**FILED** 

Oct 14 2022 LM JOHN E. PETALAS LAKE COUNTY AUDITOR 2022-542010 10/14/2022 11:13 AM TOTAL FEES: 25.00 BY: SP PG #: 4 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

STATE OF INDIANA ) SS:

#### AFFIDAVIT OF DEATH AND AFFIDAVIT FOR TRANSFER OF REAL ESTATE

(I.C. 29-1-7-23)

The Affiant, Vertis Y. Shirley ("Affiant"), being first duly sworn upon oath deposes and states as follows:

- Kevin Shirley (hereafter, "Decedent") died intestate on November 11, 1989. A redacted copy of the Decedent's death certificate is attached hereto.
  - Affiant is a surviving adult sister of the Decedent.
- 3. Decedent acquired title to the following described real estate situated in Lake County, Indiana, to-wit:

LOT 48 IN BLOCK 4 IN MARSHALLTOWN TERRACE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 30, PAGE 12, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 2508 East 22nd Place, Gary, IN 46407

Parcel No. 45-08-14-205-024.000-004

Send Tax Bills to: Vertis Y. Shirley, 2508 East 22nd Place, Gary, IN 46407

(hereafter, "Real Estate") by Quit-Claim Deed dated March 19<sup>th</sup>, 1987, and recorded in the Office of the Lake County Recorder on April 2, 1987 as Document No. 909805.

- 4. Title to the Real Estate was immediately vested in the heirs at law (as stated below) as tenants in common immediately upon Decedent's death in accordance with IC 29-1-2-1.
  - Decedent was never married at the time of his death.
  - 6. That the names of each issue of Decedent known to Affiant are as follows:

Name	Relationship	Address	Percentage	
Karla L. Hatcher	Adult Daughter	9814 FM 1960 Bypass Rd W. Apt 504 Humble, TX 77338	Undivided 1/2 interest	
Janiella C. Shirley	Adult Daughter	4608 Java Grove Lane Arlington, TX 76005	Undivided 1/2 interest	

- That at least seven months have elapsed since the Decedent's death.
- 8. That no letters of administration have been issued to a court appointed personal representative for the Decedent.
- 9. That no Court has issued findings or an accompanying order preventing the limitations of IC 29-1-7-15.1(b) from applying to Decedent's real property.
- 10. That this affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor to show transfer of the Real Estate to Karla L. Hatcher and Janiella C. Shirley, as tenants in common, each as to an undivided 1/2 interest upon the Lake County Auditor's real estate transfer records.

Further Affiant Sayeth Not.

Dated this 12th day of October, 2022.

VERTIS Y. SHIRLEY

STATE OF INDIANA	)
	) SS
COUNTY OF LAKE	)

Before me, the undersigned, a Notary Public, in and for said County and State, this 12<sup>th</sup> day of October, 2022, personally appeared VERTIS Y. SHIRLEY and acknowledged the execution of the forecome affidavit as her voluntary act for purposes stated therein



Notary Public Signature Commissioned in Lake County, Indiana

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. <u>Victor H. Prasco</u>

Document Prepared By:

Victor H. Prasco, Burke Costanza & Carberry LLP 9191 Broadway, Merrillville, IN 46410

