

GINA PIMENTEL RECORDER 2022-037121
STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 10:48 AM 2022 Oct 28

STATE OF INDIANA)
COUNTY OF LAKE) SS: IN RE: THE ESTATE OF DOROTHY L. KIDD, DECEASED

SMALL ESTATE AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

COMES NOW, Anthony Lynn Kidd (hereinafter "Affiant"), before the undersigned Authority, duly authorized to take oaths, and being duly sworn, makes the following statements upon personal knowledge and belief:

1. Dorothy L. Kidd (hereinafter "Decedent") died intestate on March 30, 2021, while domiciled in in Lake County, Indiana. (A true and accurate copy of Dorothy L. Kidd's Certificate of Death is attached hereto as "Exhibit A").

2. The Affiant is the son of the Decedent, and resides at 5896 Massachusetts Street, Merrillville, Indiana 46410.

3. The value of the Decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000.00), as provided in Ind. Code §29-1-7-23 and §29-1-8-1.

4. More than forty-five (45) days have elapsed since the Decedent's death.

5. No application or petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.

6. The Decedent was the fee simple owner of the following described real estate located in Lake County, Indiana.

Lot 18 and the North 1/2 of Lot 19 in Block 4 in New Brunswick Addition to Gary as per plat thereof, recorded in Plat Book 14 page 16, in the Office of the Recorder of Lake County, Indiana commonly known as 559 Mount Street, Gary, Indiana

Commonly Known As: 559 Mount Street, Gary, Indiana 46406

Parcel Number: 45-07-01-430-009.000-004

FILED

OCT 28 2022

JOHN E. PETALAS
LAKE COUNTY AUDITOR

GINA PIMENTEL RECORDER
STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
2022-036096
11:38 AM 2022 OCT 17

FILED
OCT 17 2022
JOHN E. PETALAS
LAKE COUNTY AUDITOR

25 CC KK
25 CC KK

Required For Death Certificate and Warranty DEED A.K.

NOT AN OFFICIAL DOCUMENT

7. The above-referenced real estate was transferred to Dorothy L. Kidd on June 2, 1992, via death certificate.

8. The name and address of each person who is a distributee of the Decedent and who is therefore entitled to a share of the Decedent's property identified above, and the part of the property to which each distributee is entitled, are listed below:

<u>NAME</u>	<u>ADDRESS</u>	<u>SHARE</u>
Edwin Calvert Kidd	559 Mount St., Gary, IN 46406	20%
Anthony Lynn Kidd	5896 Massachusetts St., Merrillville, IN	20%
Charles Bernard Kidd	559 Mount Street, Gary, IN 46406	20%
Yvette Marie Kidd	5896 Massachusetts St., Merrillville, IN 46410	20%
Mark Anton Kidd	7530 Oliver Avenue S#7, Richfield Minnesota 55423	20%

9. Edwin Calvert Kidd, Anthony Lynn Kidd, Charles Bernard Kidd, Yvette Marie Kidd, & Mark Anton Kidd are all surviving children of the Decedent, and each is entitled to an equal share of the Decedent's estate. The Decedent was not married at the time of death and left no surviving children or descendants of deceased children other than those identified above.

10. The Affiant has notified each distributee of their intention to present this Affidavit pursuant to the provisions of I.C. §29-1-7-23 and §29-1-8-1.

11. No other inheritance taxes from other states or countries, federal estate taxes, or other death taxes are outstanding or will be owed by reason of the death of the Decedent.

12. The Decedent had not been at any time during their lifetime the recipient of public welfare, and that the Affiant herein has paid the Decedent's funeral expenses and expenses of last illness, & there are no other outstanding debts of the Decedent to the Affiant's knowledge.

Send Property Taxes to Anthony L. Kidd 5896 Massachusetts Street Merrillville, Ind. 46410

NOT AN OFFICIAL DOCUMENT

13. The Affiant request that the transfer agent of the Lake County Auditor's Office transfer the above parcel Edwin Calvert Kidd, Anthony Lynn Kidd, Charles Bernard Kidd, Yvette Marie Kidd, & Mark Anton Kidd, as joint tenants with rights of survivorship.

I, Anthony Lynn Kidd, hereby affirm under the penalties for perjury that the statements in this Affidavit are true and correct.

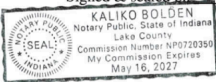
Anthony Lynn Kidd
ANTHONY LYNN KIDD, PERSONAL
REPRESENTATIVE OF THE ESTATE OF
DOROTHY L. KIDD, DECEASED

7/22/22
DATE

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Before me, the undersigned, a Notary Public for the State of Indiana, ~~Anthony Lynn Kidd,~~ ^{Anthony Lynn Kidd KB} and being first duly sworn by me upon their oath, stated that the facts alleged in the foregoing Affidavit are true.

Signed & sealed on 10-14, 2022.



[Signature]
KB ANGELO POLITAKIS, NOTARY PUBLIC
Kaliko Bolden

I, Angelo Politakis, 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.

ANGELO POLITAKIS

Prepared By:
ANGELO POLITAKIS

NOT AN OFFICIAL DOCUMENT

14. Pursuant to Warranty Deed dated 6/20/1963 and recored in the office of the Lake County Recorder as instrument number 20975. Dorothy L. Kidd were the owner as tenants by the entireties of the following described real estate located in the Lake County, Indiana. (A true and accurate copy of Warranty Deed is attached hereto as Exhibit B).

