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 STATE OF INDIANA)
)
 COUNTY OF LAKE)

Auditor Stamp

FILED
 May 04 2021 VH
 JOHN E. PETALAS
 LAKE COUNTY AUDITOR

AFFIDAVIT OF TITLE

(IC 29-1-7-23)

Comes Now REEVE SIERRA [Name of affiant] (hereinafter "Affiant"), having been duly sworn according to law, states:

- Affiant is the DAUGHTER of RONALD LEE MITCHELL AKA RONALD MITCHELL ("Decedent") who acquired an interest in the title to the real estate described herein by WARRANTY DEED recorded 6/4/2000 as 2000-041924 Commonly known as 2340 BOLEAX ST and more particularly described as: GARY, IN 46408
- [Sample Language for Testate] The Decedent died testate on 11/6 [date], while domiciled in 99A County 99A and the will of the Decedent was admitted to probate under Cause Number 99A by Order of the 99A County 99A Court on 99A (date), and a copy of that will is attached to this affidavit as Exhibit "B".
- The Decedent died intestate on 10-14-20 [date], while domiciled in LAKE County, INDIANA [Insert paragraph discussing number of heirs and their relationship to Decedent].
- Title to the Real Estate was immediately vested in the [heirs/devisees] as tenants in common immediately upon the Decedent's death.
- No letters testamentary or letters of administration have been issued to a court-appointed personal representative for the decedent, and title is now vested indefeasibly in the [heirs/devisees], as follows:

NAME	RELATIONSHIP	FRACTIONAL INTEREST
<u>JANET L SMITH</u>	<u>WIFE</u>	<u>25%</u>
<u>REEVE SIERRA</u>	<u>DAUGHTER</u>	<u>25%</u>
<u>RICHARD E MITCHELL</u>	<u>SON</u>	<u>25%</u>
<u>TINA VICKERY</u>	<u>DAUGHTER</u>	<u>25%</u>

- 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 into the names of JANET L SMITH [list the heirs/devisees].
REEVE SIERRA
RICHARD E MITCHELL
TINA VICKERY

CHICAGO TITLE INSURANCE COMPANY

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, #021-07105, 1/2

FURTHER AFFIANT SAYETH NOT.

Dated this 13 day of April, 2021.

Revee Sierra
[Affiant] REVEE SIERRA.

Laura J Brasovan
LAURA J BRASOVAN

STATE OF IN

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state, by REVEE SIERRA, this 13 day of April, 2021.

Notary Public
Resident of Lake County
My Commission expires: 7-20-22.



I affirm, under the penalty for perjury, that I have taken reasonable care to redact each Social Security number from this document, unless required by law REVEE SIERRA

PREPARED BY: REVEE SIERRA.

