MARY J. RENFRO:)
Decedent.)

AFFIDAVIT OF DEVOLUTION

Miriam Nash Sanders, first being duly sworn upon her oath deposes and says:

1. That MARY J. RENFRO aka Mary Gene Renfro, the Decedent, died on the 4th day of March, 2016 and attached is a copy of Decedent's Death Certificate as Exhibit "A". Reasonable care has been taken to redact the social security number from the document.
2. That Affiant is the daughter-in-law of the Decedent and I make this affidavit of my own personal knowledge.
3. That pursuant to a Warranty Deed dated August 24, 1971 and recorded in the Office of the Lake County Recorder on August 26, 1971, as instrument number 1374, Mary J. Renfro became the fee simple owner of the following described real property located in Lake County, Indiana, to wit:

Property No. 45-08-03-457-009.000-004

The South 25 Feet of L. 9 and the North 10 Feet of L. 10 in Bl. 22 in Gary Land Company's First Subdivision, in the City of Gary as per plat thereof, recorded in Plat Book 6 Page 15, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 833 Vermont St., Gary, IN 46402

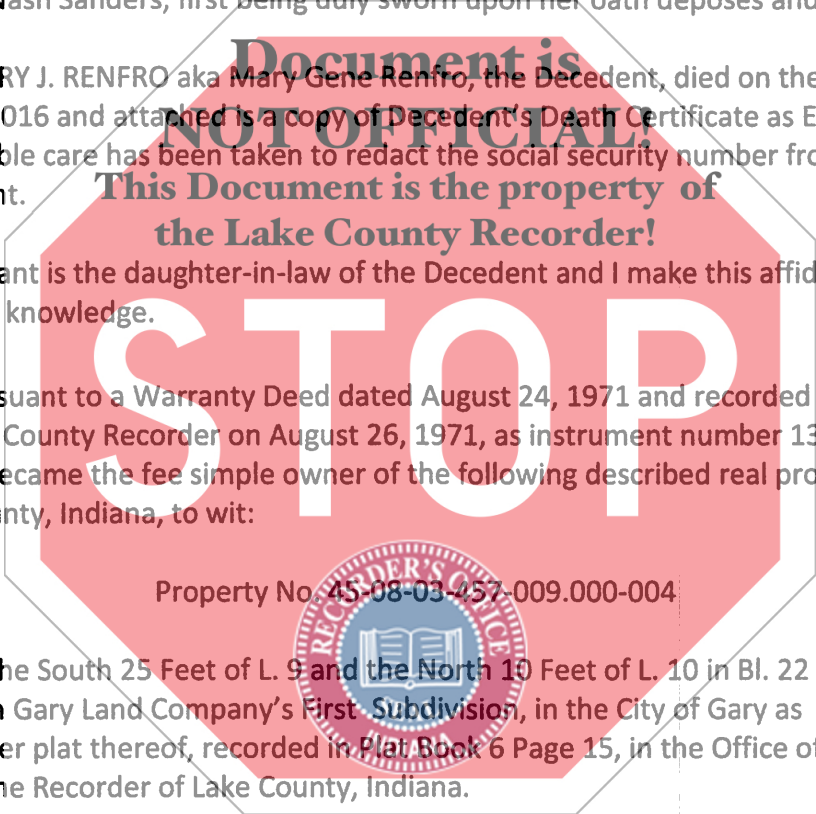
4. That the most recent instrument recorded in the Office of the Recorder regarding the above described property is the Warranty Deed listed in Paragraph 3 above of this Affidavit.
5. That Mary J. Renfro died without a will and without leaving a spouse.
6. That her interest in the above stated real property passed pursuant to Indiana's law of intestate succession, Ind. Code § 29-1-2-1(d)(1) in equal shares to her four (4) children,

FILED

NOV 23 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Document Prepared by Attorney Barbara Bolling-Williams



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2025-00
CASH
KK

namely:

Dorothy Renfro, daughter
Ora Dale Renfro, daughter
Earlven Nash, son (deceased 6/5/2006)
Ulysses Nash, son

