

STATE OF INDIANA ) Send tax bills to: 1020 W. 42<sup>nd</sup> St., Hobart, IN 46342  
COUNTY OF LAKE )

### DEVOLUTION AFFIDAVIT

Bertha Mae Schnabel, being first duly sworn on oath, deposes and states as follows:

1. That the Affiant resides at 1406 W. 1<sup>st</sup> Pl., Hobart, IN 46342
2. That the Affiant is the sister of Lawrence Edward Powell aka Lawrence E. Powell, deceased.
3. That Lawrence Edward Powell aka-Lawrence-E. Powell passed away on February 20, 2023, in the City of Hobart, County of Lake, State of Indiana, as evidenced by the Death Certificate attached hereto.
4. That Lawrence Edward Powell aka Lawrence E. Powell died owning the property described as:  
1020 W. 42<sup>nd</sup> St., Hobart, IN 46342  
Parcel: 45-09-30-327-014.000-018  
LOT 5, IN BLOCK 2, VILLA SHORES SIXTH ADDITION TO HOBART, AS SHOWN IN PLAT BOOK 29, PAGE 101, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
5. That the most recent instrument recorded on this property prior to the passing of the decedent, was a Real Estate Mortgage recorded under Document Number 2005014806 granting a mortgage unto Kimberly Maynard and Michelle Thews executed on February 8, 2005. Lawrence Edward Powell aka Lawrence E. Powell was the owner at that time. He received the property via an Order Approving Executrix's Final Report and Accounting, Petition To Allow Accounting, and Petition for Order Approving Distribution recorded under Document number 2004100619 on November 30, 2004.
6. That as of the execution of this affidavit, it has been more than seven months since the passing of the decedent, no probate administration is pending, no letters testamentary have been issued no orders have been made and none are contemplated.
7. That Lawrence Edward Powell aka Lawrence E. Powell is survived by his sister, Bertha Mae Schnabel.
8. That Lawrence Edward Powell aka Lawrence E. Powell died intestate and as such, pursuant to the laws of intestacy governed by I.C. 29-1-2-1, his estate passes to:
 

Name	Relation	Address	Share
Bertha Mae Schnabel	sister	1406 W. 1 <sup>st</sup> Pl., Hobart, IN 46342	100%
9. That the gross value of the estate of the decedent as determined for the purposes of Federal Estate tax purposes is less than the value required for filing a form 706 Federal Estate Tax Return.
10. That all debts of the decedent have been paid in full.

11. That the Affiant makes this affidavit to induce the Lake County Recorder and Auditor to change the ownership accordingly and without exceptions for matter related to the death of the decedent.

**FILED**

APR 13 2023

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

25-  
1790  
E R M

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2023-010644  
2023 APR 14  
8:48 AM

# NOT AN OFFICIAL DOCUMENT

12. The following documents attached hereto are hereby incorporated by reference as part of this Affidavit: Death Certificate of Decedent Lawrence Edward Powell aka Lawrence E. Powell.

IN WITNESS WHEREOF, the Affiant has affixed her signature hereto this 4 day of April, 2023.

Bertha M. Schnabel  
Bertha Mae Schnabel

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Shauna M. Lange  
Shauna M. Lange

STATE OF INDIANA  
COUNTY OF LAKE

Before me appeared Bertha Mae Schnabel, the affiant and she did on this date attest to the truth of the foregoing statements made in the Devolution Affidavit. Subscribed and sworn to before me this 4 day of April, 2023.

Shauna M. Georgeff  
Shauna M. Georgeff, Notary Public



↓  
This Instrument Prepared by:  
Shauna M. Lange, Esq, Lange Legal Group, P.C.  
17 Main Street, Hobart, IN 46342  
Telephone: (219) 947-1692



# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 000681

EDR No 000011510901

State No 2023-009603

1. Decedent's Legal Name (First, Middle, Last) <b>Lawrence Edward Powell</b>				1a. Maiden Name (if female)		2. Gender <b>Male</b>		3. Time Of Death <b>07:47 PM</b>		4. Date Of Death (Month/Day/Year) <b>02/20/2023</b>					
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>81</b>		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) <b>02/13/1942</b>		8. Birthplace (City and State or Foreign Country) <b>Gary, Indiana</b>													
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
10. If Death Occurred in A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" 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) <b>1020 W 42nd Avenue</b>															
12. City Or Town, State, And Zip Code <b>Hobart, Indiana 46342</b>						13. Location Of Death <b>Lake</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown						
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation <b>Delivery Driver</b>		17. Kind Of Business/Industry <b>Transportation</b>					
18. Residence - State <b>IN</b>				18a. County <b>Lake</b>				18b. City Or Town <b>Hobart</b>							
18c. Street And Number <b>1020 W 42nd Avenue</b>										18d. Apt. No.		18e. Zip Code <b>46342</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>High School graduate or GED completed</b>						20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>			21. Decedent's Race <b>White</b>						
22. Parents Name (First, Middle, Last) <b>Charles Powell</b>						23. Parents Name (First, Middle, Last) <b>Emily Powell</b>			23a. Parents Last Name Before First Marriage <b>Rohwedder</b>						
24. Informant's Name <b>Bertha Schnabel</b>				24a. Relationship To Decedent <b>Sister</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1406 W 1st Place, Hobart, IN, 46342</b>							
25. Place Of Disposition															
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) <b>Abraham Lincoln National Cemetery</b>				25c. Location - City, Town, And State <b>Elwood, IL</b>							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>Rees Funeral Home Hobart Chapel 600 W Old Ridge Road, Hobart, Indiana, 46342</b>				27a. Funeral Home License Number: <b>FH83003069</b>							
27b. Signature Of Indiana Funeral Service Licensee: <b>Joshua R Krause</b>															
27c. License Number (Of Licensee): <b>FD29700036</b>															
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 Of Death. Add Additional Lines If Necessary. <b>Electronically Signed</b> <b>THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</b> <b>FEB 27 2023</b> <b>LAKE COUNTY HEALTH OFFICER</b>															
Immediate Cause (Final Disease Or Condition Resulting In Death)															
A. <b>CARDIAC ARREST</b>															
B. <b>HYPERTENSION</b>															
C.															
D.															
29. 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 checked="" type="checkbox"/> No															
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 43 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"/> Suicidal <input type="checkbox"/> Cause Not Yet Determined				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No											
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury				36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked Area)							
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: <b>Lauren Harting</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			44. License Number <b>01059320A</b>			45. Date Certified <b>02/26/2023</b>			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Lauren Harting 8777 Broadway Avenue, Merrillville, IN 46410</b>						47. *AKAs:									
46. Additional Funeral Service Provider:						49. For Registrar Only - Date Filed (Month/Day/Year): <b>02/27/2023</b>									
48. Signature of Local Health Officer: <b>Chandana Vavilala</b>															
49. For Registrar Only - Date Filed (Month/Day/Year): <b>02/27/2023</b>															

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)