

4

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2021-031894
2:30 PM 2021 Apr 13

RECORDED - Registered RECURSE THE PROPERTY (SOLD AT THE TAX SALE) PROPERTY HAS BEEN RETURNED

AFFIDAVIT OF DEVOLUTION OF REAL ESTATE

STATE OF Arizona)
COUNTY OF Maricopa

) SS:

James W. Gainer [the "Affiant"], being first duly sworn upon oath deposes and says:

Mildred Rene Gainer A/K/A Mildred Gainer J.H.

1. The Affiant is the son of the Mildred Gainer, deceased and has personal knowledge of the facts stated herein.
2. Mildred Gainer died intestate on September 08, 2017, while domiciled in Lake County, Indiana.
3. James Edward Gainer a/k/a James E. Gainer and Mildred Gainer, husband and wife when they acquired title as Tenants by the Entireties to the real estate described in this Affidavit ("the Real Estate") by a Quit Claim Deed dated April 22nd, 1993, and recorded on April 22nd, 1993 as Document Number 1993-125229, in the Office of the Recorder of Lake County, Indiana.
025406. J.H.
4. The last instrument recorded in the Office of the Recorder of Lake County, Indiana, was a Quit Claim Deed, document number 1993-125229 dated April 22, 1993 and recorded on April 22, 1993.
025406. J.H.
5. The Real Estate is located in Lake County, Indiana, and is more fully described by property tax parcel number and legal description as follows:

LOT 42, IN BLOCK 12, MICHIGAN AVENUE ADDITION TO INDIANA HARBOR, IN THE CITY OF EAST CHICAGO, AS SHOWN IN PLAT BOOK 8 PAGE 11, IN LAKE COUNTY, INDIANA.

Parcel Number: 45-03-21-383-017.000-024

Commonly Known: 4002 McCook Avenue East Chicago, Indiana 46312

6. Mildred Gainer died intestate on September 8, 2017, leaving as her sole heirs son James W. Gainer 50% (1/2) and daughter Janet C. Phillips 50% (1/2) undivided interest as tenants-in-common, who is entitled to his entire estate under I.C. 29-1-2-1.

25 cc
COIN
etc

Affidavit of Devolution

FILED
SEP 30 2021

FILED
APR 13 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

JOHN E. PETALAS
LAKE COUNTY AUDITOR

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2021-061834
1:03 PM 2021 Sep 30

NOT AN OFFICIAL DOCUMENT

7. Pursuant to Indiana Code 29-1-7-23, when a person dies, title to her real property devolves immediately and automatically to her Heirs at Law upon the decedent's death.
8. That more than seven (7) months have passed since the death of Mildred Garner and no letters of testamentary or letters of administration have been issued to a court appointed personal representative for any of the decedents 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 decedents real property.
9. That the value of the decedents gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousands Dollars, as provided under I.C. 29-1-8-1, after accounting for the costs and expenses of administration and responsible funeral expenses.
10. The Estate of Mildred Gainer was not subject to Federal Estate Tax or Indiana Inheritance Tax.
11. To the best of the affiant's knowledge, the statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, to induce the Auditor of Lake County, Indiana to transfer ownership of the real estate described above to son James W. Gainer 50%(1/2) and daughter Janet C. Phillips 50% (1/2) undivided interest.

I affirm under penalties of perjury that the foregoing statements are true.

James W Gainer

James W. Gainer, Signature of Affiant

James W. Gainer

James W. Gainer, Print Name of Affiant

ACKNOWLEDGMENT

State of Arizona
County of Maricopa

The foregoing instrument was acknowledged before me by means online notarization, this 16th day of March, 2021 James W. Gainer, who has/have produced a Driver's License as identification. Completed via Remote Online Notarization using 2-way Audio/Video technology.

