

FILED

Nov 12 2021 VH
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2

2020-079108
2020 Oct 29 12:00 PM
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

STATE OF INDIANA }
COUNTY OF LAKE } SS:

AFFIDAVIT OF SURVIVORSHIP

Willie Noel, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of C. W. Noel and that Willie Noel and C. W. Noel were married on the date that they acquired title as husband and wife as tenants by the entireties by virtue of a Warranty Deed, dated July 11, 1975, recorded July 30, 1975 as Document No. 310040, to certain Real Estate in Lake County, Indiana to-wit:

The West 10 feet of Lot 14, all of Lot 15 and the East 15 feet of Lot 16 in Block 3 in George H. Wilson's 2nd Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 13 page 32, in the Office of the Recorder of Lake County, Indiana, also the South 8 feet of vacated alley adjoining said lots.

Commonly known as 6106 Hemlock Ave., Gary, IN 46403

2. The marital relationship which existed between Willie Noel and C. W. Noel continued unbroken from the time they so acquired title to said real estate until the death of C. W. Noel on August 25, 2014, at which time Willie Noel acquired title as surviving tenant by the entireties. A copy of the Certificate of Death is attached.

3. That all debts, estate and inheritance taxes, funeral expenses, and expenses of the last illness of C. W. Noel have been fully paid and satisfied.

4. That the purpose of this affidavit is to induce the Lake County Auditor to show the transfer of such property on his records.

AFFIANT FURTHER SAYETH NOT.

Willie Noel
Willie Noel

EXECUTED AND DELIVERED in my presence:

Witness' Signature: *Rita Burnett*

Witness' Printed Name: *Rita Burnett*

Mail Tax Bills to: Willie Noel

14325 CR 312, Pearl, TX 75146
Tax Key Number: 45-05-31-426-011.000-004

THIS INSTRUMENT PREPARED BY:
Douglas R. Kvachkoff, #5575-06, Attorney at Law
325 N. Main Street, Crown Point, IN 46307
(219) 862-2977. File No: IN-20-63599-02

INDIANA TITLE NETWORK COMPANY
325 NORTH MAIN
CROWN POINT, IN 46307

FILED
OCT 29 2020 * 027727
JOHN E. PETALAS
LAKE COUNTY AUDITOR
\$25.00
JES
#08135

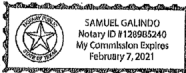
Re-recording to Correct Chain

STATE OF TEXAS }
COUNTY OF Kaufman } SS:

Before me, a Notary Public in and for said County and State, do hereby certify that Willie Noel personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this 22nd day of October, 2020.

[Signature]
Notary Public: Samuel Galindo
Commission Expires: Feb 7, 2021
Commission No.: 128985240
County of Residence: Dallas

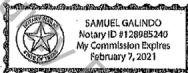


STATE OF TEXAS }
COUNTY OF Kaufman } SS:

Before me, a Notary Public in and for said County and State, personally appeared Kate Burrell (Witness) 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 Willie Noel (Grantor) in the above-named subscribing witness's presence, and that the above-named 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 22nd day of October, 2020.

[Signature]
Notary Public: Samuel Galindo
Commission Expires: Feb 7, 2021
Commission No.: 128985240
County of Residence: Dallas



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

Mary Keleha

LAKE COUNTY, INDIANA, 021-36307, I

CERTIFICATE OF DEATH INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000376 EDR No 00000402259 State No. _____ Date of Death 08/25/2014

