

2020-089686

2020 Dec 8

10:19 AM

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

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

**AFFIDAVIT OF DEATH AND
AFFIDAVIT FOR TRANSFER OF REAL ESTATE**

The Affiant, LINDA W. SHAW a/k/a LINDA SHAW ("Affiant"), being first duly sworn, upon oath deposes and states as follows:

1. That she is one of named legatees and co-executors of the decedent, Norbert Sims (hereafter, "Decedent").
2. That Decedent died testate on March 28, 2020, leaving a Last Will and Testament dated February 2, 2017. Attached is Decedent's death certificate as **Exhibit A**.
3. At his death, Decedent was the fee-simple owner of the following described real estate situated in Lake County, Indiana, to-wit:

LOTS 8 TO 12, BOTH INCLUSIVE, EXCEPT THE SOUTH 103 FEET THEREOF, BLOCK 6, GLENDALE SUBDIVISION, IN THE CITY OF GARY, AS SHOWN IN PLAT BOOK 11, PAGE 7 LAKE COUNTY INDIANA AND THE SOUTH HALF OF VACATED 44TH AVENUE LYING NORTH OF AND ADJACENT TO SAID LOTS.

Tax Parcel Number: 45-08-28-357-013.000-004
Commonly known as 4401 Buchanan Street, Gary, Indiana 46408

(hereafter, "the Real Estate").

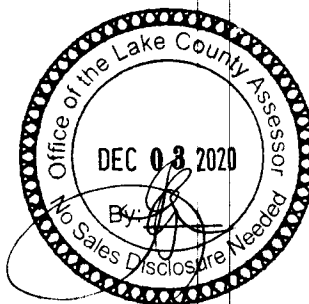
4. Decedent's fee-simple interest in the Real Estate derives from a Quitclaim Deed filed in the office of the Lake County Recorder on July 9, 1992 as Document No. 1992-044114 in which Norbert R. Sims conveyed the Real Estate to Norbert Sims and Linda Lee Sims, and a subsequent Quitclaim Deed filed in the office of the Lake County Recorder on June 22, 2017 as Document No. 2017-038158 in which Linda Lee Sims conveyed her interest in the Real Estate to Norbert Sims, leaving him as the sole fee-simple owner of the Real Estate.

5. Title to the Real Estate was immediately vested in the Legatees (as described below) as tenants in common immediately upon Decedent'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.

FILED

DEC 03 2020

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**



25.00
CK# 11844
KK
LL

6. The Decedent's Last Will and Testament has been admitted to probate before the Lake Superior Court, Probate Division, under Cause Number **45D11-2005-EM-000092** for probate of the will without administration.

7. That at least seven months have elapsed since the Decedent's death.

8. That no letters testamentary or letters of administration have been issued to a court appointed personal representative for the Decedent.

9. That no Court has issued findings or an order preventing the devolution of the Real Estate as specified in IC 29-1-7-15.1.

10. That the names of each Legatee known to the affiant are as follows:

Name	Relationship	Address	Percentage
Hardy Shaw	Friend	6701 Ash Place Gary, Indiana 46403	Undivided 1/2 interest
Linda Shaw	Friend	6701 Ash Place Gary, Indiana 46403	Undivided 1/2 interest

11. That the Legatees are friends of the Decedent, who take equally in accordance with the Decedent's Last Will and Testament.

12. That 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 **Hardy Shaw and Linda Shaw, as tenants in common** each to an undivided 1/2 interest upon the Lake County Auditor's real estate transfer records.

FURTHER AFFIANT SAYETH NOT.

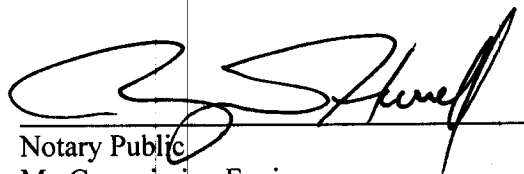
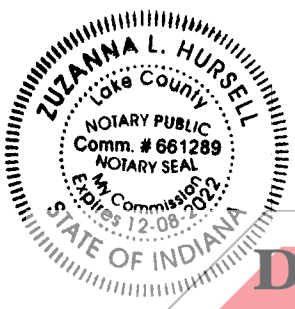
Dated this 9 day of November, 2020.