Property of Lake County Recorder



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NOT AN OFFICIAL DOCUMENT

Local No 000204

EDR No 00010086728

State No 2021-024446

1. Decedent's Legal Name (First, Middle, Last) Dorothy L Kidd				1a. Maiden Name (if female) Smith		2. Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female		3. Time of Death 08:58 AM		4. Date of Death (Month/Day/Year) 03/30/2021	
5. Social Security Number 82		6a. Age - Yrs 82		6b. Under 1 Year Months 03 Days 03		6c. Under 1 Month Hours 09 Minutes 03		7. Date of Birth (Month/Day/Year) 09/03/1938		8. Birthplace (City and State or Foreign Country) East Chicago, Indiana	
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 <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) Methodist Hospital Inc-Nlake Campus						12. City or Town, State, And Zip Code Gary, Indiana 46402					
13. County of Death Lake						14. Marital Status At Time Of Death <input checked="" 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 Homemaker		17. Kind of Home/Property Own Home	
18a. Residence - State IN				18b. County Lake				18c. City Or Town Gary			
19c. Street And Number 599 Mount Street				18d. Apt. No.				18e. Zip Code 46406		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19d. Decedent's Education 9th-12th grade, No Diploma				20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino				21. Decedent's Race Black or African American			
22. Parent's Name (First, Middle, Last) Charlie Smith				23. Parent's Name (First, Middle, Last) Ida Mae Smith				23a. Parent's Last Name Before First Marriage Wright			
24. Informant's Name Anthony Kidd				24a. Relationship to Decedent Son				24b. Mailing Address (Street And Number, City, State, Zip Code) 5896 Massachusetts Street, Merrillville, IN, 46410			
25. Place of Disposition Oak Hill Cemetery						25c. Location - City, Town, And State Gary, IN					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)				25b. Place of Disposition (Name Of Cemetery, Crematory, Other Place)				25c. Location - City, Town, And State			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				26a. Name And Complete Address Of Funeral Facility Guy & Allen Funeral Directors Inc. 2959 West 11th Avenue, Gary, Indiana, 46404				27a. Funeral Home License Number: FH83007704			
27b. Signature Of Indiana Funeral Service Licensee: Christa Johnson				27c. License Number (Of Licensee): FD219000028				27d. Electronically Signed			
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. [REDACTED]											
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. [REDACTED]											
C. [REDACTED] HYPERLIPIDEMIA											
28. Approximate Interval: Onset To Death 5 YEARS											
28. Approximate Interval: Onset To Death 5 YEARS											
28. Approximate Interval: Onset To Death 5 YEARS											
28. Approximate Interval: Onset To Death 5 YEARS											
PART II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I HYPERTENSION AND MICROSCHEMIA OF THE BRAIN						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						31. 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					
32. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				32a. All Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant For 90 Days To 1 Year Before Death <input type="checkbox"/> Conceived Or Pregnant Within The Past Year		32b. Number Of Deaths: <input 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		32c. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32d. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33. 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. 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"/> Pedestrian <input type="checkbox"/> Other (Specify)						41. Signature, Of Person Certifying Cause Of Death: Gerrit C Browning					
42. Name, Address And Zip Code Of Person Certifying Cause Of Death: Gerrit C. Browning 4900 Broadway, Gary, IN 46408						43. Electronically Signed					
44. License Number 01033136A						45. Date Certified 04/30/2021					
46. Additional Funeral Service Provider:						47. Signature of Local Health Officer: Roland H Walker					
48. Electronically Signed						49. For Registrar Only - Date Filed (Month/Day/Year): 05/05/2021					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

NOT AN OFFICIAL DOCUMENT



Richard W. Williams, MD

HEALTH COMMISSIONER
CT. OF GARY, IN

MAY 9 5 2021



20975

Nov 29 1969

Recorded this day of

RETURN TO
A.P. POWERS NATL. TRUST CO.
21 W. Second Ave. Recorder
Gary, Ind.

WARRANTY

20975

This Indenture Witnesseth

That Frank Alois a widower and not alone represented

of Lake County, and State of Indiana

CONVEY AND WARRANTY

To Willie Kidd Jr. and Dorothy L. Kidd, husband and wife

of Lake County, in the State of Indiana

for the sum of Ten Dollars and other valuable considerations Dollars
the following described REAL ESTATE in Lake County, in the
State of Indiana, to-wit:

Lot 18 and the North 1/2 of Lot 19 in Block 4 in New Brunswick Addition
to Gary as per plat thereon, recorded in Plat Book 14 page 26, in the
Office of the Recorder of Lake County, Indiana commonly known as
558 Mount Street, Gary, Indiana.

Subject to taxes for the year 1968, payable in 1969, if any.
Subject to taxes for the year 1969, payable in 1970, if any.

Also subject to assessments and restrictions of record, and planning
and zoning ordinances.

DULY ENTERED
FOR TAXATION
JUN 9 1969

STATE OF INDIANA
JUN 20 9 24 AM '69
ANDREW J. MICENKO
RECORDER

IN WITNESS WHEREOF, The said Frank Alois, a widower and not alone represented,

has hereunto set his Hand and seal the 29th day of June 1969.
(SEAL) Frank Alois (SEAL)
(SEAL) Frank Alois (SEAL)

STATE OF INDIANA, Lake County, ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared
the within named Frank Alois, a widower and not alone represented,
who acknowledged the execution of the foregoing Deed to be his voluntary act and deed.

WITNESS my hand and seal this 29th day of June 1969.
My commission expires 12-16-1972
James Hester, Notary Public

This instrument prepared by John G. Brinner, Attorneys
mail tax state: Willie Kidd Jr., 558 Mount Street, Gary, Indiana

