## NOT AN OFFICIAL DOCUMENT

34

2020-089153

LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN

STATE OF INDIANA

COUNTY OF LAKE

) ) SS: GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2021-013037

1:21 PM 2021 Feb 9

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

The Affiant, Sharon Hill ("Affiant"), being first duly sworn, upon oath deposes and states as follows:

This beared 1. That she is one of the surviving adult children of the decedent, William Hill is builty (hereafter, "Decedent")

is being (hereafter, "Decedent") a ka William (c-recovered + 2. That Decedent died intestate on May 10, 2019, (Attached is Decedent's death

add a death certificate as Exhibit A.)

Certificate

4 to correct

3. That Decedent acquired title to the following described real estate situated in

4 Clerify Lake County, Indiana, to wit:

the decedent's

THE WEST 15 FEET OF LOT 26 AND ALL OF LOTS 27 AND 28 IN BLOCK 10 IN GLENDALE SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED AUGUST 19, 1913; IN PLAT BOOK 11, PAGE 7, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Tax Parcel Number: 45-08-28-354-020.000-004 Commonly known as 1540 West 45th Avenue, Gary, Indiana 46409

(hereafter, the "Real Estate") by a Warranty Deed dated March 27, 1997 Jul7, 1997 and recorded on July 7, 1997 in the Office of the Recorder of Lake County, Indiana. Thereafter, Novella Hill's interest was passed to William Hill, her surviving husband, at the time of her death on December 4, 2009, as evidenced by the duly recorded Survivorship Affidavit confirming that William survived his Wife Novella and her interest was passed by operation of law to her surviving spouse, the Decedent, William A. Hill.

4. The most recent recorded instrument responsible for conveying title to the Real Estate is the same Warranty Deed dated March 27, 1997and recorded on July 7, 1997 as Document No. 97043871 wherein Decedent acquired title and his interest to the Real Estate.

FILED
FEB 0 9 2021

JOHN E PETALAS LAKE COUNTY AUDITOR FILED
DEC 04 2020
JOHN E PETALAS
LAKE COUNTY AUDITOR

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5. The most recent recorded instrument in the Property's chain of title is the same Warranty Deed dated March 27, 1997, and recorded on July 7, 1997, as Document No.97043871 wherein Decedent acquired title and his interest to the Real Estate.

6. Title to the Real Estate was immediately vested in the Distributees (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.

- 7. That at least seven months have elapsed since the Decedent's death.
- That no letters testamentary or letters of administration have been issued to a court appointed personal representative for the Decedent.
- 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 Distributee known to the affiant are as follows:

Name	Relationship	Address	Percentage							
Sharon D. Hill	Adult daughter	1540 West 45th Avenue Gary, Indiana 46408	Undivided 1/3 interest							
Stephen G. Hill	Adult Son	1540 West 45th Avenue Gary, Indiana 46408	Undivided 1/3 interest							
Catherine M. Spann	Adult daughter	1819 N. Arbogast, 1F Griffith, Indiana 46319	Undivided 1/3 interest							

- 11. That the Distributees are the adult children of the Decedent, who take as tenants in common each to an undivided 1/3 interest of the Real Estate in accordance with the intestacy statute as specified in IC 29-12-1.
- 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 Sharon D. Hill, Stephen G. Hill, and Catherine M. Spann, as tenants in common each to an undivided 1/3 interest upon the Lake County Auditor's real estate transfer records.

FURTHER AFFIANT SAYETH NOT.

## NOT AN OFFICIAL DOCUMENT

Dated this 1st day of December, 2020.								
Sharon D. Hill Sharon D. Hill, AFFIANT								
Ó.								
STATE OF INDIANA )								
) SS:								
COUNTY OF LAKE )								
Before me the undersigned, a Notary Public for the State of Indiana, personally appeared Sharon D. Hill and she, being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true this 1st day of								
December, 2020.								
RELUEL ANDERSON Late Country My Commission Equate April 2, 2022  County of Residence: Lake								
Commission Expires: 04-03-2022								
Witness to signature of Affiant:  Buth But  Beth Best								
I affirm, under the penalties for perjury, that I have taken reasonable care to redect each social security number in this document, unless required by law.								

This Instrument prepared by: Geoffrey G. Giorgi, GIORGI & BEBEKOSKI, LLC 1401 E. Greenwood Avenue, Crown Point, Indiana STATE DEPARTMENT OF HEALTH
CERTIFICATION DEATH

