

ORIGINAL FILED
RECORDED 2023-JUN-22 11:47 AM 2023 Jan 27
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE) SS: IN RE:
GLORIA A. SMEDEROVAC,
DECEDENT

DEVOLUTION AFFIDAVIT

The undersigned, Kathleen Smederovac, (the "Affiant"), being duly sworn on oath states the following based on her own personal knowledge or observation that:

1. She is the only surviving heir of Gloria A. Smederovac, (the "Decedent"), who died intestate on April 23, 2022 while domiciled in Lake County, Indiana. (See Death Certificate attached as Exhibit "A")

2. That on February 18, 1983 John M. Smederovac and Gloria A. Smederovac, husband and wife, obtained ownership of real estate located in Lake County, Indiana by way of a Trustee's Deed recorded on March 18, 1983 as Document Number 101170(3-17-83), described by property tax parcel number and legal description as follows, to-wit:

Parcel No.: 45-19-24-176-015.000-008

Lot 87 in Castlebrook Unit 1, as per plat thereof, recorded in Plat Book 46, page 128, in the Office of the Recorder of Lake County, Indiana. **FILED JAN 27 2023**

Common Address: 17590 Merlin Dr., Lowell, IN 46356

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

3. That in or around April 1990 John M. Smederovac and Gloria A. Smederovac obtained a divorce in the Lake Superior Court, Civil Division Room 3, under cause number 45D03-9001-DR-000043 and a stipulation of said divorce was the obligation of John M. Smederovac to quit-claim his interest in the marital property described above to Gloria A. Smederovac however, the deed was never prepared or recorded and therefore, subsequent to the divorce title to said property up to December 1, 2022 remained in the names of John M. Smederovac and Gloria A. Smederovac as tenants in common since they were no longer husband and wife. (See attached Exhibit "B")

4. That on December 1, 2022, John M. Smederovac executed a Quit-Claim Deed (attached as Exhibit "C") which transfers his one-half interest as a tenant in common of said parcel directly to the affiant herein, Kathleen Smederovac, who is his daughter and the only surviving heir-at-law of the decedent, Gloria A. Smederovac.

5. That the decedent died intestate leaving as the decedent's only heir-at-law the following person:

a. An undivided 100% share of the decedent's interest in said real estate to Kathleen Smederovac, adult surviving daughter, whose address is 17590 Merlin Dr., Lowell, IN 46356.

25-17729
RM

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6. The Decedent's Title Interests devolved to the Heir at Law, Kathleen Smederovac, immediately and automatically as a matter of law under I.C. 29-1-7-23 upon the Decedent's death by virtue of the following:

a. Decedent was not survived by any spouse at the time of her death.

b. Decedent was not survived by either of her parents at the time of her death.

c. Decedent was survived by one (1) child at the time of her death, namely, Kathleen Smederovac, and Decedent had no other children.

d. Title to the property described above devolves entirely to Kathleen Smederovac pursuant to I.C. 29-1-2-1(d)(1) as well as the Quit-Claim Deed dated December 1, 2022 and recorded on the same date that this Devolution Affidavit is being recorded.

7. The Decedent owed no ascertainable obligations to creditors and there is no federal estate tax due and owing as a consequence of the Decedent's death.

8. As of this date:

a. at least 7 months have elapsed since the Decedent's death;

b. no letters testamentary or letters of administration have been issued to a court-appointed personal representative for the Decedent within the time limits specified under I.C. 29-1-7-15.1(d);

c. a probate court has not issued findings and an accompanying order preventing the limitations in I.C. 29-1-7-15(b) from applying to the Real Estate;

d. a majority in interests of the Decedent's distributees have not consented to the Decedent's personal representative's sale of the Decedent's Title Interest to pay any debt or obligation of the Decedent, which is not a lien of record in Lake County, Indiana, or to pay any costs of administration of any Decedent's estate under I.C. 29-1-10-21; and

e. consequently, it is not possible for the Decedent's personal representative to sell the Decedent's Title Interest to pay any debt or obligation of the Decedent, which is not a lien of record in Lake County, Indiana, or to pay any costs of administration of any Decedent's estate.

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9. The purpose of this Affidavit is to induce the Auditor of Lake County, Indiana, to endorse this Affidavit and record it as a title transfer in the Auditor's real estate ownership records as an instrument that is exempt from the requirements to file a sales disclosure under I.C. 29-1-7-23 (c), and to direct the Recorder of Lake County, Indiana, to record the Affidavit and index it to the Latest Recorded Instrument in the Recorder's index records.

