

2023-529751  
09/11/2023 03:35 PM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 4  
RECORDED AS PRESENTED

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

**FILED**

Sep 11 2023 LM  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

Property Number:  
45-08-33-257-022.000-004

Tax Mailing Address:  
526 W 49TH AVE  
GARY IN 46408-4525

**AFFIDAVIT IN AID OF TITLE**  
**(Extinguishing Life Estate Interest)**

STATE OF INDIANA     )  
  ) SS:  
COUNTY OF LAKE     )

Comes now Tiffanie L. Roberts, the Affiant, and who, being first duly sworn upon her oath, makes the following statements and affirmations:

1. Tiffanie L. Roberts is an adult resident of Cook County, in the State of Illinois, whose current address is 3708 West Polk Street, Apartment 3S, Chicago, IL 60624-4097, and has personal knowledge of the facts stated in this Affidavit as an adult daughter of JT Hannah.

2. JT Hannah held a life estate interest in the following described real estate:

Lot 13 in Block 5 in Junedale Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 19, page 3, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 526 West 49<sup>th</sup> Avenue  
Gary, IN 46408

Property Number: 45-08-33-257-022.000-004

3. JT Hannah reserved <sup>his</sup> her life estate interest in and to said real estate in the Quitclaim Deed dated August 19, 2015, and recorded August 20, 2015, as Document Number 2015-056684, in the Office of the Recorder of Lake County, Indiana, made by JT Hannah, individually, to



# NOT AN OFFICIAL DOCUMENT

**After recording return to and Mailing Address of Affiant:**

Tiffanie L. Roberts  
3708 West Polk Street, Apartment 3S  
Chicago, IL 60624-4097

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. Chris Fox

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License No. 19091-64; Address: 516 East 86<sup>th</sup> Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366), referencing Greater Indiana Title Company commitment number IN017135.

AFFIDAVIT IN AID OF TITLE -- GITC File No. IN017135 -- Page 3 of 3

# NOT AN OFFICIAL DOCUMENT

## CERTIFICATE OF DEATH



### INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

3938685

Local No 000729		EDR No 000611471778		F Death Male		Date of Death 11/28/2022	
1. Decedent's Legal Name (First, Middle, Last) JT Hannah		12. Maiden Name (If Applicable)		7. Date of Birth 03/28/1942		17. Date of Death (Month/Day/Year) 11/28/2022	
3. Social Security Number		4. Age - Yrs 80	5a. Sex M	5b. Date of Birth Month	5c. Date of Birth Day	5d. Date of Birth Hour	6. Place of Birth (State/City/Town) Grandis, Mississippi
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9. Ever in Non-U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. I Died (Check One) <input type="checkbox"/> Hospital Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		11. Filing Name (If Not Institution, Give Street and Number) 528 W 49th Avenue	
14. City or Town, State, and Zip Code Gary, Indiana 46408		13. County of Death Lake		15. Cause of Death L89		16. Listed Cause in View of Death <input type="checkbox"/> Marked <input type="checkbox"/> Not Marked <input type="checkbox"/> Deceased <input type="checkbox"/> Deceased <input type="checkbox"/> Not Marked <input type="checkbox"/> Not Marked <input type="checkbox"/> Unknown	
18. Burial Place (Name) Janey Campbell		19. Last Name Before First Marriage Hannah		17. Kind of Occupation Factory Laborer		20. Decedent's Usual Occupation GE Bloomington IN	
21. Residence - State IN		22. The County Lake		23. City or Town Gary		24. License Number 46408	
25. Home and Number 528 W 49th Avenue		26. Apt. No.		27. St. No. Code 46408		28. M. (Yes/No) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Decedent's Education High School graduate or GED completed		30. Decedent Of Hispanic Origin Not Specified/Hispanic/Latino		31. Decedent's Race Black or African American		32. Parent's Name (First, Middle, Last) Mary Lee Hannah	
33. Parent's Name (First, Middle, Last) Charlie Hannah		34. Parent's Last Name Before First Marriage Kindle		35. Informant's Name Janey Lou Hannah		36. Relationship To Decedent Wife	
37. Informant's Address (Street And Number, City, State, Zip Code) 528 W 49th Avenue, Gary, IN, 46408		38. Informant's Signature Electronically Signed		39. License Number (Of Licensee) FD06200059		40. Informant's Signature Electronically Signed	
41. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		42. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Oak Hill Cemetery		43. Location - City, Town, And State Gary, IN		44. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. Home And Complete Address Of Funeral Facility Smith Sizoo Warner Funeral		46. Home Address (Street And Number, City, State, Zip Code) Home 4209 Grant Street, Gary, Indiana, 46408		47. License Number (Of Licensee) FH10500021		48. Signature Of Coroner Electronically Signed	
49. Part 1. 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 Vascular/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. malignant neoplasm of the colon B. abnormal weight loss C. D.		50. Part 2. Enter The Underlying Cause (Disease Or Injury) That Initiated The Events Resulting In Death (Last) E. F. G.		51. Was Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		52. Were Autopsy Finding Available To Coroner (See Cause of Death)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
53. Was (Underlying Cause) Contributing To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		54. If Answer: <input type="checkbox"/> No Report Made For Year <input type="checkbox"/> Reported For 1 Year <input type="checkbox"/> Reported For 2-5 Years <input type="checkbox"/> Reported For 6-10 Years <input type="checkbox"/> Reported For 11-15 Years <input type="checkbox"/> Reported For 16-20 Years <input type="checkbox"/> Reported For 21-25 Years <input type="checkbox"/> Reported For 26-30 Years <input type="checkbox"/> Reported For 31-35 Years <input type="checkbox"/> Reported For 36-40 Years <input type="checkbox"/> Reported For 41-45 Years <input type="checkbox"/> Reported For 46-50 Years <input type="checkbox"/> Reported For 51-55 Years <input type="checkbox"/> Reported For 56-60 Years <input type="checkbox"/> Reported For 61-65 Years <input type="checkbox"/> Reported For 66-70 Years <input type="checkbox"/> Reported For 71-75 Years <input type="checkbox"/> Reported For 76-80 Years <input type="checkbox"/> Reported For 81-85 Years <input type="checkbox"/> Reported For 86-90 Years <input type="checkbox"/> Reported For 91-95 Years <input type="checkbox"/> Reported For 96-100 Years		55. Manner Of Death: <input 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		56. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Cause Of Injury (Motor Vehicle/Fire) M. Type Of Injury		58. Place Of Injury (If C, Decedent's Home, Construction Site, Restaurant, Wooded Area)		59. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		60. City or Town	
61. Location Of Injury - State		62. City or Town		63. Street and Number		64. Apt. No.	
65. Describe How Injury Occurred		66. Transportation Injury - Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		67. License Number 01074824A		68. Date Certified 12/07/2022	
69. Signature, Of Person Certifying Cause Of Death: Patrick Elangwe		70. Address And Zip Code Of Person Certifying Cause Of Death: Patrick Elangwe 600 Mary Street, Evansville, IN 47747		71. Signature Electronically Signed		72. Date Certified 12/12/2022	
73. Additional Funeral Service Provider: Royal J Walker		74. Signature of Coroner (If Not) Royal J Walker		75. Signature Electronically Signed		76. For Registrar Only - Date Filed (Month/Day/Year) 12/12/2022	

State Form 35599 ATTENTION: BE CAREFUL! The Social Security # is being requested by the 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 TRANSFORMS TO YELLOW WHEN SHINED. ORIGINAL DOCUMENT HAS A HOLOGRAM ON FRONT THAT APPEARS WHEN PHOTOGRAPHED.