

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
 COUNTY OF Lake)
 IN RE THE ESTATE OF:)
)
)
Regina Rogers)

GINA PIMENTEL
 RECORDER
2022-006903
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 4:13 PM 2022 Feb 23

AFFIDAVIT FOR TRANSFER OF ASSETS WITHOUT ADMINISTRATION

The undersigned Affiant states that:

The above decedent died on the 12 day of September, 20 19, while domiciled in Lake County, Indiana.

The undersigned Affiant Hope C. Johnson, states that:

1. No application or petition for the appointment of a personal representative of said decedent's estate is pending or has been granted in any jurisdiction.
2. 45 days have elapsed since the death of the decedent.
3. Decedent's ownership of stated real property vested through a trustee's deed and affidavit (documents attached) executed by her parents Henry and Arlelia Diamond (deceased owners).
4. Interest in stated real property passed upon decedent's death to Affiant by intestate succession. Siblings of Affiant have signed and notarized statements terminating their status as beneficiaries (documents attached).
5. The value of the gross probate estate of said decedent, wherever located (less liens, encumbrances, and reasonable funeral expenses) does not exceed fifty thousand dollars (\$50,000.00).
6. The person or persons set forth in paragraph 6 below are entitled to payment or delivery of the property as set forth after their names, by reason of:

- Being a beneficiary under the Will of said decedent, which was probated as recorded in the office of the Clerk of _____ County _____ Court, _____ County, Indiana on the ___ day of _____, 20___, a copy of which is attached as Exhibit A.
- Being the surviving spouse, dependent child, or children of said decedent.
- Other reasons:

25.00
CL
KX

FILED

FEB 23 2022

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

Approved by the Coalition for Court Access
CCA-EM-0819-5000

*Prepared by:
Hope Johnson*

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7. The following person or persons are entitled to receive, without administration, the following listed property from the person, firm, or corporation shown after said property, subject to liens and encumbrances.

Name and Address of Person Entitled to Property	Relationship to Decedent/Estate and Age	Description of Property	Percentage entitled	Name and Address of Entity Holding Property
Hope C. Johnson	44	Lot 3, Block 3 in Sunnyside Addition of East Chicago, as per plat thereof, recorded in Plat Book 15, Page 1	100%	N/A
Tommy J. Johnson	49	Lot 3, Block 3 in Sunnyside Addition of East Chicago, as per plat thereof, recorded in Plat Book 15, Page 1	0%	N/A
Geannie K. Johnson	43	Lot 3, Block 3 in Sunnyside Addition of East Chicago, as per plat thereof, recorded in Plat Book 15, Page 1	0%	N/A

8. This affidavit is made for the purpose of inducing the above-named holders of said decedent's property to turn said property over to the persons indicated hereinabove, as provided by law.

9. The Affiant has notified each person listed above of the Affiant's intention to present an affidavit under Indiana Code § 29-1-8-1.

10. The Affiant is entitled to payment or delivery of the property listed above.

11. Distribution of the said property to the Affiant shall release the transferor from any liability with regard to the proper allocation and disbursement of the Decedent's property.

12. The Affiant charges himself/herself with the responsibility of proper disbursement of the Decedent's Property and hereby agrees to hold harmless the transferor from any liability with regard to the transfer of the Decedent's Property to the Affiant. **I affirm under penalties of perjury that the foregoing representations are true.**

Date: 2.23.22

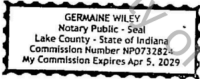
"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: [Signature]

Printed Hope Johnson

Signature [Signature]

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Certification of a Notary Public	
STATE OF <u>Indiana</u>	
SS:	
COUNTY OF <u>lake</u>	
Subscribed and sworn to me, a notary public, in and for the state and county named.	
Signature of notary public <u>Germaine Wiley</u>	Printed name of notary public <u>Germaine Wiley</u>
County of residence <u>lake</u>	Date commission expires <u>April 5, 2029</u>



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February 10, 2022

To Whom It May Concern:

I, Geannie Kathy Johnson, do hereby voluntarily terminate my status as beneficiary/distributee of the following property:

4006 Deal Street
East Chicago, Indiana 46312

I declare that Hope Celeste Johnson may have full benefit of and authority over the property.

