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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-029906

8:34 AM 2022 Aug 18

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

**AFFIDAVIT OF DEATH AND
AFFIDAVIT FOR TRANSFER OF REAL ESTATE PURSUANT TO
IC 29-1-7-23(b) AS AMENDED BY SEA 518, SEC. 10, EFFECTIVE 7/1/2019**

Note to Recorder:

Please index this instrument to the following, previous last recorded instruments:

Quit Claim Deed dated November 13, 2003 and recorded November 19, 2003 in the Office of the Lake County, Indiana Recorder as Document 2003-123079;

The Affiant, Christen Disbrow, being first duly sworn, upon an oath deposes and says as follows:

1. The Affiant is one of the surviving adult children of Victoria P. Cox, deceased (hereafter, "Victoria").
2. Victoria was the sole surviving owner in title to the following described real estate situated in Lake County, Indiana, to-wit:

THE EAST 12.5 FEET OF LOT 16, LOT 17, EXCEPT THE EAST 17.5 FEET, BLOCK 5, HOMESTEAD GARDENS ADDITION TO HAMMOND, AS SHOWN IN PLAT BOOK 29, PAGE 72, LAKE COUNTY, INDIANA.

PARCEL NO: 45-07-08-351-017.000-023

**ADDRESS: 1708 171st Street
Hammond, IN 46324**

(referred to hereinafter, the "Real Estate," but the tax parcel number and property address are provided for informational purposes only and are not part of the description of the Real Estate) by Quit Claim Deed dated November 13, 2003 and recorded November 19, 2003 in the office of the Recorder of Lake County, Indiana as Document 2003-123079, being the last deed of record. At the time of the conveyance, Victoria was a single woman.

3. Victoria died intestate on January 11, 2022, unmarried, per the attached Death Certificate, leaving four adult children as her only Heirs-at-Law.

4. Victoria P. Cox was the mother of four children, namely, Christen Disbrow, the Affiant herein, (hereinafter "Christen"), Kimberly Kisse (hereinafter "Kimberly"), Tracy Cox (hereinafter "Tracy") and Tamara Cox (hereinafter "Tamara"), all of whom are living, competent adults, as her only Heirs-at-Law (hereinafter, the Heirs-at-Law are referred to as the "Heirs").

5. Title to the Real Estate was immediately vested in the Heirs as Tenants in Common immediately upon Victoria's death by operation of the law in accordance with IC 29-1-7-23, subject to the power of a Personal Representative to divest title under the requirements of IC 29-1-7-15.1.

6. 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 IC 29-1-7-5 within five months after Victoria's death, nor did the Clerk issue Letters Testamentary or Letters of Administration within seven months after Victoria's death, so the power of a Personal Representative to divest title expired automatically as a matter of law under IC 29-1-7-15.1(b), and title is now invested indefeasibly in the Heirs (as Tenants in Common) as follows:

DULY ENTERED FOR TAXATION SUBJECT
TO FINAL ACCEPTANCE FOR TRANSFER

AUG 18 2022

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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NAME	RELATIONSHIP	ADDRESS	PERCENTAGE
Christen Disbrow	Victoria's Daughter	6016 Brookridge Drive Plainfield, IL 60586	25%
Kimberly Kissee	Victoria's Daughter	571 S. 800 W. Hebron, IN 46341	25%
Tracy Cox	Victoria's Daughter	7205 Birch Place Hammond, IN 46324	25%
Tamara Cox	Victoria's Daughter	1010 170th Street Hammond, IN 46324	25%

7. This Affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor to transfer the Real Estate to the names of Christen Disbrow, Kimberly Kissee, Tracy Cox, and Tamara Cox, as Tenants in Common, upon the Lake County Auditor's real estate transfer records.

FURTHER AFFIANT SAYETH NOT.

Christ Disbrow
Christen Disbrow

STATE OF Indiana)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this 15th day of August, 2022, personally appeared Christen Disbrow, who swore to the truth of the representations contained herein and acknowledged the execution of the above and foregoing Affidavit of Death and Affidavit for Transfer of Real Estate to be her free and voluntary act and deed.

