

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-033542

9:19 AM 2021 Apr 22

STATE OF INDIANA)
COUNTY OF LAKE)

DEVOLUTION AFFIDAVIT

Brandon D. Snelling, Affiant, being first duly sworn on oath, deposes and states as follows:

1. That the Affiant resides at 4008 Deal St., East Chicago, IN 46312.
2. That the Affiant is the grandson of Annie B. Davis, deceased.
3. That Annie B. Davis passed away on September 23, 2018, in the City of East Chicago, County of Lake, State of Indiana, as evidenced by the Death Certificate attached hereto.
4. That Annie B. Davis died owning the property described as:
 LOT 4, BLOCK 3, SUNNYSIDE ADDITION, IN THE CITY OF EAST CHICAGO,
 AS SHOWN IN PLAT BOOK 15, PAGE 1, IN LAKE COUNTY, INDIANA.
 Commonly known as: 4008 Deal St., East Chicago, IN 46312
 Parcel No.: 45-03-22-457-004.000-024
5. That the most recent instrument recorded on this property prior to the passing of the decedent, was a **Warranty Deed** recorded on **May 10, 1973**, under document number 201066 which **transferred from LAKE COUNTY TRUST COMPANY, AS TRUSTEE under the provisions of a Trust Agreement dated December 31, 1963 and known as Trist No.: 1056**, to Annie B. Davis.
6. That two years have passed since the decedent's date of passing and no probate administration is pending, no letters testamentary have been issued no orders have been made and none are contemplated..
7. That Annie B. Davis was survived by her children, Mary Davis, Roy Lee Davis, LaDora Ramos and grandchildren Joshiah Davis, Jr., Clyde Davis, Jr., Tasha Rodriguez, and Kia Davis.
8. That the property described above, as a result of the death of Annie B. Davis passed as an undivided 20% interest each, to Mary Davis, Roy Lee Davis, LaDora Ramos and grandson Joshiah Davis, Jr. and an undivided 6.66% interest each to Clyde Davis, Jr., Tasha Rodriguez, and Kia Davis, as a result of the death of Annie B. Davis.
9. That the gross value of the estate of the decedent as determined for the purposes of Federal Estate tax purposes is less than the value required for filing a form 706 Federal Estate Tax Return.
10. That all debts of the decedent have been paid in full.
11. That the Affiant makes this affidavit to induce the Lake County Recorder and Auditor to change the ownership accordingly and without exceptions for matter related to the death of the decedent.
12. The following documents attached hereto are hereby incorporated by reference as part of this Affidavit: Death Certificate of Decedent Annie B. Davis



FILED
 APR 19 2021
 JOHN E. PEZZAS
 LAKE COUNTY AUDITOR

1102
 JS



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking #: 223102

Local No 903326

EDR No 00000666864

State No 048504

1. Decedent's Legal Name (First, Middle, Last) ANNIE B DAVIS				1a. Maiden Name (if female) HILL		2. Sex FEMALE	3. Time of Death 02:20 PM	4. Date of Death (Month/Day/Year) 09/23/2018			
5. Social Security Number [REDACTED]		6a. Age - Yrs 89	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) 10/28/1928		8. Birthplace (City and State or Foreign Country) COMER, AL		
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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (if Not Institution, Give Street and Number) MUNSTER MED-INN											
12. City Or Town, State, And Zip Code MUNSTER, IN 46321											
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"/> Overcast <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown											
15. Surviving Spouse's Name [REDACTED]					15a. Last Name Before First Marriage LAKE			16. Decedent's Usual Occupation HOUSEKEEPER		17. Kind Of Business/Industry ST CATHERINE HOSPITAL	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town EAST CHICAGO			18d. Apt. No.	18e. Zip Code 46312	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 4008 DEAL STREET			19. Decedent's Education 8TH GRADE OR LESS			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race Black or African American		
22. Parent's Name (First, Middle, Last) JESSE HILL					23. Parent's Name (First, Middle, Last) ANNIE HILL			23a. Parent's Last Name Before First Marriage SCOTT			
24. Informant's Name ROY LEE DAVIS			24a. Relationship To Decedent SON			24b. Mailing Address (Street And Number, City, State, Zip Code) 7798 TANGER STREET, HOBART, IN 46342					
25. Place Of Disposition 25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify): FERN OAKS CEMETERY											
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) GRIFFITH, IN											
25c. Location - City, Town, And State											
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
27. Name And Complete Address Of Funeral Facility HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE), 4859 ALEXANDER AVE, EAST CHICAGO, IN 46312										27a. Funeral Home License Number FH83001520	
27b. Signature Of Indiana Funeral Services Licensee TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE											
27c. License Number Of Licensee FD09600238											
27d. City Of LAKE COUNTY HEALTH OFFICER											
28. Part 1. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. A Line: Add Additional Lines If Necessary											
28. Part 2. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last											
29. Cause Of Death (See Instructions And Examples) PHOSPHORUS											
30. Immediate Cause (Final Disease Or Condition Resulting In Death) FAILURE TO THRIVE											
31. 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 NECROTIC SYNDROME											
32. D. SEPSIS											
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"/> Cause Not Yet Determined											
34. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I											
35. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
36. Where Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
37. SEPSES FROM NECROTIC SYNDROME											
38. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown											
39. 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 checked="" type="checkbox"/> Nature <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Not Pregnant, But Pregnant 42 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year <input type="checkbox"/> Suspect <input type="checkbox"/> Cause Not Yet 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 checked="" 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"/> Overcast <input type="checkbox"/> In Transit <input type="checkbox"/> Other											
41. Signature Of Person Certifying Cause Of Death PAULA BENCHIK-ABRINKO, 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 PAULA BENCHIK-ABRINKO, 1534 119TH STREET, WHITING, IN 46394											
44. License Number 01045436A											
45. Date Certified 10/03/2018											
46. Additional Funeral Service Provider											
48. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE											
49. For Registrar Only (Date Filed (Month/Day/Year)) OCT 04 2018											

RECORD ON FILE WITH THE
COUNTY HEALTH DEPARTMENT
FEB 10 2020
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS
RAISED SEAL IS AFFIXED