CW NOEL (Sex) **MALE** (Race) **OR IS AM** (Ethnicity)
1. Social Security Number: _____ 2. Age: 79 3. Sex: Male 4. Race: OR IS AM 5. Date of Birth: 08/25/2014
6. Place of Birth: GRENADA, MS 7. Date of Death: 08/25/2014
8. Cause of Death: _____ 9. Manner of Death: _____
10. I am a U.S. Armed Forces Veteran: Yes No Unknown
11. I am a U.S. Merchant Marine: Yes No Unknown
12. I am a U.S. Coast Guard Auxiliary Member: Yes No Unknown
13. I am a U.S. Marine Corps Reserve Member: Yes No Unknown
14. I am a U.S. Navy Reserve Member: Yes No Unknown
15. I am a U.S. Air Force Reserve Member: Yes No Unknown
16. I am a U.S. Army Reserve Member: Yes No Unknown
17. I am a U.S. National Guard Member: Yes No Unknown
18. I am a U.S. Coast Guard Reserve Member: Yes No Unknown
19. I am a U.S. Marine Corps Reserve Member: Yes No Unknown
20. I am a U.S. Navy Reserve Member: Yes No Unknown
21. I am a U.S. Air Force Reserve Member: Yes No Unknown
22. I am a U.S. Army Reserve Member: Yes No Unknown
23. I am a U.S. National Guard Member: Yes No Unknown
24. I am a U.S. Coast Guard Reserve Member: Yes No Unknown

GARY, IN 46402 (County)
1. Name: **WILLIE NOEL** (Last Name) **JONES** (First Name)
2. Address: **6109 HEMLOCK AVENUE**
3. City: **GARY** (City or Town)
4. State: **INDIANA** (State)
5. Zip Code: **46408** (Zip Code)
6. Date of Death: **08/25/2014**
7. Cause of Death: **NOT HISPANIC**
8. Manner of Death: **Black or African American**
9. I am a U.S. Armed Forces Veteran: Yes No Unknown
10. I am a U.S. Merchant Marine: Yes No Unknown
11. I am a U.S. Coast Guard Auxiliary Member: Yes No Unknown
12. I am a U.S. Marine Corps Reserve Member: Yes No Unknown
13. I am a U.S. Navy Reserve Member: Yes No Unknown
14. I am a U.S. Air Force Reserve Member: Yes No Unknown
15. I am a U.S. Army Reserve Member: Yes No Unknown
16. I am a U.S. National Guard Member: Yes No Unknown
17. I am a U.S. Coast Guard Reserve Member: Yes No Unknown

JOHN HENRY NOEL (Name)
1. Name: **JOHN HENRY NOEL** (Name)
2. Address: **6109 HEMLOCK AVENUE** (Address)
3. City: **GARY** (City or Town)
4. State: **INDIANA** (State)
5. Zip Code: **46408** (Zip Code)
6. Date of Death: **08/25/2014**
7. Cause of Death: **SUSANNA NOEL** (Cause of Death)
8. Manner of Death: **UNAVAILABLE** (Manner of Death)
9. I am a U.S. Armed Forces Veteran: Yes No Unknown
10. I am a U.S. Merchant Marine: Yes No Unknown
11. I am a U.S. Coast Guard Auxiliary Member: Yes No Unknown
12. I am a U.S. Marine Corps Reserve Member: Yes No Unknown
13. I am a U.S. Navy Reserve Member: Yes No Unknown
14. I am a U.S. Air Force Reserve Member: Yes No Unknown
15. I am a U.S. Army Reserve Member: Yes No Unknown
16. I am a U.S. National Guard Member: Yes No Unknown
17. I am a U.S. Coast Guard Reserve Member: Yes No Unknown

WILLIE NOEL (Name)
1. Name: **WILLIE NOEL** (Name)
2. Address: **6109 HEMLOCK AVENUE** (Address)
3. City: **GARY** (City or Town)
4. State: **INDIANA** (State)
5. Zip Code: **46408** (Zip Code)
6. Date of Death: **08/25/2014**
7. Cause of Death: **SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST. GARY, IN 46408** (Cause of Death)
8. Manner of Death: **#H1050002** (Manner of Death)
9. I am a U.S. Armed Forces Veteran: Yes No Unknown
10. I am a U.S. Merchant Marine: Yes No Unknown
11. I am a U.S. Coast Guard Auxiliary Member: Yes No Unknown
12. I am a U.S. Marine Corps Reserve Member: Yes No Unknown
13. I am a U.S. Navy Reserve Member: Yes No Unknown
14. I am a U.S. Air Force Reserve Member: Yes No Unknown
15. I am a U.S. Army Reserve Member: Yes No Unknown
16. I am a U.S. National Guard Member: Yes No Unknown
17. I am a U.S. Coast Guard Reserve Member: Yes No Unknown