7. That Earlven Nash, son of Mary Renfro, died intestate on June 5, 2006 and attached is a copy of his Death Certificate marked as Exhibit "B". Reasonable care has been taken to redact the social security number from the document.
8. That at the time of Earlven Nash's death he was married to Miriam Nash (aka Miriam Nash Sanders) and they had three (3) sons: Brennan Nash; Cameron Nash; and Jaron Nash and more than seven (7) months have passed and no estate was ever open.
9. That Earlven Nash's one-fourth (1/4) interest in his mother's real property, passed one-half (1/2) to his wife in accordance with I.C. § 29-1-2-1(b)(1) and to his three sons who share the other one-half (1/2) of his interest pursuant to Indiana's law of intestate succession, I.C. § 29-1-2-1(d)(1).
10. That more than seven (7) months have passed since the death of Mary J. Renfro and no petition for the appointment of a personal representative of said Decedent's Estate is pending in any Court in this State 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 decedent's real property.
11. That the seven (7) surviving heirs of Mary J. Renfro each own an undivided interest in said real property as tenants in common in the following shares:

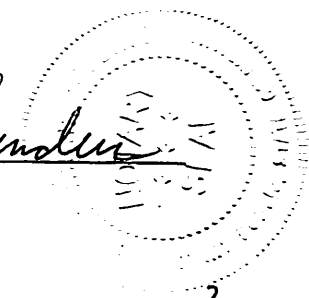
Ora Dale Renfro	one-fourth (1/4 interest) or .25
Dorothy Renfro	one-fourth (1/4 interest) or .25
Ulysses Nash	one-fourth (1/4 interest) or .25
Miriam Nash Sanders	.124 interest
Brennan Nash	.042 interest
Cameron Nash	.042 interest
Jaron Nash	.042 interest

12. That Tax Statements should be set to: Ora Dale Renfro
833 Vermont St.
Gary, IN 46402

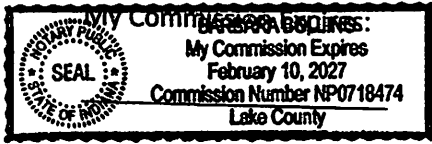
Further Affiant sayeth not.

Miriam Nash Sanders

MIRIAM NASH SANDERS, Affiant

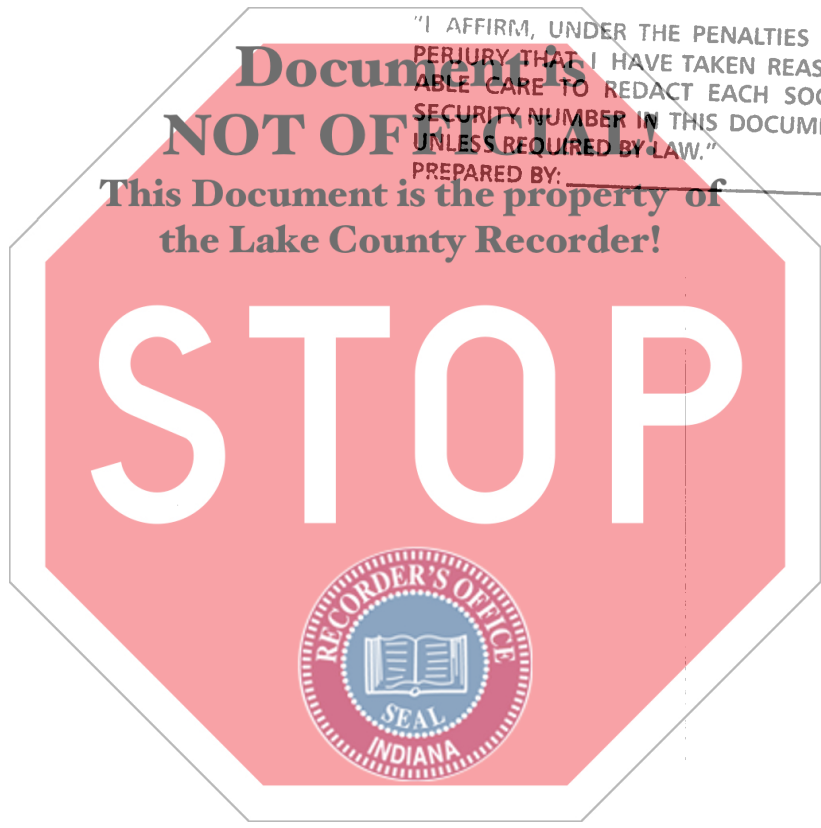


Subscribed to and sworn before me a Notary Public for the above State and County, personally appeared Miriam Nash Sanders this 23rd day of November, 2020.