Linda W. Shaw
LINDA W. SHAW

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Linda W. Shaw and she, being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true this 9th day of November 2020.



Notary Public
My Commission Expires:
Commission No.
Resident of Lake County, Indiana



EXECUTED AND DELIVERED in my presence:

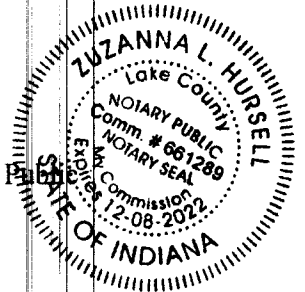
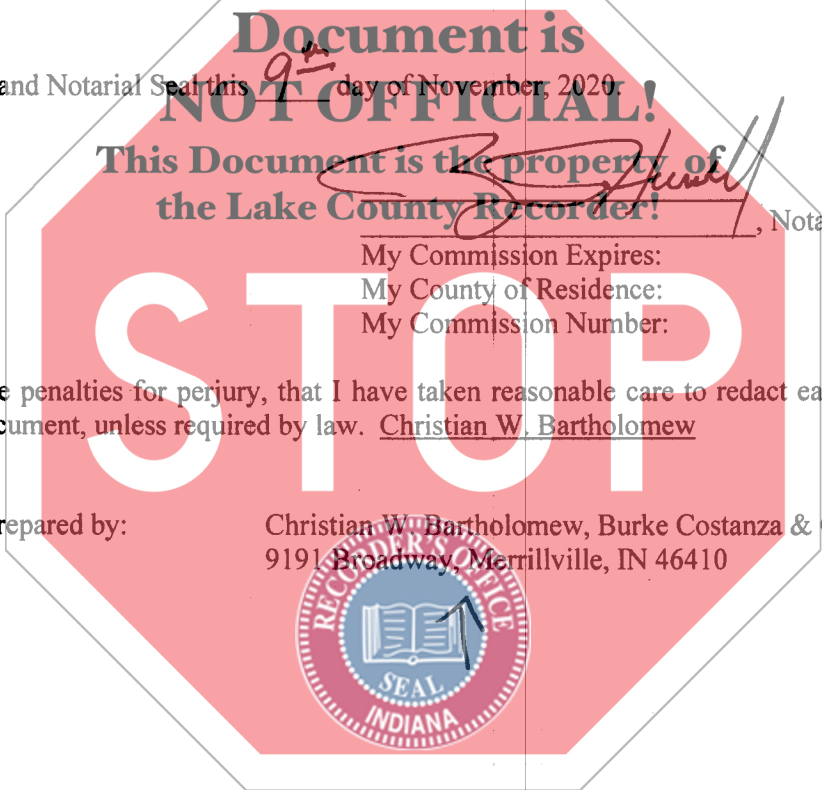
Elizabeth Jackson
Witness Signature

Witness: Elizabeth C. Jackson
Printed Name

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Elizabeth C. Jackson, 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 Linda W. Shaw in the above-named subscribing witness's presence, and that the abovenamed 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 9th day of November, 2020.