10. The Affiant affirmed the truth of the representations in this Affidavit under penalty for perjury and authorizes any person to rely upon this Affidavit as evidence of an effective transfer of title of record (as defined in I.C. 32-20-2-1) as stated in I.C. 29-1-7-23(e).

I affirm under the penalties for perjury that the foregoing statements are true.

Kathleen Smederovac
KATHLEEN SMEDEROVAC, AFFIANT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Before me, a Notary Public in and for said County and State, this 12th day of January, 2023, did personally appear KATHLEEN SMEDEROVAC, who produced valid state identification and acknowledged the execution of the foregoing Devolution Affidavit. In witness whereof I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 19 January 2025
Resident of Lake County
Commission No. 693508

Antoinette Krupa
ANTOINETTE KRUPA, NOTARY



I affirm, under penalty for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless otherwise required by law. Joseph S. Irak

Prepared by: Attorney Joseph S. Irak, 9219 Broadway, Merrillville,
Atty. I.D. #4851-45 (219) 769-4552 IN 46410

Mail to: 17590 Merlin Dr., Lowell, IN 46356



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 324677

Local No 001834

EDR No 000011277394

State No 2022-024181

1. Decedent's Legal Name (First, Middle, Last) Gloria Ann Smederovac				1a. Maiden Name (if female)		2. Gender Female		3. Time of Death 08:48 AM		4. Date of Death (Month/Day/Year) 04/23/2022				
5. Social Security Number [REDACTED]		6a. Age - Yrs 70		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes				
7. Date of Birth (Month/Day/Year) 02/27/1952		8. Birthplace (City and State or Foreign Country) Gary, 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 checked="" 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 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) St. Anthony Medical Center														
12. City or Town, State, and Zip Code Crown Point, Indiana										13. County of Death Lake				
14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" 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 Banker			17. Kind Of Business/Industry Banking		
18. Residence - State IN				18a. County Lake				18b. City or Town Lowell						
18c. Street And Number 17590 Merlin Drive				18d. Apt. No.		18e. Zip Code 46356		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
19. Decedent's Education Some college, but no degree						20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) Anthony Nasloski Sr.						23. Parent's Name (First, Middle, Last) Theresa Nasloski			23a. Parent's Last Name Before First Marriage Centanni					
24. Informant's Name Kathleen Marie Smederovac				24a. Relationship To Decedent Daughter				24b. Mailing Address (Street And Number, City, State, Zip Code) 17590 Merlin Drive, Lowell, IN, 46356						
25. Place Of Disposition														
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) Geisen Cremation Centre				25c. Location - City, Town, and State Crown Point, IN						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Geisen - Carlisle Funeral & Cremation Services 613 Washington St, Michigan City, Indiana, 46360				27a. Funeral Home License Number FH11200023						
27b. Signature Of Indiana Funeral Service Licensee: <i>Megan Konrady</i>						Electronically Signed			27c. License Number (Of Licensee): FD21200033					
Cause of Death. (See Instructions And Examples) 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. Bowel Obstruction														
B. Metastatic endometrial cancer														
C. 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														
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I														
28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No														
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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						
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 type="checkbox"/> No				38. Act No.				38c. 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: <i>Kristine Marie Teodor</i>														
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: Kristine Marie Teodor 300 N Main Street Ste D, Crown Point, IN 46307				44. License Number 02002441A				45. Date Certified 04/29/2022						
46. Additional Funeral Service Provider:														
47. Akas:														
48. Signature of Local Health Officer: <i>Crandana Verrilla</i>														
49. For Registrar Only: Date Filed (Month/Day/Year) 04/26/2022														

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

MAY 06 2022

LAKE COUNTY HEALTH OFFICER

Exhibit "A"

STATE OF INDIANA)
COUNTY OF LAKE)

IN THE LAKE SUPERIOR COURT
SS: ROOM THREE
SITTING AT GARY, INDIANA
45 D03 9001 DR 43

IN RE THE MARRIAGE OF:
JOHN M. SMEDEROVAC,
Petitioner,
-and-
GLORIA A. SMEDEROVAC,
Respondent.