Loc	al No 80	0243		ED	R No O	000	007094 (If formatio)	14	1 2. Sex	State I	No 0272	299	Death (Monty/Day/Year)
WILLIAM A HILL			351						MA	LE 0	3:05 AM		05/10/2019
5. Social Security Number	6a. Age - Yrs	66. Under	Typer 6c	Under 1 Month	6d, Under	1 Day	6e. Under 1 Hour	7. Da	to of Beth (Mo		8. Birthplace (Ci	ty and State o	Foreign Country)
9 Ever in U.S. Armed Force	90	Months eath Occurred to	Days		Hours		Minutes 10a, If Death Occ	1	12/22/1	928 Thur A Hospital	MEMPHIS	, TN	
Yes No Unk		stient 🗆 Emen		nent Outpatient	Doesd or	n Arrival	Hospice Facili			mo   Num	g Home/Long-to	m Care Facili	A
11. Facility Name (If Not In	AN/ENULE	roat and Numbe	ir)										
1540 WEST 45TH 12. City Or Yown, State, An	AVENUE d Zip Code	7 1					13. County	Of Death	+		14. Marital St	atus At Timo C	of Death
GARY, IN, 46408	. 1						LAKE	ji i			☐ Morried ☐ ☑ Wicowed	Married, Bu	d Septrated Diverced Married Unknown
15. Surviving Spould's Name 15a Lest Name B						Betore Fin	,		ALCOH	dent's Usual Occupation 17 Kind Of Business industry  IOL AND DRUG SUBSTANCE ABUSE  COUNSELING COUNSELING			
18. Residence - State	<i>^</i>		18a Count	y			18b, City Or To	MN		,			
INDIANA	-' (		LAKE				GARY :	ŧ.,		*****			
18c. Street And Number		$\bigcirc$								18d. Apt. No.	18e, Zip	Code	18r Inside City Limits?  ☑ Yes ☐ No
1540 WEST 45TH 19. Decedent's Education	AVENUE	$\underline{\vee}$	T 80 Per	edent Of Hispan			30 - 1	Deceden			46	408 🐣	E 165 E 160
			1	1	, -					9.1			
BACHELOR'S DEC 22. Parent's Name (First, M)	GREE (BA	AB, BS)	NOT F	IISPANIC		· -	Blac 23. Parent's Namo	k or A	frican Ame	rican	23a F	arent's Last N	iama Bafore First Montage
				_						: 11	l		
WILLIAM A HILL II 24. Informant's Name		41.4	24a	Relationship T	o Decedent		ABREN BILL 24b. Maling Addre	LE HIL	L It And Number,	City, State, Zip C	MAS	ON	
CATHERINE SPAI	MN 3	1	-	UGHTER		- 1	1540 WEST						
	4.5					25 Place	Of Disposition						-6
25a. Method Of Disposition  Buital  Cremation	Donaton [		25b. Place Of I	Disposition (N)	umo Of Ceme	itory, Cren	natory, Other Place	25c.	Location - City	, Yown, And Step	\$ t""		
Romoval From State	_	1			<u> </u>				NOTED I		r)·		
Other (Specify): 26: Was Coroner Contacted	7   2	7. Name And C	CEGIONA Complete Addre	L CREMA	Facility	0		IMU	INSTER, I	N 5 6		27a. Funo	ral Home Ucense Number
⊠ Yes □ No		16. 15. – 17. – 17. – 17. – 17. – 17. – 17. – 17. – 17. – 17. – 17. – 17. – 17. – 17. – 17. – 17. – 17. – 17. – 17				, , , , ,	W DIDOC D		04514 15			FH1020	20007
276. Signature Of Indiana F RONALD DUANE	uneral Service L	CIDGELAV	IN FUNE	RAL HON	IE, INC.,	4201	W. RIDGE R	OAU,	27	7c. License Numi	er (Of Licenseo)		30007.
						th (See I	nstructions And	Evomo		D21100051	6.3		Approximate
28. Part I. Enter The Ch Such As Cerdiec Arrest, A Line. Add Additional	ain Of Events Respiratory Ar Lines if Necess	- Diseases, Intrest, Or Ventri ary,	uries, Or Con cular Frontieti	pilcations - To on Without Sh	hat Directly ( nowing The E	Caused T Etiology (	he Death. Do No Do Not Abbreviate	Enter C	erminal Events Only One Caus	s ee On			Interval: Onset To Death
Immediate Ceuse (Final	Disease Or Co	indition Resulti	ng In Death)	Α.	RENAL FAI	LURE		- Carlot	A As A Consequence	06			· <del></del>
Sequentially List Condit	ions, If Any, Le	ading To The	Couse Listed	On B			بالتبييب	Diame	An A Commission	-03			
Sequentially List Condit Line A. Enter The Under The Events Resulting In	riying Cause (I Death) Last	Disease Or Inju	ry That Initial	C.			16.		VIII				- K
								Due to (i	A A A Consequence	100			
Part II. Enter Other Significa	nt Conditions Co	ntributing to De	ath But Not Re	D.	Underlying Ca	uso Giver	In Part I	29. W	as An Autopsy	Performed?	☐ Yes	⊠ No	
				4.0						nding Available T			th? Yes No
31, Did Tobecco Use Contr	bute To Death?		If Famolo:							33. Minner C			
Yes Probably	No 🖾 Unknow			In Pest Year       Programt 40 Days To			Not Proposed, Bull Per Upanoun of Programs				Homicide         Could Not Be		Pending Investigation
34, Date Of Injury (Month/D	ley(Your)	35	Time Of Injur	7	T	36. Place	Of injury (E.G., De	codents	Home, Constru	ction Site, Restau	rant, Wooded Are	37.	Injury At Work?
13			. City Or Your	:			ot & Number			.52	38c, Apt.		Yes No
38. Location Of Injury - Sta	io .	38a	. City Or Town	1		388. 500	iol & Number			. 49	.   38C, APL	WO 360	2 Zip Code
39. Describe How Injury Oc	curred	, (d						1		40. If Transp	Passenger	ecity:	ner (Epecity)
41. Signature, Of Person C CHERYL ANTHON	Cortilyting Cause	Of Death	CTPONIC	SIGNAT	IIDE				42. Ce	rtifier (Check On intifying Physician	y One)		Health Officer
43. Name, Address And Zij	Code Of Perso	n Certifytro Cau	se Of Death:	JIGIYAT	ONE				I MA CO	44. Lice	nse Number	45	Date Certified
CHERYL ANTHO	Y-WORIX	, 919 MA	IN STRE	ET, SUITI	E 102, D	YER, II	N 46311			01048		$\bot$	05/31/2019
48. Additional Funeral Serv										7			
48 Signature of Local Heal REUBEN C. RUTL		FLECTPO	NIC SIG	NATURE					49 For Re	ogistrar Only - C	JUN 05		
	, VIA	LLLOINC		AMENDME	NT TO CER	TIFICATI	OF DEATH (EN	TRY OF	ORIGINAL)		0000		