

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 RECORDED AS PRESENTED

2024-001285
 2:11 PM 2024 Jan 17

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

Decedent: Roxie Humphrey
Property No. 45-08-10-381-005.000-004

AFFIDAVIT OF DEVOLUTION

I, Pershunda Humphrey, having been first duly sworn upon my oath state as follows:

1. I make this Affidavit of my own personal knowledge.
2. By virtue of a Quitclaim Deed dated July 1, 1994 and recorded in the Office of hte Lake County Recorder on January 17, 1995 as Instrument Number 1995-002955, my mother, Roxie Humphrey was the owner with Mary Billingsley, as joint tenants with rights of survivorship of the following parcel of real estate located in Lake County, Indiana:

Lot 11 in Block 2 in John Gunzenhauser's First Subdivision to Gary, as per plat thereof, recorded in Plat Book 14, page 23 1/2, in the Office of the Recorded of Lake County, Indiana.

Commonly known as 525 East 20th Avenue, Gary, IN 46407

Property No. 45-08-10-381-005.000-004

3. Mary Billingsley died on May 29, 2008, at which point my mother, Roxie Humphrey became the sole owner of the above-described real estate. A redacted copy of her death certificate is attached to this Affidavit as Exhibit 1.
4. My mother, Roxie Humphrey, died intestate on December 7, 2023, and at the time of her death was married to my father, Melford Humphrey. A redacted copy of her death certificate is attached to this Affidavit as Exhibit 2.

FILED

JAN 16 2024

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5. Apart from this Affidavit, the most recent instrument recorded in the Office of the Lake County Recorder regarding the above-described property is a Release of Mortgage from Sand Canyon Corporation f/k/a Option One Mortgage Corporation dated April 12, 2017 and recorded as instrument number 2017-023892 on April 19, 2017.

6. On the death of Roxie Humphrey on December 7, 2023, her interest in the above-described real estate passed, pursuant to Indiana's law of intestate succession, Ind.Code § 29-1-2-1(b)(1) as follows:

MELFORD HUMPHREY (Husband)	(½ interest)
PERSHUNDA HUMPHREY (only child)	(½ interest)

7. That at the time of the filing of this Affidavit, less than seven (7) months have passed since the death of Roxie Humphrey and no estate has been opened, nor is it anticipated that any estate will be opened on her behalf. Upon the passage of seven (7) months from the date of Roxie Humphrey's death, if no letters testamentary or letters of administration have been issued to a court appointed personal representative within the time limits specified under I.C. § 29-1-7-15.1(d) and no probate court has issued findings and an accompanying order preventing the limitations in section I.C. § 29-1-7-15.1(b) from applying to the decedents' real property, this affidavit shall constitute prima facie evidence of the devolution of the above described real estate and any person may rely upon this affidavit as evidence of an effective transfer of title of record to the above-described real estate.

FURTHER AFFIANT SAYETH NOT.



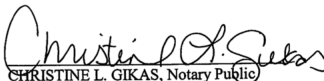
PERSHUNDA HUMPHREY

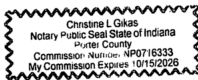
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Before me, a Notary Public in and for the County of Lake, State of Indiana, appeared PERSHUNDA HUMPHREY, to me personally known, and subscribed his name to the foregoing instrument after having been sworn upon her oath that the information contained therein is true this 11th day of January, 2024.

My Commission Expires:

10/15/2026

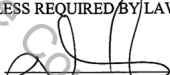

CHRISTINE L. GIKAS, Notary Public
Resident of Porter County, Indiana



AFFIRMATION

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.

THIS INSTRUMENT PREPARED BY:


RICK C. GIKAS, Attorney at Law
414 East 86th Avenue, Merrillville, IN 46410
(219) 769-7405

