

NOT AN OFFICIAL DOCUMENT

FILED

Dec 08 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-548813
12/08/2022 01:06 PM
TOTAL FEES: 25.00
BY: SP
PG #: 5

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

TITLE PASSAGE AFFIDAVIT

Comes now **Cheryl Davis** and being duly sworn upon her oath, states that she makes the following statements based on her own personal knowledge:

1. That she is an adult daughter of the decedent, **Ola M. Lucas**.
2. That **Ola M. Lucas** died intestate, a resident of Lake County, Indiana on **January 12, 2005**, the owner of real estate located at **1310 W. 35th Ave., Gary, Indiana 46408**. A copy of the Certificate of Death is attached.
3. That **Ola M. Lucas** acquired her interest in the real estate by way of a **Quit Claim Deed**, dated **June 29, 1989**, recorded **June 29, 1989** as Document No. **044281** in Lake County, Indiana, where **Ola M. Lucas** did acquire an undivided **50%** interest in title with **Cheryl Davis**, each as tenants in common, to the Property.
4. The most recent instrument recorded is the **Quit Claim Deed** identified in Paragraph 3. The Affiant requests that the Recorder index this Affidavit to the **Quit Claim Deed** 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 **Ola M. Lucas and Cheryl Davis** acquired interest was for the following legal description, to-wit:

Lot 20, except the 42 feet thereof, and the West 22 feet of Lot 21 in Block 3 in Golfmoor, in the City of Gary, as per plat thereof, recorded in Plat Book 18, page 35, in the Office of the Recorder of Lake County, Indiana.

Key No. 45-08-21-304-022.000-004

More Commonly known as **1310 W 35TH AVE, GARY IN 46408**

6. That **Ola M. Lucas** was not married at the time of her death and that her 50% interest to the Property devolved as follows under **Indiana's Intestacy Law:**

Cheryl Davis	100%
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7. After the devolution of **Ola M. Lucas** interests as described herein, taking into consideration the prior interests of **Cheryl Davis**, the interests held by the heirs of **Ola M. Lucas** are as follows:

Cheryl Davis	100%
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8. That (1) no letters testamentary or letters of administration have been issued to a court appointed personal representative for the decedents 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. 29-1-7-5 within 5 months of the death of **Ola M. Lucas**, nor did the Clerk issue letters testamentary or letters of administration within seven months after the death of **Ola M. Lucas**, so the power of a

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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
Cheryl Davis	Adult Daughter	<u>24010 Rosedale Oak Dr. 100%</u> <u>Spring, TX 77389</u>	

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 to **Cheryl Davis** in the interests identified in paragraph 9 above.

IN WITNESS WHEREOF, the Affiant has affixed his hand and seal this 22 Day of November, 2022.


Cheryl Davis

Affiant

MAIL TAX BILLS TO: Cheryl Davis
1310 W. 35th Ave. Gary, IN 46408
GRANTEE(S) ADDRESS: 1310 W. 35th Ave., Gary, IN 46408

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: *my wife*

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STATE OF Texas)
COUNTY OF Harris) SS:

Before me, a Notary Public in and for said County and State personally appeared **Cheryl Davis**, who acknowledged the execution of the foregoing Title Transfer Affidavit.

WITNESS my hand and Notarial Seal this 22 Day of November 2022.

My Commission expires:

10/20/2024


Signature of Notary Public

Resident of Harris County

Commission No. 13273809



Property of Lake County Recorder

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Nov 07 2022 05:40PM HP Fax

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Tracking No. 334907

* ATTENTION ESTATE: This Social Security card is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 0 CONFIDENTIAL PER IC 16-1-10.3 State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10.3