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."
PREPARED BY: _____



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No: 000141

EDR No 0000050092

State No

1. Decedent's Legal Name (First, Middle, Last) MARY GENE RENFRO				1a. Maiden Name (If female) RENFRO		2. Sex: FEMALE	3. Time Of Death: 01:49 AM	4. Date Of Death (Month/Day/Year) 03/04/2016			
5. Social Security Number [REDACTED]		6a. Age - Yrs 76	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) 08/12/1939		8. Birthplace (City and State or Foreign Country) VANCE, 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 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) METHODIST HOSPITAL NORTHLAKE											
12. City Or Town, State, And Zip Code GARY, IN, 46402					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 checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation BEAUTICIAN		17. Kind Of Business/Industry GENERAL			
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town GARY			18d. Apt. No.	18e. Zip Code 46402	18f. Inside City Limit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 833 VERMONT STREET			19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent's Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American				
22. Father's Name (First, Middle, Last) GENERAL JACKSON				23. Mother's Name (First, Middle, Last) BESSIE JACKSON				23a. Mother's Maiden Last Name COOK			
24. Informant's Name DOROTHY RENFRO				24a. Informant's Relationship To Decedent DAUGHTER				24b. Informant's Address (Street, City, State, Zip Code) 3324 EVERGREEN STREET, EAST CHICAGO, IN 46312			
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) COLEMAN HICKS CREMATORY			25c. Location - City, Town, And State MICHIGAN CITY, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility POWELL-COLEMAN FUNERAL HOME, 3200 WEST 15TH AVENUE, GARY, IN 46404						27a. Funeral Home License Number FH10800011			
27b. Signature Of Indiana Funeral Service Licensee: BONNIE E. TUGGLES, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD09200084					
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. RESPIRATORY DISTRESS				Due to (Or As A Consequence Of):		1HR	
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				B. MYOCARDIAL INFARCTION				Due to (Or As A Consequence Of):		30MIN	
				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 HYPERTENSION, CONGESTIVE HEART FAILURE, DIABETES MELLITUS TYPE 2, DEMENTIA, DEGENERATIVE JOINT DISEASE, COPD						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <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 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: OKECHI N. NWABARA, 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: OKECHI N. NWABARA, 3535 BROADWAY, GARY, IN 46409						44. License Number 01033511A		45. Date Certified 03/21/2016			
46. Additional Funeral Service Provider:						47. *Akes:					
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 23 2016					

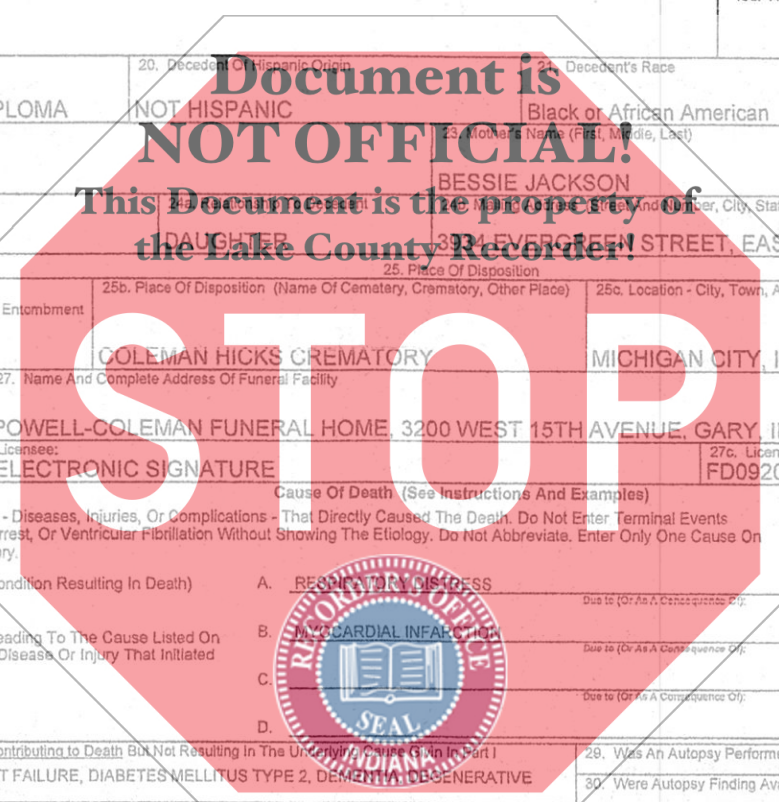


Exhibit "A"