STACI M FINCH
NOTARY PUBLIC
SEAL
LAKE COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES JANUARY 3, 2024
COMMISSION NUMBER NP0677369

Staci M. Finch
Notary Public

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. - DALE A. HAUSER, III.

THIS INSTRUMENT WAS PREPARED BY DALE A. HAUSER, III, ATTORNEY NO: 37220-45, CANALIA & CLARK LLC, 8840 CALUMET AVENUE, SUITE 205, MUNSTER, IN 46321, AT THE SPECIFIC REQUEST OF OWNER OR REPRESENTATIVES AND IS BASED SOLELY ON INFORMATION SUPPLIED BY ONE OR MORE OF THOSE PARTIES AND WITHOUT EXAMINATION FOR ACCURACY THIS PREPARER ASSUMES NO LIABILITY FOR ANY ERROR, INACCURACY OR OMISSIONS IN THIS INSTRUMENT RESULTING FROM THE INFORMATION PROVIDED. THE PARTIES ACCEPT THIS DISCLAIMER BY OWNER'S EXECUTION OF THIS DOCUMENT.

PREPARED BY, RECORD AND RETURN TO:

Dale A. Hauser, III, Esq.
Canalia & Clark, LLC
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

SEND TAX STATEMENTS TO:

Christen Disbrow
6016 Brookridge Drive
Plainfield, IL 60586



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 0000000000

Local No 000129

EDR No 000011226924

State No 2022-001634

1. Decedent's Legal Name (First, Middle, Last) Victoria P Cox				2. Maiden Name (if female)		3. Gender Female		4. Time Of Death 07:30 PM		5. Date Of Death (Month/Day/Year) 01/11/2022	
6. Social Security Number		7a. Age - Yrs 80		7b. Under 1 Year Months		7c. Under 1 Month Days		7d. Under 1 Day Hours		7e. Under 1 Hour Minutes	
8. Birthplace (City and State or Foreign Country) Neelyville, Missouri								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 checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street and Number) William J. Riley Memorial Residence, Hospice											
12. City Or Town, State, And Zip Code Munster, Indiana 46321						13. County Of Death Lake			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		
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Accountant		17. Kind Of Business/Industry HVAC	
18. Residence - State IN			18a. County Lake			18b. City Or Town Hammond			18c. Street And Number 1708 171st Street		
18d. Apt. No.		18e. Zip Code 46324		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education High School graduate or GED completed			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		
21. Decedent's Race White			22. Parents Name (First, Middle, Last) Arthur Garrett			23. Parents Last Name Before First Marriage Lawson			24. Informant's Name Christen Disbrow		
24a. Relationship To Decedent Daughter			24b. Mailing Address (Street And Number, City, State, Zip Code) 6016 Brookridge Drive, Plainfield, IL, 60587			25. Place Of Disposition Calumet Wilbert Crematory			25c. Location - City, Town, And State Gary, IN		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Lahayne Funeral Home, Inc. 6955 Southeastern Avenue, Hammond, Indiana, 46324			27a. Funeral Home License Number: FH11100004			27b. Signature Of Indiana Funeral Service Licensee: James Seberg		
27c. License Number (Of Licensee): FD20900076						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. NON SMALL CELL LUNG CANCER METASTASIZING TO THE LUNG B. ADRENAL AND LIVER C. D.			Approximate Interval: Onset To Death 10 YEARS 10 YEARS		
28. 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			30. Were Autopsy Results 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 type="checkbox"/> No <input checked="" 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"/> 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			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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"/> Health Officer					
41. Signature, Of Person Certifying Cause Of Death: Lyle R Munn						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lyle R Munn 600 Superior Avenue, Munster, IN 46321						44. License Number: 01051582A			45. Date Certified: 01/11/2022		
46. Additional Funeral Service Provider:						47. Date: 01/11/2022			48. Signature of Local Health Officer: Chandana Vavilala		
48. Signature of Local Health Officer: Chandana Vavilala						49. For Registrar Only (Date Filed, Month/Day/Year) 01/11/2022					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)