Thank you,



Geannie Kathy Johnson
***-**-1835

Kimberly R. Williams
2/10/2022

KIMBERLEY R WILLIAMS
Notary Public-Maryland
Prince George's County
My Commission Expires
February 24, 2022



Property of Lake County Recorder

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February 10, 2022

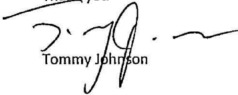
To whom it may concern:

I Tommy Johnson do hereby voluntarily terminate my status as beneficiary/distributee of the property located at:

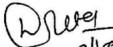
4006 Deal Street
East Chicago Indiana 46312

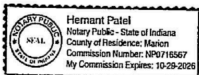
I declare that Hope Celeste Johnson may have full benefit of and authority over the property.

Thank you


Tommy Johnson

State of Indiana
County of Marion


2/10/2022





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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH (RESUBMIT)

Local No 000950

EDR No 000000739282

State No 055000

1. Decedent's Legal Name (First, Middle, Last) REGINA ROGERS			1a. Maiden Name (if female) ROGERS		2. Sex FEMALE		3. Time Of Death 08:31 AM		4. Date Of Death (Month/Day/Year) 09/12/2019				
5. Social Security Number [REDACTED]		5a. Age - Yrs 66		5b. Under 1 Year Months: Days: Hours: Minutes: 		6e. Under 1 Hour Minutes: 		7. Date of Birth (Month/Day/Year) 04/24/1953		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN			
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) GREENWOOD HEALTH AND LIVING COMMUNITY LLC													
12. City Or Town, State, And Zip Code GREENWOOD, IN, 46142						13. County Of Death JOHNSON			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name TOMMY JOHNSON				15a. Last Name Before First Marriage JOHNSON				16. Decedent's Usual Occupation HOME HEALTH AIDE		17. Kind Of Business/Industry HEALTH CARE			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town EAST CHICAGO							
18c. Street And Number 4006 DEAL STREET						18d. Apt. No.		18e. Zip Code 46312		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE						20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race Black or African American				
22. Parent's Name (First, Middle, Last) ROY LEE ROGERS						23. Parent's Name (First, Middle, Last) ARELEIA DIAMOND			23a. Parent's Last Name Before First Marriage WILLIAMS				
24. Informant's Name TOMMY JOHNSON						24a. Relationship To Decedent SON			24b. Mailing Address (Street And Number, City, State, Zip Code) 7032 CONSTITUTION DRIVE APT D, INDIANAPOLIS, IN 46256				
25. Place Of Disposition FERN OAK CEMETERY													
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)				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 POWELL-COLEMAN FUNERAL HOME, 3200 WEST 15TH AVENUE, GARY, IN 46404				27a. Funeral Home License Number FH10800011							
27b. Signature of Indiana Funeral Service Licensee BONNIE E. TUGGLETS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD09200084							
Cause Of Death (See Instructions And Examples)													
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.										Approximate Interval: Onset To Death			
Immediate Cause (Final Disease Or Condition Resulting In Death)										A. <u>ACUTE AND CHRONIC CONGESTIVE HEART FAILURE</u> <small>Due to (or As a Consequence of)</small>		UNKNOWN	
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										B. <u>DILATED CARDIOMYOPATHY</u> <small>Due to (or As a Consequence of)</small>		UNKNOWN	
										C. <u>PANCREATIC ADENOCARCINOMA METASTATIC TO LIVER</u> <small>Due to (or As a Consequence of)</small>		UNKNOWN	
										D. _____			
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
GASTRIC HEMORRHAGE, PERIHEPATIC ABSCESS						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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 type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		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"/> Could Not Be 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"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
41. Signature, Of Person Certifying Cause Of Death: JAMES BRYANT, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01048374A		45. Date Certified 07/20/2020			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JAMES BRYANT, 333 N. MICHIGAN AVE, SUITE 3400, CHICAGO, IL 60601													
46. Additional Funeral Service Provider: CRAIG A. MOORMAN, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 20 2020							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													
2018 09 02						3-Title: (R) 20							
49: 11 12 2019													
08 20													
49: 01 29 2020													
45: 11 12 2019 12:00:00 AM													
4: 2019 09 02													