FILED IN OPEN COURT

APR 20 1990

Robert E. Carter
CLERK LAKE SUPERIOR COURT

FINAL STIPULATED AGREEMENT

Parties present their final agreement for the Court's consideration in the following words and figures, to-wit:

- Parties acknowledge that there is one minor child of the marriage, KATHLEEN MARIE SMEDEROVAC, born 5/11/79, and that the Wife is not now carrying child. Parties agree that custody of the minor child shall be granted to the Wife, subject to reasonable visitation granted to the Husband, upon a 24 h.r. notice.
- Parties agree that Husband shall pay Wife \$106.99 per week towards the support of the minor child, payable through a voluntary wage deduction and through the office of the clerk of the Court. Parties further agree that Husband shall be responsible for health care costs of the minor child that are not covered by applicable health care insurance(s).
- Parties acknowledge that Husband owns a vested pension through his employment at United States Steel, and Parties agree that 27% of the monthly benefits of same will be paid to Wife, and that the other 73% of the monthly benefits of same will be paid to Husband, commencing with the first benefit check, and continuing throughout the duration of payments available through said pension.
- Parties agree that Husband shall quit-claim his interests in the realty located at 17590 Merlin Drive, Lowell, IN 46350. Parties further agree that Wife shall be responsible for the payment of the mortgage debt to Lake Mortgage Corporation, commencing with the ~~JUNE~~^{JUNE} 1990 payment, and Wife shall save harmless Husband regarding payment of said debt.

Exhibit "B"

5. Parties agree that Husband shall pay the premiums for Wife's Blue Cross Blue Shield (Continuation) Health Care Insurance for the months of May and June, 1990.

6. Parties are in respective possession of those items of personal property that they wish distributed to them.

Parties acknowledge that Wife has received Husband's April, 1990 profit sharing check, and that same is to be construed as Wife's property.

The 1979 Bronco Automobile is distributed to Husband by agreement. The 1983 LeBaron Automobile is to be distributed to Wife by agreement.

WHEREFORE: Parties pray that the Court accept their agreement, and for all other just and proper relief in the premises.

John M. Smederovac
JOHN M. SMEDEROVAC
Petitioner

FILED IN OPEN COURT

APR 20 1990

Robert E. Carter
CLERK LAKE SUPERIOR COURT

Gloria A. Smederovac
GLORIA A. SMEDEROVAC
Respondent

ACCEPTED AND SO ORDERED THIS 20 DAY OF April, 1990

James P. [Signature]
JUDGE

WILLIAM DROZDA
Attorney at Law
4444 Broadway
GARY, IN 46408
Petitioner's Counsel
(219)887-1929

~~WILLIAM DROZDA~~

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CLERK OF THE
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-001754

1:40 PM 2023 Jan 17

Mail Tax Bills To: 17590 Merlin Dr., Lowell, IN 46356

QUIT-CLAIM DEED

Parcel No.: 45-19-24-176-015.000-008

This indenture witnesseth that JOHN M. SMEDEROVAC, of LAKE County in the State of Indiana, Releases and Quit-Claims to KATHLEEN SMEDEROVAC, of LAKE County in the State of Indiana for and in consideration of One Dollar (\$1.00) & other good & valuable consideration, the receipt whereof is hereby acknowledged, the following Real Estate in LAKE County in the State of Indiana, to wit:

Lot 87 in Castlebrook Unit 1, as per plat thereof, recorded in Plat Book 46, page 128, in the Office of the Recorder of Lake County, Indiana, more commonly known as 17590 Merlin Dr., Lowell, IN 46356.

Dated this 1st day of December, 2022.

John M. Smederovac
JOHN M. SMEDEROVAC

STATE OF INDIANA
COUNTY OF Lake

SS:

Before me, the undersigned a Notary Public in and for said County and State, this 1st day of December 2022 personally appeared JOHN M. SMEDEROVAC, who produced valid state identification and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 3-3-2025
Resident of Lake County

Notary Signature: David Ronald Novak
DAVID RONALD NOVAK
Notary Public - State of Indiana
Lake County
My Commission Expires Mar 13, 2025

GRANTEE'S NAME: Kathleen Smederovac
GRANTEE'S ADDRESS: 17590 Merlin Dr., Lowell, IN 46356

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. Joseph S. Irak

NO LEGAL OPINION HAS BEEN RENDERED BY PREPARATION OF THIS DEED

This instrument prepared by Attorney Joseph S. Irak, IN Atty. #4851
9219 Broadway, Merrillville, IN 46410 (219) 769-4552

Mail to: 17590 Merlin Dr., Lowell, IN 46356

FILED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

JAN 17 2023

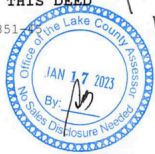


Exhibit "C"

25
17716
LK