		•			
	VS-4 REV. 11/88 STATE OF CONNECTICUT			ſ	
	DEPT. OF HEALTH SERVICES			ĺ	
		CERTII	ICATE OF DEATH	- 1	i
			or bearing		STATE FILE NUMBER :
	DECEASED NAME FIRST	MIDE	LE		DATE OF DEATH (Month, Day, Year)
	. Kevin	Sh	irlev	I M	1111189
	DATE OF BIRTH (Month, Day, Your)	AGE-Last UNDER I YEAR U			
		Skinhday Mca. IDaya Die	WIDER I DAY RACE-White, B	ack American	OF HISPANIC ORIGIN? (If you aboutly Cuben, Mexicon, Puerto Rican, Others
	4 2-11-1951	5 38 a	6 Black	1	7 🖸 Y 🖾 N
		WN OF DEATH		☐ ER/outpationt	OTHER   Nursing Home   Rosidence
	new Haven 1.	lew Haven	Hospital: 65 Dwight	St.	
	CITY & STATE OF BIRTH (Country)	not U.SJ CITIZEN OF	10 11 1004	Inpationt	Other
WHERE DECEASED			MARRIED MEVER	MDOMED	LAST SPOUSE II with, give maiden cannot
COORDER OF	" Chicago Illir	ois 12 USA	13 TI DANDECED THEOR		14
PRESTRUTION, GOVE	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give hin	of work does during most working	Me. KIND OF BU	ISINESS OR INDUSTRY
RESIDENCE BEFORE ADMISSION	146	e Pipe Fit		1 -	
	RESIDENCE STATE	COUNTY FIDE FIL	TOWN	NUMBER A	nnecticut Gas Co.
	( )		I TOWN	NUMBER A	ND STREET
	18 Connecticut	₁₀New Haven	20 New Haven	₀, 65 E	wight St.
	WAS DECEASED A VETERAN IF YES	GIVE WAR BRANCH OF SER	Primary/Secondary	Nohest grade compl	eledi
	LZZ DX VES D NO	n Air F	Primary/Secondary	College	100
	FATHER- NAME FIR		CECE 124		
				PIRST	MIDDLE - MAIDEN -
	25 Augustus Shi			queline	Emmons
	INFORMANT - NAME	MAILING	ADDRESS	Mana 77	RELATIONSHIP TO DECEASED
	la Mareeta Martin	120 870	4 Covent Garde	16799 11	031
	PART 1. DEATH WAS CAUSED BY	ENTED ONLY ONE CAUSE OF	4 COVERE GALGE	II DE . BOU	APPROXIMATE INTERVAL BETWEEN
			R LINE FOR (Q), (D) AND (D)		ONSET AND DEATH
	30 IMMEDIAT	E CAUSE			
	CONDITIONS IS ANY ISS	LETASTATIC (14	IRCINOM ATOS		a n-aha 1100
		R AS A CONSEQUENCE OF	ILC: NOW IT I'LL	17	12/11/10/10/10/
'INSTRUCTIONS		ADO In CAO I	ا علجہ ہ میں	11.10	114
		JUENO LIKNO	MA OFTHE L	NNG	198 luca
CAREFULLY	DUE TO, O	R AS A CONSEQUENCE OF			
SIBLY with a Per-	10	7/			
Record ink.	PARTIL OTHER SIGNIFICANT CON	TTONE CONDITIONS CONTRIBE	TING TO DEATH BUT NOT BELLATER	TO CAUSE   AUTO	PSY IF YES, Were tindings considered
necoro ink.		CA			Y DN In determining cause of outsit.
	NURSE PRONOUNCEMENT		$\overline{}$	32	33
	TYPE OR PRINT NAME	17	GREE SIGNATURE		ATE AND TIME PRONOUNCED
		ritton 18	5N Jany 222		CHIM DAY IYEAR TIME DAM
	CERTIFICATION - PHYSICIAN MA	by Year Ma Cay	YOU AND LAST SAW HIM		FATH OCCURRED Compared and production
IPLETED, this form	15 Storoug the decembed from	જ જિલ્લા કુંગ	85 50 7	יש איניים	840 PM TRECTURES COME
t to the registrar of	WAS CASE REPERRED TO SURGO	THY RELEVANT TO CONTINON I		7 87 B	B P M. Technony stated
in the town where	MEDICAL EXAMINER / (Mame)	Operation (Cate)	Declarated	HE DECEDENT WAS	HONDUNCED DEAD: SACAY YEAR
1.	40 1 Yes 10 Ho 41 1	Whater 42	1986		4) // // mm /587 4
	CENTIFIER - NAME trype or print	_	SIGNATURE	1	DECREE OF TITLE
	4 E. ANHACI		la (Materil		TAN-
		TORRED, NO.	CITYORIOWN	STATE ZIP ID	
	4 150 Sament	14.	CT 88811	31716 25 10	ATE SIGNED (Monty, Day Year)
• •	BURIAL CREMATION, REMOVAL (Sec	DIVI UIT		a	1113189
				TION CITY OF TOWN	STATE
	a Cremation	40 Evergr	en Crematory	New Have	n, Connecticut
REA: to be com-	DATE (MONTH, DAY, YEAR)	FUNERAL HOME - N	AME AND ADDRESS (STREET OR F	ED NO. CITY OF TO	WE STATE TO
ician.	No Aegioe: 17/198				Ave New Haven Ct.
	PUNICAL DIRECTOR OR EMBALATE		merar nome 39	DIAMELL	
AREA: to be com-	The state of the s	NAM SHURAIURE	E OF EMBALMER IF SODY WAS ED	RALMED	LICENSE NUMBER
ral Director.	Clary.	and la	thoug Accord		1964
	THIS CERTIFICATE RECEIVED FOR RE	CORD ON BY	. 1 1/ 1	BISTRAR	183
1	November 14, 1989	1 411	٧ ١ لاممال	dan ala	
	1909		v.meg	Sme i	
i certity t	hat this is a tmo	transportat of H			

Michael Lynch
Michael V. Lynch, Degistrar
Carol L. Lion, Deputy Registrar
Victoria R. Tongo Aggit Beginters

Dated at New Haven, Connecticut, U.S.A., this 14 day of NOVEMBER , 1989.