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 :)

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:

- 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.
- That Mary Delilah Harrison's Last Will and Testament was Published in the Lake County Circuit Court on June 21, 2022 under Cause Number 45001-2206-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 Afriant 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.

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 Northorly line of Gaid 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 of 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(b) 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:

Name	Relationship	Address	Percentage

Clifford A. Harrison Adult Son 2122 Rayson Drive Unit A Murtle 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

STATE OF [N]) SS:
COUNTY OF CAGE
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.
WITTENDER OF THE PROPERTY OF T
WITNESS my hand and Notarial Seal this 23 day of The , 2022.
Ox
My Commission expires: Signature of Notary Public
3.
Resident of Lak County Printed Name (10)
Commission No. 6 (215)
"Official Seal" Tiffany Marie Hart
Notary Public, State of Indiana
Resident of Lake Co., IN My commission expires
August 25, 2023
P

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: **Cary Willy**

NOT AN OFFICIAL DOCUM. 5204TO INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 00218		FD	R No 0000	11287478			State M	2022-02	9088		
1. Decadent's Legal Name (First, Middle, Last)			1a, Makton)	Nama (II (amale)		2. Genter	3. Time	Of Death	4. Date	Ol Death (Month/Day/Yeer)
Mary D Harrison		C4	Orange			Femal			05/17		
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9. Ever in U.S. Armed Forces? 10. if Death i	Documed in A Hosp		1,000	10a, If Ceath	Cocurred Son	enhore Other Th	an A Hospital		_		
☐ Yes 🔯 No 🗀 Unknown 🖂 Ingertains	Expergency D	opaitment Outpatient	Dead on An	fivel Dent (Sp	neilly 🔀 1 neily)	Decedent's Home	☐ Nursing	Home/Long-form	n Care Fa	ilty	
11. Pacifity Name (N'No: institution, Olive Street a	and Number 411	W North Stre	et								
12. City Or Town, State, And Zip Code Crown Point, Indiana 46307				Lake	inty Of Death			14. Merkel Sta			led Diverced
15. Surviving Spouse's Name		154	Lost Name Belo	né First Mantage:		16. Decedent	a Litual Occupa	zión	17. Kin	d Of Busins	safindustry
				•		Nurse				side Mai	
18. Residence - State		County		185. Gay		-					
IN ISc. Street And Number	Lak			Grown F	iont.		Bd. Apt. No.				
411 W North Street)					1	sor whr seor	18s. Zp 46307		-,	wide City Limits? Yes □ No
19. Decedent's Education	20	. Decedent Of Hispa	nto Origin		21. Discovieni	's Raco		40007			
Bachelor's degree (e.g. BA, AB, B		Not Sparish/Hispar			White						
22, Parent's Name (First, Middle, Last)	~~~			23. Paranca N	aras (First, Mic	idle, Lost)		23e, P	aroni's La	st Name Bet	kata First Memingo
James H Orange				Martha El	sle Orang	9 -		Con	чу		
24. Informant's Name		24a, Ro'ationship	To Depadent			And Number, Cl					
Clifford A Harrison		Son	/			A, Myrtle B	each, SC, 2	9588			
254, Meshod Of Disposition		ne Ol Dispos Son (N	isme Of Cembrary	, Compley, Other	Jace) 25c.	Lecation - City, Y	byn, And Stile				
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∐ Yes 180 No.	wood Chapel	Ltd 11300 W	97th Lane, 8	Baint John, Inc	iana, 463				FH1	9900052	
27c. Signature Of Indiana Funeral Service Licen Tomas F Oct Rost 1554	\$60:			Electronica	hi Dinned	270.	License Numb	er (Of Licenses)	FD09	200077	
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Sequentially List Conditions; If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Inthisted The Events Resulting in Death) Last		I Intristed C.	c. hyperlipidemia		Dortold to Kilomediana		e MAI	- 1 2022	M.L.		ers
		0.	hypertens	ion	One forth	MACONOMIC	9/,-			· y	eare
Part II. Enter Other Manificant Conditions Contrib	uling to Death But	Not Resulting In The	Underlying Caye	o Olivon in Part I		a An Autopsy P		HE ALLYS	QEL BO		
pre-diabetes 51. Did Tobacco Use Contribute To Death?		,			90. V	re Autoph Vil			Cause Di	114h2	Yes □ No
Yes Probably M No Unknown	32, If Femo	manit PERSONAL YEST	Program to Towar CK T				33. Manner C	Hombide 🔲	Academi	Pendi	ig liwesilgallon
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								0		☐ Yes	
38. Localium Of Injury - State	Stu. City C	Town	80	o. Street & Number				38c. Apr.	80.	384, Zlp C	ode
39. Dascribe How Injury Occurred							40. If Transp	orlation Injury, Sp	pocity:	Titer Nove	4
41. Signature, Of Person Correying Cause Of D	onti					42. Cort					MLESS
Nicole Arrielle Mosley 43: Nante, Address And Zip Code Of Person Ce	rifying Cours Of D	heath:		Electronica	lly Signed	E Cert	fylng Physician 44. Lice	ppia Nember	M VA	45_Date C	MALESS
Nicole Arrielle Mosley 1701 N Se	nate Bouleva	ird, Indianapol	is, IN 46202				0107	4091A	1	05/20/2	022
46. Additional Funeral Service Provider:							47. *A	-		Sec. 25.	
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