Julie M. Calhoun

Signature

Julie M. Calhoun

Print

Affidavit of Devolution

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NOT AN OFFICIAL DOCUMENT

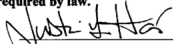
My commission expires: March 21, 2022

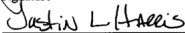
This Instrument was prepared by:

Justin Harris, eTITLE and ESCROW
4431 Broadway Suite 1B, Gary Indiana 46409
Telephone: 833-384-8531 ext. 725

Affirmation Statement

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.



Signature


Print

1. Decedent's Legal Name (Last, First, Middle, Last) **HILDRED RENEE GAINER**

2. Gender Male Female

3. Social Security Number (Last Four Digits) **0845 PM**

4. Date of Death (MM/DD/YYYY) **09/08/2017**

5. Burial or Interment Location (City and State or Foreign Country) **Chicago, Illinois**

6. Under 1 Year 1 Year to 5 Years 5 Years to 10 Years Over 10 Years

7. Date of Birth (MM/DD/YYYY) **08/15/1932**

8. Date of Death (MM/DD/YYYY) **09/08/2017**

9. Date of Birth (MM/DD/YYYY) **08/15/1932**

10. If Death Occurred in a Hospital Home Other (Specify) Hospice Facility Decedent's Home Nursing Home/Long Term Care Facility Other (Specify)

11. Primary Cause of Death (List Condition, One Street and Number) **SYMPHONY OF DYER**

12. City or Town, State, and Zip Code **Dyer, Indiana, 46311**

13. Burial or Interment Location (City and State) **Lake**

14. Medical Status At Time of Death Deceased Hospital Other (Specify)

15. Burial or Interment Location (City and State) **Lake**

16. Decedent's Last Occupation **HOUSEWIFE**

17. Field of Business/Industry Other (Specify)

18. Street and Number **IN**

19. City or Town **East Chicago**

20. State and Zip Code **46312**

21. Decedent's Race Other (Specify)

22. Parents' Last Name (Last, First, Middle, Last) **NATHANIEL DOTSON**

23. Parents' Home (Last, First, Middle, Last) **OLLIE DOTSON**

24. Parents' Address (Street and Number, City, State, Zip Code) **P.O. BOX 873725, WASTLE, AK, 99687**

25. Place of Burial **HEIGHTS CREMATORY**

26. Location (City, Town, and State) **Chicago Heights, IL**

27. Name and Complete Address of Funeral Home **Divinity Funeral Home 3831 MAIN ST, East Chicago, Indiana, 46312**

28. Name of Funeral Home License Number **PH070039**

29. Signature of Indiana Funeral Service Licensee **ELECTRONICALLY SIGNED**

30. License Number (City and State) **1-DU0101992**

31. Date of Death **09/08/2017**

32. Time of Day (Hour/Minute) **08:45 PM**

33. Cause of Death (List Cause, One Street and Number) **CARDIOPULMONARY ARREST**

34. Location of Injury - State **IN**

35. City or Town **East Chicago**

36. Street and Number **3831 MAIN ST**

37. Zip Code **46312**

38. Place of Injury (If Different From Convention Hall, Convention Hall, Hospital, Medical Facility) Home Other (Specify)

39. Time of Injury (If Different From Hospital) **08:45 PM**

40. Date of Injury (Month/Day/Year) **09/08/2017**

41. Signature of Person Carrying Cause of Death **ELECTRONICALLY SIGNED**

42. License Number **1-DU0101992**

43. Center Other (Specify)

44. County Other (Specify)

45. Additional Funeral Service Provider **ALEXANDER A STEINER 781 45TH STREET, MUNCIE, IN 46321**

46. Signature of Local Health Officer **ELECTRONICALLY SIGNED**

47. Name **08/26/2017**

48. Signature of Local Health Officer **ELECTRONICALLY SIGNED**

49. Date (Month/Day/Year) **08/26/2017**

Amended by Demographic Funeral Director: Amended by Demographic Funeral Director

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DR No 00002071298 EDR No 2017-04421



Record