

NOT AN OFFICIAL DOCUMENT

FILED

Jun 29 2022 SLG
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-526648
06/29/2022 09:56 AM
TOTAL FEES: 25.00
BY: SP
PG #: 5

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

TITLE PASSAGE AFFIDAVIT

Comes now **Francis A. Harrison, Jr.**, and being duly sworn upon his oath, states that he makes the following statements based on his own personal knowledge:

1. That he is the adult son of the decedent, **Mary Delilah Harrison**.
2. That **Mary Delilah Harrison** died testate, a resident of Lake County, Indiana on the 17th Day of May, 2022, the owner of real estate located at **411 W North, Crown Point, IN 46307**. A copy of the Certificate of Death is attached.
3. That **Mary Delilah Harrison's** Last Will and Testament was Published in the Lake County Circuit Court on **June 21, 2022** under Cause Number **45C01-2206-EM-113**.
4. That **Mary Delilah Harrison** acquired her interest in the real estate by way of a Warranty Deed from **James A Myers and Cheryl L Myers** recorded **March 9, 2001** as Document No. **2001-017316** in Lake County, Indiana.
5. The most recent instrument recorded is the same Warranty Deed from **James A Myers and Cheryl L Myers** recorded **March 9, 2001** as Document No. **2001-017316** in Lake County, Indiana, and the Affiant requests that the Recorder index this Affidavit to the Warranty Deed with respect to the Real Property, and it is the most recent instrument responsible for conveying title to the real estate.

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6. That the real estate to which **Mary Delilah Harrison** acquired interest was for the following legal description, to-wit:

The East 60 feet, by parallel lines of the following described parcel Part of the Northwest 1/4 of Section 8, Township 34 North, Range 8 West of the 2nd Principal Meridian, described as follows: Commencing at a point on the North line of said tract, which is 1481.35 feet West of the Northeast corner thereof, said point also being 143.85 feet West of the Northwest corner of Hoffman's Addition to Crown Point, and running thence West along the North line of said Northwest 1/4 a distance of 122.65 feet, thence South 247.50 feet to the Northerly line of the Old Mill Lot; thence Southeasterly along the Northerly line of said Old Mill Lot a distance of 125.5 feet; thence North 278.2 feet, more or less, to the place of beginning, in the City of Crown Point, Lake County, Indiana.

Commonly known as 411 W North, Crown Point, IN 46307

Tax Key No. 45-16-08-101-018.000-042

7. That **Mary Delilah Harrison** was unmarried at the time of her death and that **Clifford A Harrison** is her heir at law under her Last Will and Testament, and upon the death of **Mary Delilah Harrison**, **Clifford A Harrison** acquired an undivided 100% interest to said real estate as the only heir under her Last Will and Testament.

8. That (1) no letters testamentary or letters of administration have been issued to a court appointed personal representative for the decedent within the limits specified under I.C. 29-1-7-23 §15.1(d), and (2) a probate court has not issued findings and an accompanying order preventing the limitations in I.C. 29-1-7-23 §15.1(d) from applying to the decedent's real property.

9. No petition was filed for probate of a will and for issuance of letters testamentary, for appointment of an administrator with the will annexed, or for the appointment of an administrator under I.C. 29-1-7, and title is now vested indefeasibly in the heir, **Clifford A Harrison** in fee simple, as follows:

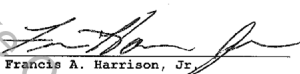
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Name	Relationship	Address	Percentage
Clifford A. Harrison	Adult Son	2122 Rayson Drive Unit A Myrtle Beach SC 29588	100%

10. This affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor to transfer the real property in the name of **Mary Delilah Harrison** to **Clifford A. Harrison** upon the Lake County Auditor's real property transfer records, receiving an **undivided 100% interest**.

10. For purposed of clarification of ownership to the property, the following is the completed vesting: **Clifford A. Harrison** .

IN WITNESS WHEREOF, the Affiant has affixed his hand and seal this 23rd Day of June, 2022.


Francis A. Harrison, Jr.

Property of Lake County Recorder

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STATE OF IN)
)SS:
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State personally appeared **Francis A. Harrison, Jr.**, who acknowledged the execution of the foregoing Title Passage Affidavit.

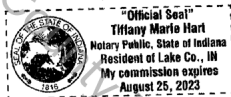
WITNESS my hand and Notarial Seal this 23 day of June, 2022.

My Commission expires:

Aug 25 2023
Resident of Lake County
Commission No. 672137


Signature of Notary Public

Tiffany Marie Hart
Printed Name



MAIL TAX BILLS TO: Clifford A. Harrison
2122 Rayson Drive Unit A, Myrtle Beach SC 29588
TAX KEY NO(S): 45-16-08-101-018.000-042
GRANTEE(S) ADDRESS: 411 W North, Crown Point, IN 46307

THIS INSTRUMENT PREPARED BY: Michael D. Kvachkoff, #31390-45 Attorney at Law
325 N. Main Street, Crown Point, IN 46307 (219) 661-9500

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law: Mary Kelsch



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last) Mary D Harrison		2. Sex Female		3. Time Of Death 07:30 AM		4. Date Of Death (Month/Day/Year) 05/17/2022	
5. Social Security Number 96		6. Under 1 Year Months 06		7. Under 1 Month Days 09		8. Under 1 Hour Hours 00	
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"/> Died on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Home Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility		11. Facility Name (If No Institution, Give Street and No. road) 411 W North Street	
12. City Or Town, State, And Zip Code Crown Point, Indiana 46307		13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, But Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Surviving Spouse's Name	
16. Residence - State IN		18a. County Lake		18b. City Or Town Crown Point		16. Decedent's Usual Occupation Nurse	
17. Kind Of Business/Industry Woodside Manor		19. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)		20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Place White	
22. Parents Name (First, Middle, Last) James H Orange		23. Parents Name (First, Middle, Last) Martha Elsie Orange		24. Informant's Name Clifford A Harrison		25. Informant's Relationship To Decedent Son	
26. Mailing Address (Street And Number, City, State, Zip Code) 2122 Rayson Drive A, Myrtle Beach, SC, 29586		27. Name And Complete Address Of Funeral Facility Elmwood Chapel Ltd 11300 W 97th Lane, Saint John, Indiana, 46373		28. 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):		29. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Elmwood Funeral Chapel and Crematory	
30. License Number (Of Licensee) FD09200077		31. Signature Of Indiana Funeral Service Licensee <i>Nicole Arriele Mosley</i>		32. Signature Of Decedent (If Available) <i>Nicole Arriele Mosley</i>		33. Signature Of Local Health Officer <i>Chandana Vardola</i>	
34. Date Of Inj (Month/Day/Year)		35. Time Of Injury		36. Location Of Injury - State		37. City Or Town	
38. Street & Number		39. Apt. No.		38. Zip Code		40. If Transportation Injury, Specify: <input type="checkbox"/> Other Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
41. Signature, Of Person Certifying Cause Of Death <i>Nicole Arriele Mosley</i>		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Not Valid Unless		43. Name, Address And Zip Code Of Person Certifying Cause Of Death Nicole Arriele Mosley 1701 N Senate Boulevard, Indianapolis, IN 46202		44. U.S. Postal Service 01078061A	
45. Date Certified 05/20/2022		46. Additional Funeral Service Provider		47. *App 05/23/2022		48. For Registrar Only - Not For (Month/Day/Year) 05/23/2022	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							