

NOT AN OFFICIAL DOCUMENT

FILED

Dec 08 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-548810
12/08/2022 01:06 PM
TOTAL FEES: 25.00
BY: SP
PG #: 6

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

TITLE PASSAGE AFFIDAVIT

Comes now **Jeremy Goodwin** and being duly sworn upon his oath, states that he makes the following statements based on his own personal knowledge:

1. That he is an adult son of the decedent, **Benjamin Goodwin**.
2. That **Benjamin Goodwin** died intestate, a resident of Lake County, Indiana on **December 13, 2017**, the owner of real estate located at **3816 E. 14th Ave, Gary IN 46403**. A copy of the Certificate of Death is attached.
3. That **Benjamin Goodwin** acquired his interest in the real estate by way of a **Warranty Deed**, dated **August 29, 1984**, recorded **August 31, 1984** as Document No. **770792** in Lake County, Indiana, where **Benjamin A. Goodwin** did acquire title as husband and wife with **Diane N. Goodwin**.
4. The Death Certificate of **Diane N. Goodwin** was recorded on **October 9, 2001** as Document No. **2001 81161**, in the Office of the Recorder of Lake County, Indiana. The Affiant requests that the Recorder index this **Death Certificate** 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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5. That the real estate to which **Benjamin Goodwin** acquired interest was for the following legal description, to-wit:

Lot 25, Block 18 in Aetna Manor in the City of Gary, as per plat thereof, recorded in Plat Book 28, page 25 in the Office of the Recorder of Lake County, Indiana.

Commonly known as 3816 E 14TH AVE, GARY IN 46403

Key No. 45-08-12-182-014.000-004

6. That **Benjamin Goodwin** was unmarried at the time of his death and that **Jeremy Goodwin, Damon Goodwin, and Tara (Goodwin) Johnson** are his heirs at law under Indiana Code 29-1-8-23, and upon the death of **Benjamin Goodwin**, acquired title to said real estate as the only children of the decedent, **Benjamin Goodwin**, wherein each received an undivided 1/3 interest, as tenants in common.

7. That **Tara (Goodwin) Johnson**, died intestate, at the time residing in Lake County, Indiana, on April 12, 2017, with a 1/3 interest in the real estate located at **3816 E 14th Ave, Gary IN 46403**, subject to **Jeremy Goodwin and Damon Goodwin** each as to an undivided 1/3 interest, as tenants in common. A Certificate of Death is attached.

8. That the most recent instrument conveying title to **Tara (Goodwin) Johnson**, is this Title Passage Affidavit.

9. That **Tara (Goodwin) Johnson** left no surviving spouse or surviving parents. That under Indiana intestacy laws upon the death of **Tara (Goodwin) Johnson**, her child, **J'Nai Dickerson**, is the heir at law to the property, acquiring her 1/3 interest in the property.

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10. 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(b) from applying to the decedent's real property.

11. 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. 29-1-7-5 within 5 months of **Benjamin Goodwin's** death, nor did the Clerk issue letters testamentary or letters of administration within seven months after **Benjamin Goodwin's** death, so the power of a personal representative to divest title expired automatically as a matter of law under I.C. 29-1-7-15.1(b), and title is now vested indefeasibly in the heirs, each as tenants in common, as follows:

Name	Relationship	Address	Percentage
Jeremy Goodwin	Son		33.33%
Damon Goodwin	Son		33.33%
J'Nai Dickerson	Granddaughter		33.33%

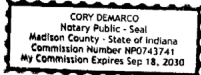
12. This affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor to transfer the real property to the name of **Jeremy Goodwin, Damon Goodwin, and J'Nai Dickerson, as tenants in common.**

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IN WITNESS WHEREOF, the Affiant has affixed his hand and seal
this 29th Day of November, 2022.

Jeremy Goodwin, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF Madison)



Before me, a Notary Public in and for said County and State personally appeared Jeremy Goodwin, who acknowledged the execution of the foregoing Affidavit of Devolution.

WITNESS my hand and Notarial Seal this 29th Day of November 2022.

My Commission expires:

09/18/2030

[Signature]
Signature of Notary Public

Resident of Madison County

MAIL TAX BILLS TO: Jeremy Goodwin
TAX KEY NO(S): 45-08-12-182-014.000-004
GRANTEE(S) ADDRESS: 2112 Fullerton Dr, Indianapolis IN 46214

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 Kullitz

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CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 0961516

DATE ISSUED 12/22/2017

DECEDENT'S LEGAL NAME BENJAMIN A GOODWIN		SEX MALE	DATE OF DEATH DECEMBER 13, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 68 YEARS	DATE OF BIRTH MAY 04, 1949		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF ILLINOIS HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE SYLVANIA, GA	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER/MAIDEN NAME DARLENE JOLLY	
RESIDENCE 3816 EAST 11TH AVENUE		APT NO	CITY OR TOWN GARY	INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 48403	FATHER OR PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION THOMAS GOODWIN SR	MOTHER OR PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION OLETHIA YOUNG
INFIRMANT'S NAME CAROLINE DAVIS		RELATIONSHIP CERTIFIER	MAILING ADDRESS 1740 W TAYLOR, CHICAGO, IL, 60612	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION GARY OAK HILL CREMOTORY	LOCATION - CITY OR TOWN AND STATE GARY, IN	DATE OF DISPOSITION DECEMBER 26, 2017
FUNERAL HOME TAYLOR FUNERAL HOME LTD, 63 E 79TH STREET, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME CHARLES R TAYLOR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010067	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 20, 2017	
CAUSE OF DEATH - PART I ENDOCARDITIS				
IMMEDIATE CAUSE Final opinion or opinion reporting in death				
Direct or indirect cause				
Cause in part as a consequence of				
Direct or indirect cause				
PART II Even after significant conditions contributing to death but not resulting in the underlying cause given in PART I				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
LOCATION OF INJURY			MANNER OF DEATH NATURAL	
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST BEGAN ILL DECEMBER 13, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:19 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 13, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NATALIA LEVYTSKA, 1740W TAYLOR, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 125067556	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT E-EMPOWERED STATE AND COUNTY SEALS AT BOTTOM



