

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2022-020592

3:02 PM 2022 Jun 28

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

## AFFIDAVIT FOR DEVOLUTION OF PERSONAL AND REAL PROPERTY

The affiant, Katherine N. Farmer, hereby affirms to the best of her knowledge and belief the following:

1. That Ann Farmer, deceased, died intestate on May 31, 2022, while domiciled in Lake County, State of Indiana, and that the probate estate was of minimal value wherein the opening of an estate was not required pursuant to Indiana Code §29-1-8 et seq.
2. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction or is contemplated to be filed.
3. That the decedent was divorced and not remarried at the time of her passing. That the party to whom her assets are to be transferred to, by State Statute I.C. 29-1-2 et. seq. is her daughter, Katherine N. Farmer.
4. That at the time of her death, the decedent owned real property located in Lake County, State of Indiana, commonly known as 648 Stewart Court, Whiting, Indiana 46394. This real property is legally known as:
  - a. THE WEST 40 FEET OF LOT 5 IN BLOCK 4 IN FORSYTH WATER GARDENS, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 14, PAGE 19, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
  - b. 45-02-12-236-008.000-023
  - c. Property last transferred via Warranty Deed, recorded February 4, 1997, via Lake County Recorder Number 97007044.
5. That by reason of the above and foregoing, the affiant requests that the personal property of the decedent, Ann Farmer, be transferred to Katherine N. Farmer, as the small estate administrator, pursuant to the provisions of Indiana Code §29-1-8-1 and §29-1-8-2, to be property distributed.

**FILED**

JUN 28 2022

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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6. That the affiant is entitled to the delivery and payment of the real property and requests immediate distribution to Katherine N. Farmer, as the small estate administrator, pursuant to the provisions of Indiana Code §29-1-8-3 on behalf of each person listed in Paragraph 3, and that the above-described real property be titled, pursuant to the terms of Indiana Code §29-1-8-2, the real property outlined in Paragraph 4 is to be owned and titled by Katherine N. Farmer as stated above.

8. That pursuant to the terms of Indiana Code §29-1-8-2, the person paying or delivering the property to the affiant is released from any liability.

WHEREFORE, the affiant herein hereby requests that the holder of property owned by the decedent at the time of passing and presented with this Small Estate Affidavit effectuates the transfer of said property to the undersigned affiant or as directed by the affiant, pursuant to the Indiana Code and that distribution of said property to the affiant herein, shall release said holder of such property from any liability with regard to the proper application and disbursement of said personal property; and that the affiant herein, Katherine N. Farmer, hereby charges herself with the responsibility of proper disbursement of the assets according to the provisions of the Indiana Code, and hereby agrees to hold harmless said holder of personal property from any liability with regard to the transfer of said personal property.

Dated this 28 day of June, 2022.

Katherine N. Farmer  
Katherine N. Farmer

STATE OF INDIANA  
COUNTY OF Lake, SS:

Before me, a Notary Public in and for said County and State, personally appeared the affiant, Katherine N. Farmer, over the age of eighteen (18) years, who executed the foregoing Affidavit for Devolution of Personal and Real Property, and who, having been duly sworn, stated that the facts and matters set forth in it are true and correct.

In witness whereof, I have hereunto subscribed my name and affixed my official seal this 28 day of June, 2022.

Commission Number: 712363

Resident of Lake County

My Commission Expires: 4-14-26

Lisa M. Kniez, Notary Public



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I swear under the penalties of perjury that I have taken reasonable care to redact each social security number in this document unless required by law. \_\_\_\_\_

Return document to: Nathan D. Vis, Vis Law, LLC, P.O. Box 980, Cedar Lake, IN 46303

Prepared by: Attorney Nathan D. Vis, Vis Law, LLC, P.O. Box 980, Cedar Lake, IN 46303

Property of Lake County Recorder



# NOT AN OFFICIAL STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH TRACKING NO. 327838

Local No 002373

EDR No. 000011292945

State No 2022-031831

1. Decedent's Legal Name (First, Middle, Last) <b>Ann Farmer</b>		1a. Maiden Name, (if female) <b>Bodrazic</b>		2. Gender <b>Female</b>	3. Time Of Death <b>12:35 PM</b>	4. Date Of Death (Month/Day/Year) <b>05/31/2022</b>	
5. Social Security Number <b>66</b>		6a. Age - Yrs <b>66</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) <b>06/01/1955</b>
8. Birthplace (City and State or Foreign Country) <b>Gary, Indiana</b>		10. 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)					
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
11. Facility Name (If Not Institution, Give Street and Number) <b>Munster Med-Inf</b>							
12. City Or Town, State, And Zip Code <b>Munster, Indiana 46321</b>				13. County Of Death <b>Lake</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15a. Last Name Before First Marriage			16. Decedent's Usual Occupation <b>Clerical</b>		17. Kind Of Business/Industry <b>Sales</b>		
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Whiting</b>		18c. Apt. No.	
18d. Street And Number <b>648 Stewart Court</b>		18e. Zip Code <b>46394</b>		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
19. Decedent's Education <b>Associate's degree (e.g. AA, AS)</b>			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race <b>White</b>		
22. Parent's Name (First, Middle, Last) <b>Petar Bodrazic</b>			23. Parent's Name (First, Middle, Last) <b>Nada Bodrazic</b>			23a. Parent's Last Name Before First Marriage <b>Knezevich</b>	
24. Informant's Name <b>Katherine Farmer</b>			24a. Relationship To Decedent <b>Daughter</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>648 Stewart Court, Whiting, IN, 46394</b>		
25. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):							
25a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Heights Crematory</b>		25b. Location - City, Town, And State <b>Chicago Heights, IL</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Crown Cremation Services 850 N. Madison Street, Crown Point, Indiana, 46307</b>				27a. Funeral Home License Number <b>FH11300014</b>	
27b. Signature Of Indiana Funeral Service Licensee: <i>Kelly Michelle Sprouse</i>		Electronically Signed				27c. License Number (Of Licensee) <b>FD21700031</b>	
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.							
Immediate Cause (Final Disease Or Condition Resulting In Death)							
A. <b>malignant neoplasm of bladder</b> <small>Death Of A Cause Of Death</small>							
B. <b>diabetes mellitus type 2</b> <small>Death Of A Cause Of Death</small>							
C. <b>hypertension</b> <small>Death Of A Cause Of Death</small>							
D.							
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>dementia, cerebral vascular accident</b>							
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
30. Were Autopsy Finding(s) 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 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"/> Pregnant At Time Of Death, But Pregnant Within 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"/> Other (Specify)							
41. Signature Of Person Certifying Cause Of Death <i>Rakesh N. Parikh</i>				Electronically Signed			
42. Center (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Clinician <input type="checkbox"/> Public Official				44. License Number <b>01043290A</b>			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>Rakesh N. Parikh 5490 Broadway Street, Co. Merrillville, IN 46410</b>				45. Date Certified <b>06/04/2022</b>			
46. Additional Funeral Service Provider:							
48. Signature Of Local Health Officer <i>Chandana Varisala</i>				Electronically Signed			
49. For Registrar Only - Date Filed (Month/Day/Year) <b>06/07/2022</b>							

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE STATE OF INDIANA DEPARTMENT OF HEALTH

**JUN 07 2022**

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

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