My Commission Expires:
My County of Residence:
My Commission Number:

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. Christian W. Bartholomew

This Instrument prepared by: Christian W. Bartholomew, Burke Costanza & Carberry LLP
9191 Broadway, Merrillville, IN 46410



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000160

EDR No 000000772240

State No 018602

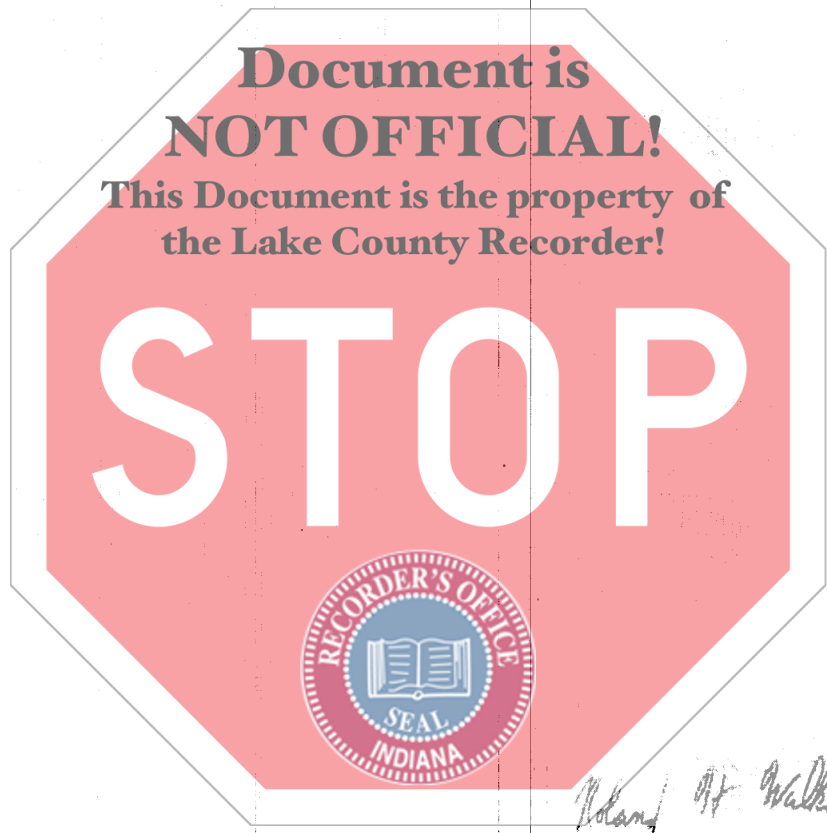
1. Decedent's Legal Name (First, Middle, Last) NORBERT SIMS			1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 06:21 AM	4. Date Of Death (Month/Day/Year) 03/28/2020
5. Social Security Number	6a. Age - Yrs 71	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 04/21/1948	8. Birth place (City and State or Foreign Country) GARY, 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) 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 checked="" 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 FURNACE TENDER		17. Kind Of Business/Industry MITTELL STEEL
18. Residence - State INDIANA		18a. County LAKE		18b. City Of Town GARY			
18c. Street And Number 6701 ASH PLACE						18d. Apt. No.	18e. Zip Code 46403
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
18. 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) THEODORE SIMS			23. Parent's Name (First, Middle, Last) ESTER LEEN SIMS			23a. Parent's Last Name Before First Marriage DAVIS	
24. Informant's Name LINDA SHAW		24a. Relationship To Decedent CAREGIVER		24b. Mailing Address (Street And Number, City, State, Zip Code) 6701 ASH PLACE, GARY, IN 46403			
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: 00011
27b. Signature Of Indiana Funeral Service Licensee: BONNIE E. TUGGLES, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): 00084	
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. ASYSTOLE						MINUTES	
B. CARDIOPULMONARY ARREST						HOURS	
C. CEREBRAL VASCULAR DISEASE						MONTHS	
D. ATHEROSCLEROTIC VASCULAR DISEASE						YEARS	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I PARKINSONS DISEASE CHRONIC OBSTRUCTIVE PULMONARY DISEASE ATRIAL FIBRILLATION CONGESTIVE HEART FAILURE							
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 43 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 checked="" 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)		38d. Zip Code	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	
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: ALBERT REYNOLDS, 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: ALBERT REYNOLDS - 600 W GRANT ST., GARY, IN 46402						44. License Number	
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): APR 13 2020	

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal. ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



Roland AF Walker 195

COMMISSIONER
OF GARY, IND.

APR 16 2020



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