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

4267402

Local No 000255

EDR No 00001224950

State No 2008-048003

1. Decedent's Legal Name (First, Middle, Last) MARY BILLINGSLEY		1a. Maiden Name (if female) NEMO		2. Gender Female	3. Time Of Death 05:40 AM	4. Date Of Death (Month/Day/Year) 05/29/2008	
5. Social Security Number [REDACTED]	6a. Age - Yrs 85	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) 07/31/1922	
8. 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) METHODIST HOSPITAL NORTHLAKE							
12. City Or Town, State, And Zip Code Gary, Indiana 46402				13. County Of Death Lake		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 type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation HOUSEWIFE		17. Kind Of Business/Industry OWN HOME
18. Residence - State IN		18a. County Lake		18b. City Or Town Gary		18c. Zip Code 46407	
18d. Apt. No.		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) ROXIE HUMPHREY			23. Parent's Name (First, Middle, Last) IDA NEMO			23a. Parent's Last Name Before First Marriage SMITH	
24. Informant's Name ROXIE HUMPHREY		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 525 E 20TH Avenue, Gary, IN, 46407			
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) EVERGREEN MEMORIAL PARK		25c. Location - City, Town, And State Hobart, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Smith Bizzell Warner Funeral Home 4209 GRANT ST, Gary, Indiana, 46408		27a. Funeral Home License Number: FD10500021			
28. Signature Of Indiana Funeral Service Licensee: ANGELA REVEE MODUFFE				27c. License Number (Of Licensee): FD20800080			
28. Part I. Enter The <u>Cause of Events</u> - 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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Cause of Death on file with the Indiana Department of Health 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 B. C. 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 checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Above 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 (Not 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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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, Wooded Area)		38d. Zip Code	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	
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: OKECHI N. NWABARA				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: OKECHI N. NWABARA 3535 BROADWAY, Gary, IN 46409				44. License Number 01033511A		45. Date Certified 06/09/2008	
46. Additional Funeral Service Provider:				47. "Alias":			
48. Signature of Local Health Officer: RICARDO HODD				Electronically Signed		49. For Registrar Only - Date Filed (Month/Day/Year): 06/13/2008	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

State Form 5339S - 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. ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT FLIPS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HOIRED VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.

WARNING:

EXHIBIT 1

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 387980



Local No 004422

EDR No 000011650915

State No 2023-065840

1. Decedent's Legal Name (First, Middle, Last) Roxie Viola Humphrey		1a. Maiden Name (if female) Billingsley		2. Gender Female		3. Time Of Death 11:22 AM		4. Date Of Death (Month/Day/Year) 12/07/2023	
5. Social Security Number [REDACTED]		6a. Age - Yrs 73		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours	
7. Date of Birth (Month/Day/Year) 01/25/1950		8. Birthplace (City and State or Foreign Country) Gary, Indiana		9. Under 1 Hour Minutes		10. 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)		10a. If Death Occurred Somewhere Other Than A Hospital	
11. Facility Name (If Not Institution, Give Street and Number) Community Hospital Munster									
12. City Or Town, State, and Zip Code Munster, Indiana 46321				13. County Of Death Lake		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 type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name Melford Humphrey			15a. Last Name Before First Marriage Humphrey			16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own Home	
18. Residence - State IN		18a. Country Lake		18b. City Or Town Gary		18c. Apt. No.		18d. Zip Code 46407	
18e. Street And Number 525 E 20TH Avenue		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education High School graduate or GED completed		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) Walter Billingsley			23. Parents' Name (First, Middle, Last) Mary Billingsley			23a. Parent's Last Name Before First Marriage Nemo			
24. Informant's Name Pershunda Humphrey			24a. Relationship To Decedent Daughter			24b. Mailing Address (Street And Number, City, State, Zip Code) 525 E 20TH Avenue, Gary, IN, 46407			
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) Evergreen Memorial Park		25c. Location - City, Town, and State Hobart, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Smith Bizzell Warner Funeral Home 4209 Grant Street, Gary, Indiana, 46408				27a. Funeral Home License Number: FH10500021			
27b. Signature Of Indiana Funeral Service Licensee: Robert D. Eastman			27c. License Number (Of Licensee): Electronically Signed			27d. License Number (Of Licensee): FD21700003			
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 Venotracheal Intubation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause ON THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT									
Immediate Cause (Final Disease Or Condition Resulting In Death) A. septic shock Use ICD-10 Code: unknown									
B. acute respiratory failure Use ICD-10 Code: unknown									
C. JAN 02 2024 Use ICD-10 Code: unknown									
D. unknown Use ICD-10 Code: unknown									
29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I Right leg purulent cellulitis-acute on chronic non-healing wound, pulmonary hypertension									
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 checked="" 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 Within 1 Year 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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Location Of Injury - State	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		35a. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		35b. Street & Number		35c. Apt. No.	
36. City Or Town		36a. State		36b. Zip Code		40. If Transportation Injury, Specify: <input type="checkbox"/> Over-Queue <input checked="" type="checkbox"/> NO VEHICLE INVOLVED			
39. Describe How Injury Occurred						41. Signature, Of Person Certifying Cause Of Death: Farhan Zaidi			
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						43. License Number 01086453A		43a. Date Certified 12/14/2023	
44. Name, Address And Zip Code Of Person Certifying Cause Of Death: Farhan Zaidi 9711 Valparaiso Drive B, Munster, IN 46321						47. *Area:			
46. Additional Funeral Service Provider:						48. Signature of Local Health Officer: Chandana Varivala		48. For Registrar Only - Date Rec'd (Month/Day/Year): 12/20/2023	
49. Signature of Local Health Officer: Chandana Varivala						49. For Registrar Only - Date Rec'd (Month/Day/Year): 12/20/2023			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

EXHIBIT 2