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk



0222089

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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CERTIFICATE OF DEATH CERTIFICATE OF DEATH

Local No 000226

EDR No 000000572987

State No 024216

1. Decedent's Legal Name (Last, First, Middle Initial) TARA D JOHNSON		5a. Maiden Name (If Different) GOODWIN		2. Sex FEMALE		3. Time of Death 03:53 PM		4. Date of Death (Month/Day/Year) 04/12/2017	
6a. Age - Yrs 46		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Hour Hours		6e. Under 1 Hour Minutes	
7. Date of Birth (Month/Day/Year) 08/25/1971		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN							
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: <input type="checkbox"/> Hospital <input type="checkbox"/> Long-term Care Facility <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)		10a. If Death Occurred Somewhere Other Than A Hospital <input 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) 435 NORTH LAKE STREET									
12. City or Town, State, and Zip Code GARY, IN, 46403									
13a. County of Death LAKE		13b. County of Birth LAKE		13c. County of Residence GARY		14. Marital Status At Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
15a. Spouse's Name TERRY JOHNSON		15b. Last Name Before First Marriage INDIANA		15c. Usual Occupation DENTAL ASSISTANCE		17. Kind of Business or Profession KOOL SMILE			
16a. Street Address 435 NORTH LAKE STREET		16b. City or Town GARY		16c. State IN		16d. Apt. No. or P.O. No. 9		16e. Zip Code 46403	
16f. Inmate City Linkage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Decedent's Education ASSOCIATE DEGREE (BA, AS)		20. Decedent of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American		23a. Person's Last Name Before First Marriage NEAL	
23b. Person's First Name (Last, Middle, Last) BENJAMIN GOODWIN		23c. Person's Middle Name (First, Middle, Last) DIANA GOODWIN		23d. Person's Last Name Before First Marriage NEAL					
24a. Relationship to Decedent BROTHER		24b. Mailing Address (Street and Number, City, State, Zip Code) 2112 FULLERTON STREET, INDIANAPOLIS, IN 46214							
25a. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal to Another State <input type="checkbox"/> Other (Specify)		25b. Place of Disposition (Name of Cemetery, Crematory, Other Facility) OAK HILL CREMATORY		25c. Location - City, Town, and State GARY, IN					
26. Name of Funeral Home Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name and Complete Address of Funeral Home QUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404		27a. Funeral Home License Number: FH83007704					
27b. Signature of Indiana Funeral Home Representative CARMELITA V. PERRY		27c. License Number (If Licensed) FD29700070							
Part I. Enter the Cause of Death (See Instructions and Examples) A. Immediate Cause (Final Disease or Condition Resulting in Death) SYSTEMIC LUPUS ERYTHEMATOSUS									
B. Underlying Cause (Disease, Injury, or Complication Which Directly Caused the Death. Do Not Enter Terminal Events Such as Cardiac Arrest, Respiratory Arrest, or Ventricular Fibrillation Without Specifying the Etiology. Do Not Abbreviate. Enter Only One Cause On This Line. Add Additional Lines if Necessary.)									
C. Sequence of Events (List Conditions, If Any, Leading to the Cause Listed on Line A. Enter the Underlying Cause (Disease, Injury, or Complication) That Initiated the Events Resulting in Death) Last									
Part II. Enter Underlying Cause of Death (See Instructions and Examples)									
32. If Female: <input checked="" type="checkbox"/> All Pregnant With Product <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 Past Year		33. Time of Injury 03:53 PM		34. Place of Injury Decedent's Home, Construction Site, Restaurant, Wooded Area		35. Injury Type <input type="checkbox"/> Blunt <input type="checkbox"/> Sharp <input type="checkbox"/> Fire <input type="checkbox"/> Poisoning <input type="checkbox"/> Other (Specify)			
36. Describe How Injury Occurred		37. Location of Injury - State IN		38. City or Town GARY		39. Street or Highway 0353 PM		40. Apt. No. 0353 PM	
41. Signature of Person Causing Cause of Death VINAY K.P. REDDY, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number 01058231		44. Date of Certification 05/12/2017			
45. Name, Address and Zip Code of Person Causing Cause of Death VINAY K.P. REDDY, 175E 50TH DR, MERRILLVILLE, IN 46410		46. Address of Local Health Office ROLAND H WALKER, VIA ELECTRONIC SIGNATURE		47. For Registrar Use - Issue Date (Month/Day/Year) MAY 15 2017					

AMENDMENT TO CERTIFICATE OF DEATH (IF NOT ORIGINAL)