Tax Mailing Address: 3959 MARSHALL PLACE

and
Grantee Address: CARY W 4608

Property of Lake County Recorder

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 252181

Local No 004362

EDR No 000000810588

State No 057446

1. Decedent's Legal Name (Full Name Last, First, Middle Initial)		2. Middle Name (if known)		3. Sex		4. Race of Decedent	
RONALD LEE MITCHELL		LAK		MALE		W	
5. Social Security Number		6. Age at Death		7. Date of Birth (Month/Day/Year)		8. Birthplace (City and State or Foreign Country)	
[REDACTED]		30		07/02/1940		WHITING, IN	
9. Date of Death (Month/Day/Year)		10. Time of Death (Month/Day/Year)		11. Date of Death (Month/Day/Year)		12. Date of Death (Month/Day/Year)	
10/14/2020		13:30		10/14/2020		10/14/2020	
13. Facility Name (City, Street and Number)		14. County of Death		15. Manner Status at Time of Death		16. Cause of Death (ICD-10 Code)	
COMMUNITY HOSPITAL		LAKE		Natural		I10	
17. Hospital Section Name		18. Last Name Before Last Name		19. Decedent's Usual Occupation		20. Type of Business/Industry	
JANET SMITH - MITCHELL		LAKE		MACHINE OPERATOR		VERMITE MACHINES	
21. Residence Address		22. City of Birth		23. Sex of Birth		24. Race of Birth	
INDIANA		LAKE		GARY		W	
25. Street and Number		26. Apartment No.		27. Zip Code		28. Inside City Limits	
2340 COLFAX STREET				46406		Y	
29. Decedent's Education		30. Decedent of Hispanic Origin		31. Decedent's Sex		32. Decedent's Race	
8TH GRADE OR LESS		NOT HISPANIC		White		White	
33. Parents Name (Last, Middle, First)		34. Parents' Last Name Before First Marriage		35. Parents' Last Name Before First Marriage		36. Parents' Last Name Before First Marriage	
JAMES MITCHELL		GALLIE MITCHELL		RAYMER		RAYMER	
37. Decedent's Name		38. Relationship to Decedent		39. Mailing Address (Street and Number, City, State, Zip Code)		40. Mailing Address (Street and Number, City, State, Zip Code)	
JANET SMITH - MITCHELL		WIFE		2707 DULUTH STREET - HIGHLAND IN 46322		2707 DULUTH STREET - HIGHLAND IN 46322	
41. Place of Disposition		42. Name of Disposition (Name of Cemetery, Crematory, Other Place)		43. Location (City, Town, and State)		44. Location (City, Town, and State)	
CHAPEL LAWN MEMORIAL GARDENS CEMETERY		CROWN POINT, IN		CROWN POINT, IN		CROWN POINT, IN	
45. Was Coroner Contacted?		46. Name and Complete Address of Funeral Director		47. License Number (If Licensed)		48. Funeral Home License Number	
Y		CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS 3178 N CLINE AVE CROWN POINT IN 46307		FD21500002		FH19000061	
49. Signature of Indiana Funeral Director		50. Cause of Death (Such as Infections and Explanations)		51. Date of Death (Month/Day/Year)		52. Date of Death (Month/Day/Year)	
AUDRA MARIA BROOKS, BY ELECTRONIC SIGNATURE		PNEUMONIC CANCER		10/14/2020		10/14/2020	
53. Path 1: Enter the Chain of Events - Disease, Injury or Poisoning - that Directly Caused the Death. Do Not Enter Temporal Events Such as Car Accidents, Resuscitation, Arrival of a Physician, Forensic, or Other Events. Enter Only One Chain of A Line. Add Additional Lines if Necessary.		54. Path 2: Enter the Underlying Cause (Disease or Injury) that Produced the Events Resulting in Death.		55. Path 3: Enter the Underlying Cause (Disease or Injury) that Produced the Events Resulting in Death.		56. Path 4: Enter the Underlying Cause (Disease or Injury) that Produced the Events Resulting in Death.	
Immediate Cause (Final Disease or Condition Resulting in Death)		A. PNEUMONIC CANCER		B. ACUTE RESPIRATORY FAILURE		C. COVID-19 PNEUMONIA	
57. Immediately List Conditions, if Any, Leading to the Cause Listed on Line A. Enter the Underlying Cause (Disease or Injury) that Produced the Events Resulting in Death.		58. Underlying Cause (Disease or Injury) that Produced the Events Resulting in Death.		59. Underlying Cause (Disease or Injury) that Produced the Events Resulting in Death.		60. Underlying Cause (Disease or Injury) that Produced the Events Resulting in Death.	
61. Enter Other Significant Conditions Contributing to Death but Not Resulting in the Underlying Cause (In Part)		62. Was Autopsy Performed?		63. Was Autopsy Performed?		64. Was Autopsy Performed?	
		Y		Y		Y	
65. Did Tobacco Use Contribute to Death?		66. If Female:		67. If Female:		68. If Female:	
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EXHIBIT A

Order No.: CTNW2101759

For APN/Parcel ID(s): 45-07-14-279-022.000-003

LOTS NINE (9) TO TWELVE (12), BLOCK 9, CORRECTED PLAT OF OAK RIDGE PARK, ADDITION TO GARY, AS SHOWN IN PLAT BOOK 32, PAGE 95, IN LAKE COUNTY, INDIANA.

ADDRESS: 2440 COLFAX ST
GARY, IN. 46406

Property of Lake County Recorder