1. DECEASED—NAME (First, Middle, Last) Ola Mae Lucas		3. SEX Female	2a. TIME OF DEATH 2:27P	2b. DATE OF DEATH (Month, Day, Year) January 12, 2005
4. SOCIAL SECURITY NUMBER		5a. UNDER 1 YEAR Months: _____ Days: _____	5b. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month, Day, Year) July 2, 1918
7. BIRTHPLACE (City and State or Foreign Country) Summer, Ms		8. PLACE OF DEATH (Specify only one. See instructions.) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____		
9a. WAS DECEASED A U.S. VETERAN? NO		9b. YEARS LAST SERVED IN U.S. ARMED FORCES NONE		10. COUNTY OF DEATH Lake
10. FACILITY NAME or last residence (Street and number) Saint Margaret Hospital		10a. CITY, TOWN, OR LOCATION OF DEATH Hammond		10b. COUNTY OF DEATH Lake
11. MARITAL STATUS Divorced		11a. SURVIVING SPOUSE (If wife, give maiden name) NONE		11b. OCCIDENT'S USUAL OCCUPATION (Give kind of work done during lifetime. See instructions) Homenemaker
12. KIND OF BUSINESS/INDUSTRY Own Home		13a. RESIDENCE—STATE IN		
13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 1310 W. 35th Ave.
14. ZIP CODE 46408		14a. INSUR. CITY LIMITS <input type="checkbox"/> No <input type="checkbox"/> Yes		14b. CITIZEN OF WHAT COUNTRY? U.S.A.
14c. WAS DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		14d. RACE—American Indian, Black, White, etc. Black		15. DECEASED'S EDUCATION (Specify only highest grade completed) 8
15. FATHER'S NAME (Last, First, Middle, Last) Sam Lucas		16. MOTHER'S NAME (First, Middle, Middle, Last) Lula Bell		
17. INFORMANT'S NAME (Type and Print) Cheryl Davis		18a. MAILING ADDRESS (Street and Number or Rural Route Number, City, Town, State, ZIP Code) 1310 W. 35th Avenue Gary, IN 46408		18b. Relationship Daughter
19a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) _____		19b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 18, 2005 Oakhill Cemetery		19c. LOCATION—City or Town, State Gary, IN
20a. DECEASED'S NAME Eddie Govan-Latimer		20b. DECEASED'S LICENSE NO. (of Indiana) FD29700004		20c. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
21. SIGNATURE OF FUNERAL DIRECTOR <i>Eddie Govan-Latimer</i>		21a. LICENSE NUMBER (of Indiana) FD29700004		21b. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Ridgeway Funeral Home 4201 West Ridge Road Gary, IN 46408
22. PART I. Enter the disease, injury, or complication that caused the death. Do not enter anatomic terms, such as cancer or neoplasm, unless, shock, or heart failure. List only one cause on each line.				
IMMEDIATE CAUSE OF DEATH or condition resulting in death Myeloid Leukemia				
CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last				
a. DUE TO ICR AS A CONSEQUENCE OF: _____				
b. DUE TO ICR AS A CONSEQUENCE OF: _____				
c. DUE TO ICR AS A CONSEQUENCE OF: _____				
d. DUE TO ICR AS A CONSEQUENCE OF: _____				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I				
23. CERTIFIER <input checked="" type="checkbox"/> CRITERIA PHYSICIAN To the best of my knowledge, death occurred at the time, place, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of assistance and/or investigation in my opinion, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CHOCORNER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		24. MEDICAL LICENSE NO. 25-392		
25. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 22 (Type and Print) Dr. Daniel 8825 Broadway Merrillville, IN 46403		26. DATE SIGNED (Month, Day, Year) 25-392		
27. HEALTH OFFICER'S SIGNATURE <i>D. R. ...</i>		28. DATE SIGNED (Month, Day, Year) 25-392		
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		30. DATE OF INJURY (Month, Day, Year)		
31. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		32. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
33. DATE PROLONGED DEAD (Month, Day, Year)		34. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver: passenger, pedestrian, etc.		

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

AUG 12 2022

RAISED SEAL AFFIXED