

4. NOT AN OFFICIAL DOCUMENT

SINA PIMENTEL
RECORDER

2023-023947

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

8:55 AM 2023 Aug 10

MAIL TAX BILLS TO: Carol Ann Bacon, Grantee Parcel No. 45-08-22-380-018.000-004
GRANTEE'S ADDRESS: 3600 Maryland Street
Gary, IN 46409

TITLE PASSAGE AFFIDAVIT

Carol Ann Bacon, residing at 3600 Maryland Street, Gary, Lake County, Indiana, being first duly sworn upon her oath, deposes and says:

1. Sidney Bacon (the "Decedent") died testate on February 9, 2023, while domiciled in Lake County, Indiana.
2. Affiant is the Wife of the Decedent.
3. At the time of his death, Decedent was the owner of a parcel of real estate located in Lake County, Indiana, to wit:

Lots 1 and 2, Block 8, Schug Park, South Addition to Gary, as shown in Plat Book 8, page 9, in Lake County, Indiana.

Commonly known as: 3600 Maryland Street
Gary, Indiana 46409

Parcel No.: 45-08-22-380-018.000-004

Such real estate should be referred to in this Affidavit as the "Real Estate".

4. The Decedent acquired his fee simple interest in the Real Estate by a certain Quit-Claim Deed from Marjorie Bacon, now known as Marjorie Wiler, a divorced woman and not remarried, dated January 24, 1977, and recorded on February 3, 1977, as Document Number 391554 in the Office of the Recorder of Lake County, Indiana.
5. The Decedent's Will was admitted to probate without administration in the Lake Circuit Court, Lake County, Indiana, under Cause No. 45C01-2308-EM-000169 by Order of the Lake Circuit Court entered August 3, 2023.

FILED

AUG 09 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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6. Pursuant to Part 5 of the Decedent's Will, the Decedent's entire residuary estate was given to his wife, Carol Ann Bacon.

7. Pursuant to I.C. § 29-1-7-23, when the Decedent died, the Real Estate passed to the persons to whom it was devised by his Will, subject to the power of a personal representative to divest ownership under the requirements of I.C. § 29-1-7-15.1.

8. Ownership of the Real Estate is now vested indefeasibly in the devisees under the Decedent's Will as follows: Carol Ann Bacon – 100%.

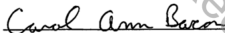
9. The shares determined above were calculated pursuant to Part 5 of the Decedent's Will.

10. 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 five (5) months after the Decedent's death, so the power of a personal representative to divest ownership expired automatically as a matter of law under I.C § 29-1-7-15.1(b).

11. To the best of the Affiant's knowledge, the statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the Real Estate, to obviate any problem concerning Federal Estate Tax, and to induce the Auditor of Lake County, Indiana, to transfer ownership of the Real Estate to Carol Ann Bacon.

This Affiant says nothing further.

In Witness Whereof, Carol Ann Bacon has executed this Affidavit this 4th day of August, 2023.

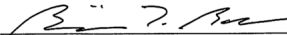


Carol Ann Bacon

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 4th day of August, 2023, personally appeared Carol Ann Bacon and acknowledged the execution of the foregoing Title Passage Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



Benjamin T. Ballou, Notary Public
A Resident of Lake County

My Commission Expires:
November 21, 2023

Commission No.: 675090



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.



Benjamin T. Ballou

This instrument prepared by: Benjamin T. Ballou
Attorney at Law
8700 Broadway
Merrillville, IN 46410

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No 000208

EDR No 000011506727

State No 2023-007528

1. Decedent's Legal Name (First, Middle, Last) Sidney Bacon				1a. Maiden Name (If female)		2. Gender Male		3. Time Of Death 03:59 PM		4. Date Of Death (Month/Day/Year) 02/09/2023			
5. Social Security Number B7		6a. Age - Yrs 87		6b. Under 1 Year Months Days		6c. Under 1 Month Hours Minutes		7. Date of Birth (Month/Day/Year) 05/02/1935		8. Birthplace (City and State and Foreign Country) Sardis, Mississippi			
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) Northwest Health-Porter													
12. City Or Town, State, And Zip Code Valparaiso, Indiana 46383						13. County Of Death Porter			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 Carol A. Bacon			15a. Last Name Before First Marriage Olds			16. Decedent's Usual Occupation Millwright			17. Kind Of Business/Industry U.S. Steel				
18. Residence - State IN			18a. County Lake			18b. City Or Town Gary			18c. Apt. No.		18d. Zip Code 46409		
18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			19. Decedent's Education 8th grade or less			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) Clinton Bacon Sr.				23. Parent's Name (First, Middle, Last) Jessie Bacon				23a. Parent's Last Name Before First Marriage Danner					
24. Informant's Name Carol A. Bacon			24a. Relationship To Decedent Wife			24b. Mailing Address (Street And Number, City, State, Zip Code) 3600 Maryland Street, Gary, IN, 46409							
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 Or Cemetery, Crematory, Other Place) Geisen Cremation Centre				25c. Location - City, Town, And State Crown Point, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Geisen-Pluzin Funeral & Cremation Services 6360 Broadway, Merrillville, Indiana, 46410						27a. Funeral Home License Number: FB42100006					
28a. Signature Of Indiana Funeral Service Licensee: Jonathan R. Christiansen						Electronically Signed			27c. License Number (Of Licensee): FD20200095				
Cause Of Death (See Instructions And Examples)													
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.										Approximate Interval: Onset To Death			
Immediate Cause (Final Disease Or Condition Resulting In Death)										5 years			
A. Congestive heart failure										5 to 10 yr At A Glance Only			
B. Coronary atherosclerotic heart disease										10 years			
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													
D. 													
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I								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 type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" 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 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death		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. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code		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: Cathleen Trias Silverman						Electronically Signed			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: Cathleen Trias Silverman 65 East Us Hwy 6, Valparaiso, IN 46383						44. License Number 01808911A		45. Date Certified 02/15/2023					
46. Additional Funeral Service Provider:						47. *Alas:		49. For Registrar Only - Date Filed (Month/Day/Year): 02/15/2023					
48. Signature of Local Health Officer: Maria L. Stamp						Electronically Signed			AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)				

State Form 53095 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.