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1426-06

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

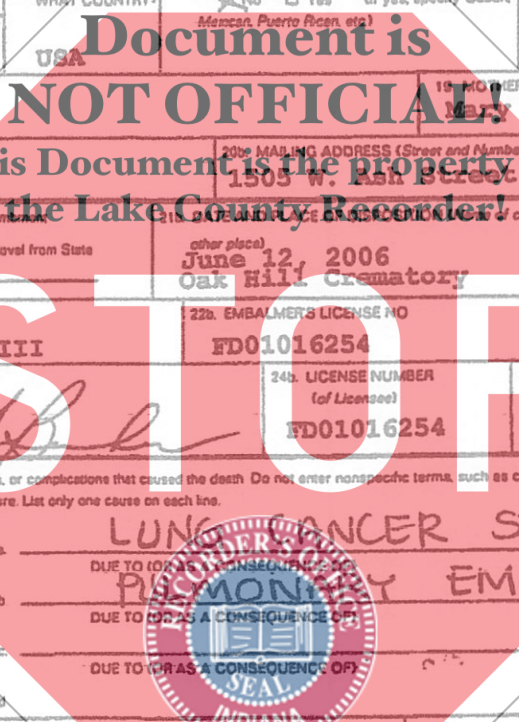
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Earlven Nash		2 SEX Male	3a TIME OF DEATH 3:18 PM	3b DATE OF DEATH (Month Day Year) June 5, 2006
4 SOCIAL SECURITY NUMBER [REDACTED]	5a AGE—Last Birthday (Years) 47	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) April 1, 1959
7a WAS DECEDENT A U.S. VETERAN? No	7b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	7c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) Community Hospital		9c CITY, TOWN, OR LOCATION OF DEATH Munster	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Miriam Washington	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Electrical Contractor		12b KIND OF BUSINESS/INDUSTRY Ascend Contractor
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Griffith		13d STREET AND NUMBER 1505 W. Ash Street
13e ZIP CODE 46319	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZENSHIP OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 FATHER'S NAME (First Middle Last) L.T. Nash		16 MOTHER'S NAME (First Middle Maiden Surname) Mary Jackson		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) N/A College (1-4 or 4) 4
20a INFORMANT'S NAME (Type/Print) Miriam Nash		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1505 W. Ash Street, Griffith, IN 46319		20c Relationship Wife
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (City, State, or other place) June 12, 2006 Oak Hill Crematory		21c LOCATION—City or Town, State Gary, Indiana
22a EMBALMER'S NAME Sherman G. Banks III		22b EMBALMER'S LICENSE NO. FD01016254		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FD01016254	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner IN050002 4209 Grant Street, Gary, Indiana	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) LUNG CANCER STAGE IV PULMONARY EMBOLISM				
CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last				
PART II Other significant conditions - Conditions contributing to death but not previously listed in Part I				
27a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated		29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c MEDICAL LICENSE NO. 01058230A
29d DATE SIGNED (Month Day Year) JUNE 5 2006		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MAY Y LEE 7905 CALUMET AVE MUNSTER IN 46321		
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month Day Year) July 7, 2006
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		34g DATE PRONOUNCED DEAD (Month Day Year)		
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.				



MAR 30 2010

Exhibit "B"

CERTIFICATE OF PROOF

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

Terence Williams
Witness Signature
Terence Williams
Witness Printed Name

PROOF:

STATE OF Indiana **Document is NOT OFFICIAL!**
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 11/23/20, 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- Terence Williams to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said GRANTOR(S) Mariam Nash Sanders execute the same: and the said WITNESS at same time subscribed his/her name as a witness thereto

Barbara Bolling
NOTARY PUBLIC SIGNATURE
Barbara Bolling
NOTARY PRINTED NAME

Notary Name exactly as Commission
Notary Public- State of
Seal
My Commission Expires:
Commission No:

