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Send Tax Statements to: Lillian Johnson 610 Taft Street Gary, Indiana 46404 GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2022-000578

4:28 PM 2022 Jan 7

X

QUIT CLAIM DEED

THIS INDENTURE WITNESSETH, that Lillian Johnson of Lake County in the State of Indiana releases and quit claims to LILLIAN JOHNSON, RAYMOND B. JOHNSON AND TRACIE M. JOHNSON-SIMMONS jointly with rights of survivorship of Lake County, in the State of Indiana, for and in consideration of the sum of one and no/100 (\$1.00) Dollar and other Valuable Considerations the receipt whereof is hereby acknowledged, the following Real Estate in Lake County in the State of Indiana, to wit

GARY LAND CO'S, 5th SUB, N, 30 FT, L.15 BL.5 S,25 FT, L.16 BL.5 Key #: 45-08-05-409-003.000-004

Commonly Known As: 610 Taft Street, Gary, Indiana 46404

IN WITNESS WHEREOF, the said LILLIAN JOHNSON, have hereunto set her hand and seal this 4th day of January, 2022.

STATE OF INDIANA

COUNTY OF LAKE

Before me, the undersigned, a Notary Public in and for said County and State this 4th day of Tanuew. 2022, came LILLIAN JOHNSON acknowledge the execution of the foregoing Quit/Claim Deed.

Witness my hand and official seal.

Karen M. Freeman Wilarry Public Notary Public, States (esiding in Lake County, Indiana Commission Number 08933

My Commission Expires:

This Instrument Prepared By: Karen Freeman-Wilson 475 Garfield Street, Gary, IN 46404

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.

DULY ENTERED FOR TAXATION ST

JAN 07 2022

JOHN E. PETALAS LAKE COUNTY AUDITOR



OF AN OPHIAN STYEDE AAVENT OF FACT COVEN

Local No 000493

WARNING:

EDR No 000000475976

RAYMOND E JOHNS		A 11	1000	31 1		35 1	1 1/	1	MALE	201	3:33	1	10/26/2	015
5. Social Security Number 6a.	Age - Yrs	6b. Under 1 Yea	er 6c. Under 1	Month 6d.	Under 1 Day	6e. Unde	e 1 Hour	7. Date of Birt	tı (MontivDa)	Year) 8.	Birthplace (C	ty and Stat	e of Fareign C	ountry)
	85	Months	Days	Hou	•	Minutes	1 1 3		24/1929		ATESVIL	LE, MS	<u> </u>	18 h.,
9. Ever in U.S. Armed Forces?	10. If Deal	th Occurred In A H	ospital:	: Ne	(Yu)			rrod Somewhere			fome/Lone te	rm Care Fa	dity	j jacq
Yes No Unknown		ent 🖾 Emergency	Department Out	patient 🔲 [Dead on Arriva	Comer				7.17	4 -		- NA	300
 Facility Name (If Not Institute METHODIST HOSPIT. 	AL NOR	t and Number)	7.1		4.1	1 3	1 13			- 3.7			13	111
12. City Or Town, State, And Zip	Code	THE U.S.				13.	County C	Of Death		- 1	14. Merital S			7
GARY, IN, 46402						LAKE				45	Married Married, But Separated Divorce Widowed Never Married Unknown			
15. Surviving Spouse's Name	7			15a. (If W	ffe)Give Maid	on Last Name)	18.	Decedent's Us	sual Occupat			nd Of Business	
LILLIAN O IOUNOOU				MCCAIN				200	RETIRED STEEL WORKER			STEEL MILL		
LILLIAN C JOHNSON 18. Residence - State	a. County	IMCCA	18b. City Or Town				IKEUSI	EDSTEEL WORKER STEEL WILL						
INDIANA	- A	LA	KE			GAR	, i							
18c. Street And Number			NE_	-:-		_ IGAN	<u> </u>	-	18d.	Apt. No.	18e. Zi	Code	18t, Insi	de City Limit
610 TAFT STREET		A							3			5404	I ⊠ Ye	os 🗆 No
19. Decedent's Education		-	20. Decedent Of	Hispanic Orig	gin		21. 0	ecedent's Race		-	1 40	404		+
ASSOCIATE DEGREE	E /AA AS		NOT HISPA	NIC			Place	or African	Amorican				a, jin	())ren
22. Father's Name (First, Middle, I	Last)	""	THOI THOI	11410		23. Mothe	r's Name (First, Middle, La	st)		23a.	Mother's N	feiden Last Na	me
MORDECAI JOHNSO		VERA JOHN				: :	BUTLER							
24. Informent's Name	-		24a, Relation	nship To Deci	edent			Street And Nu	mber, City, St	ate, Zip Cod		LEN	/ -	
LILLIAN JOHNSON			WIFE	XC.		610 TA	FT ST	REET, GA	RY, IN 46	3404				
25a, Mothod Of Disposition	-1-1	Last	Place Of Dispositi		25. Pla	aco Of Dispos	ition	Lee vand	n - City, Town,			1	7.17	
□ Burial Cremation □ Dor	nation 🔲 En		- isou Oi Disposio	On thems O	Cemetery, C	remerbry, Or	ler mace)	ZOC. LOCATOR	n- City, Town,	And Sisse				113
☐ Removel From State ☐ Other (Specify): REGIONAL CREMATION							MUNSTER. IN							
26. Was Coroner Contactod?	27.	Name And Comple						INIONSTE	-IN, IIN	-		27a. F	uneral Home L	loense Num
☐ Yes ⊠ No	D.		TUNEDAL I	10145	NO (20)	4 144-010	OF D					-	200007	41
27b. Signature Of Indiana Funera	d Service Lice		7.3		NC., 420	1 VV. RED	GE RC	JAD, GAR	27c, Lice	nse Number	(Of Licenson)	JEHIU	1200007	+++-
RONALD DUANE CO	OPER, E	Y ELECTR	ONIC SIGN	IATURE Cause C	of Doath (Se	e lostructio	na And F	Evemples)	FD211	00051	<u> </u>			roximate
28. Part I. Enter The Chain Q Such As Cardiac Arrest, Resp A Line. Add Additine! Lines If	f Events - D siratory Arres	iseases, Injuries, it, Or Ventricular	Or Complication	ns - That Di out Showing	rectly Caused The Etiology	d The Doath y. Do Not Ab	Do Not I broviate	Enter Terminal Enter Only On	Events e Cause On				Inte	rval: Onset Death
Immediate Cause (Final Dise				A. ASYS			_//	1					MINU	ЛES
그리 아이들 다른 아내지 있다는 아는 글로그래?						Y EDEMA					HOURS			ne S
Sequentially List Conditions, Line A. Enter The Underlying	If Any, Lead Cause (Dis-	ing To The Causi sase Or Injury Th	at Initiated	B. FULL	OWAL ED	Due to (Or As A Consequence OC:				17.				33 700
The Events Resulting In Deat	h) Last			C. CARDIOPULMONARY FAILURE			RE .	Due to (Or As A Curesquarce Of):			HOUF			RS
					D. HYPERTENSIVE HEART DISEASE				10				YEARS	
Part II. Enter Other Significant Cor	ditions Contr	buting to Death Bu	at Not Resulting to	n The Underly	ying Cause Go	vin In Part I		29. Was An A	utopsy Perform	ned?	Yes	⊠ N	or and	7 10000
UNKNOWN	88,500		1 100		Year.	1 1		30. Were Auto				Cause Of D	Neath?	Yos 🗆 No
31. Did Tobecco Use Contribute 1		32. If Fer	MSR0: agnicit William Past Year		At Time Of Deets	Mak Progra	iri, Dut Pregn	ant Witten 42 Days Of		Marsner Of I Natural 🔲 I		Accident	Pending I	nvestigation
34. Date Of triury (Month/Day/Ye			egnent, But Pregnant 45 e Of Indusy	Days To 1 year f	Setire Deeth	Unknown I	Program W	odoni's Home, C		Suicide 🔲 (Could Not Be I	Determined	37. Injury At V	1542
on the orange (multiplication)		30. 1018			" "	aco Or injury (E.G., DGG	bount's notine, C	anacucsus as	io, Rosaida			☐ Yes	□ No
38. Location Of Injury - States 38a. City Or Town 3						8b. Street & Number					38c. Apt	No.	38d. Zip Code	S. M. Samer
39. Describe How Injury Occurred	H	<u>- L</u>	†	7	4		+		6	If Transport	Sion Injury, Se	xecify: Pededries	One (Specify)	H
41. Signature, Of Person Certifyle	ng Cause Of I	Death			11 3 3.	, '''' '	7 7	- T2	2 Certifor (C	Check Only ()nn)			T otto
ALBERT REYNOLDS 43. Name, Address And Zip Code	BYELE	CTRONIC S	SIGNATUR	E	<u> </u>				2. Certifor (C	Physician 44. Licens	Coron	er [Heath Office 45. Date Cert	
F 4 1 E - J 33		373230	935						5 444	1.7	1 1/1	13		
ALBERT REYNOLDS 48. Additional Funeral Service Pro	, 600 W	GRANT ST	, GARY, IN	46402	3 00.0					010511 47. Akas	ькА	1 12	10/28	/2015
48. Signature of Local Health Office	331 3	S 1 3 3	7 32.7	5()	Jan Jan	-1-1-		- 12	For Registrar	J. 18	1 3	Dm/Ve	2	1 Page
ROLAND H WALKER,		CTRONIC S			11 1		1	3 8 8	1 13 1		NOV 02		3374	1
	1133	421 32	AME	DMENT TO	CERTIFICA	TE OF DEA	TH (ENT	RY OR ORIGI	NAL)	1000	12/7	3,300	1133	13 101
med Tomes with	<u>``\5</u> 3	of Jane	- Sec.	r Brack	"Spage"	of South	West.	Space 1	1000		ear war	· Sales	and Some	Sugar
13/0~16	17 536	3011	10000	43 3	7 33 mg	1	21	in mile	36.5		1.5	2500	3	350

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