TEALA LENORA KING, BY ELECTRONIC SIGNATURE
1. Name: **TEALA LENORA KING** (Name)
2. Address: **6109 HEMLOCK AVENUE** (Address)
3. City: **GARY** (City or Town)
4. State: **INDIANA** (State)
5. Zip Code: **46408** (Zip Code)
6. Date of Death: **08/25/2014**
7. Cause of Death: **AGUTE CEREBRAL VASCULAR ACCIDENT** (Cause of Death)
8. Manner of Death: **HEURIS** (Manner of Death)
9. I am a U.S. Armed Forces Veteran: Yes No Unknown
10. I am a U.S. Merchant Marine: Yes No Unknown
11. I am a U.S. Coast Guard Auxiliary Member: Yes No Unknown
12. I am a U.S. Marine Corps Reserve Member: Yes No Unknown
13. I am a U.S. Navy Reserve Member: Yes No Unknown
14. I am a U.S. Air Force Reserve Member: Yes No Unknown
15. I am a U.S. Army Reserve Member: Yes No Unknown
16. I am a U.S. National Guard Member: Yes No Unknown
17. I am a U.S. Coast Guard Reserve Member: Yes No Unknown

ADOLPHUS A ANEKWE, BY ELECTRONIC SIGNATURE
1. Name: **ADOLPHUS A ANEKWE** (Name)
2. Address: **3185 BROADWAY, GARY, IN 46408** (Address)
3. City: **GARY** (City or Town)
4. State: **INDIANA** (State)
5. Zip Code: **46408** (Zip Code)
6. Date of Death: **08/25/2014**
7. Cause of Death: **CHRONIC OBSTRUCTIVE PULMONARY DISEASE** (Cause of Death)
8. Manner of Death: **YEARS** (Manner of Death)
9. I am a U.S. Armed Forces Veteran: Yes No Unknown
10. I am a U.S. Merchant Marine: Yes No Unknown
11. I am a U.S. Coast Guard Auxiliary Member: Yes No Unknown
12. I am a U.S. Marine Corps Reserve Member: Yes No Unknown
13. I am a U.S. Navy Reserve Member: Yes No Unknown
14. I am a U.S. Air Force Reserve Member: Yes No Unknown
15. I am a U.S. Army Reserve Member: Yes No Unknown
16. I am a U.S. National Guard Member: Yes No Unknown
17. I am a U.S. Coast Guard Reserve Member: Yes No Unknown

ROLAND H WALKER, VIA ELECTRONIC SIGNATURE
1. Name: **ROLAND H WALKER** (Name)
2. Address: **3185 BROADWAY, GARY, IN 46408** (Address)
3. City: **GARY** (City or Town)
4. State: **INDIANA** (State)
5. Zip Code: **46408** (Zip Code)
6. Date of Death: **08/25/2014**
7. Cause of Death: **SEVERE DEBILITY** (Cause of Death)
8. Manner of Death: **YEARS** (Manner of Death)
9. I am a U.S. Armed Forces Veteran: Yes No Unknown
10. I am a U.S. Merchant Marine: Yes No Unknown
11. I am a U.S. Coast Guard Auxiliary Member: Yes No Unknown
12. I am a U.S. Marine Corps Reserve Member: Yes No Unknown
13. I am a U.S. Navy Reserve Member: Yes No Unknown
14. I am a U.S. Air Force Reserve Member: Yes No Unknown
15. I am a U.S. Army Reserve Member: Yes No Unknown
16. I am a U.S. National Guard Member: Yes No Unknown
17. I am a U.S. Coast Guard Reserve Member: Yes No Unknown

WARNING: THIS DOCUMENT IS A UNRECORDED BACKLOGGED ORIGINAL WITH COUNTY MARK AND THIS GREAT SEAL. IT IS NOT AN OFFICIAL DOCUMENT. IT IS A COPY OF THE ORIGINAL DOCUMENT. IT IS NOT A COPY OF THE ORIGINAL DOCUMENT. IT IS NOT A COPY OF THE ORIGINAL DOCUMENT.