

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

FILED
Jan 17 2024 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

DEVOLUTION AFFIDAVIT

Ana L. Perez (Affiant), having been duly sworn according to law, states:

1. That Luis P. Perez died intestate on February 18, 2021, and Josephine Perez died intestate on October 22, 2023, in Lake County, Indiana.
2. I am the decedent's daughter.
3. Luis P. Perez and Josephine Perez held an interest in the following property as husband and wife under a Quit Claim Deed recorded on November 15, 2002, instrument number 2002-104748.

LEGAL DESCRIPTION: Gary Land Co's 1st subdivision, Lot 16 Block 99

PARCEL NO: 45-08-04-256-033.000-004

COMMONLY KNOWN AS: 444 Jackson Street, Gary, Indiana, 46402.

4. Upon the death of Luis P. Perez, his interest in the above-described real property passed to and vested in his wife, Josephine Perez.
5. Upon the death of Josephine Perez, her interest in the above-described real property passed to and vests in her heirs, Haydee Perez, Vivian Perez, Luis Perez Jr, and Ana L. Perez, pursuant to IC 29-1-2-1, as follows:

Name of Heir	Relationship to Deceased	Percent Ownership	Address of Heir
Haydee Perez	Daughter	25%	5358 Woodruff Farm Road # 1012 Columbus, Georgia, 31907
Vivian Perez	Daughter	25%	5358 Woodruff Farm Road # 1012 Columbus, Georgia, 31907
Luis Perez Jr	Son	25%	3721 E 29 th Avenue Lake Station, Indiana 46408
Ana L. Perez	Daughter	25%	1404 E 36 th Place Gary, Indiana 46409

6. The decedent owned no obligations to creditors and there are no federal estate taxes due and owing as a consequence of the decedent's death as of this date.
7. No letters testamentary or letters of administration have been issued to a court appointed personal representative for decedent within the time limits specified under IC 29-1-7-15(d).
8. A probate court has not issued findings or accompanying orders pursuant to IC 29-1-7-15(d).

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9. That this Affidavit is made to induce the Auditor of Lake County to change the tax records so as to show that Haydee Perez, Vivian Perez, Luis Perez Jr, and Ana L. Perez became the joint owners with rights of survivorship of the aforementioned real estate as a result of the death of Josephine Perez.

I certify under penalty of perjury under Indiana law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

12-22-23
Date

Ana L. Perez
AFFIANT: Ana L. Perez

STATE OF INDIANA)
) SS:
COUNTY OF LAKE

Subscribed and sworn to (or affirmed) before me, a Notary Public, in and for said County and State, on this 22nd day of December, 2023 by Ana L. Perez who proved to me on the basis of satisfactory evidence to be the person who appeared before me. **IN WITNESS WHEREOF**, I have hereunto subscribed my name and affixed my official seal.



Renee A Long
NOTARY PUBLIC
Lake County, State of Indiana
Commission Number: 700731
My Commission Expires May 22, 2025

Renee A Long
Notary Public Signature

Renee A Long
Notary Public Printed Name

Send tax statements to:

Ana L. Perez
1404 E 36th Place
Gary, Indiana 46409

I affirm under the penalty of perjury that I have taken reasonable care to redact each social security number in this document unless required by law. /s/ Crystal L. Johnson.

THIS INSTRUMENT WAS PREPARED BY Crystal L. Johnson, Law Office of Crystal L. Johnson, 9800 Connecticut Drive, Suite B1-301, Crown Point, IN 46307, (219) 213-6774 office phone, crystal@cljlawoffice.com at the specific request of owner or the owner's representative and is based solely on information supplied by one or more of those parties and without examination for accuracy. This preparer assumes no liability for any errors, inaccuracy or omissions in this instrument resulting from the information provided. The parties accept this disclaimer by owner's execution of this document.

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000218		EDR No 00001162724		State No 2023-05582			
1. Decedent's Legal Name (First, Middle, Last) Josephine Perez		1a. Maiden Name (if female) Lugo		2. Gender Female	3. Time of Death 10:16 AM	4. Date of Death (Month/Day/Year) 10/22/2023	
5. Social Security Number 78	6a. Age - Yrs 78	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) 05/28/1945	8. Birthplace (City and State or Foreign Country) Humacao, Puerto Rico
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 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. Catherine Hospital - East Chicago	
12. City or Town, State, and Zip Code East Chicago, Indiana 46312		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 Homemaker		17. Kind of Business/Industry Own Home		18. Residence - State IN	
18a. City or Town Lake		18b. City or Town Gary		18c. Apt. No.		18d. Zip Code 46402	
18e. Inmate City Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education High School graduate or GED completed		20. Decedent of Hispanic Origin Yes, Puerto Rican		21. Decedent's Race White	
22. Parent's Name (First, Middle, Last) Raymond Lugo		23. Parent's Name (First, Middle, Last) Lorecadio Lugo		23a. Parent's Last Name Before First Marriage Rivers		24. Informant's Name Ana Perez	
24a. Relationship to Decedent Daughter		24b. Mailing Address (Street and Number, City, State, Zip Code) 1404 E 39th Place, Gary, IN, 46409		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) Ridgeway Cemetery	
25c. Location - City, Town, and State Gary, IN		25d. Place of Disposition		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name and Complete Address of Funeral Facility Ridgeway Funeral Home, Inc. 4201 W Ridge Road, Gary, Indiana, 46408	
27a. Funeral Home License Number FH1020007		27b. Signature of Indiana Funeral Service Licensee Prest L. Brown-Rydzanski		27c. License Number (of Licensee) FD29700012		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.) Immediate Cause (Final Disease or Condition Resulting in Death) A. acute on chronic hypoxemic respiratory failure B. pulmonary fibrosis C. diabetes D. hypertension 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 Approximate Interval - Onset to Death unknown unknown unknown unknown	
28. 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 checked="" type="checkbox"/> Probably <input 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"/> No Pregnant, But Pregnant Within Last Year (Specify)		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. Location of Injury - State		36a. City or Town		36b. Street & Number		36c. Apt. No.	
36d. Zip Code		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Describe How Injury Occurred		39. If Transportation Injury, Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40. Signatures of Person Certifying Cause of Death: Gina M. Adams		41. Signature of Indiana Funeral Service Licensee Prest L. Brown-Rydzanski		42. Death Certificate Only One <input checked="" type="checkbox"/> Cert by Physician <input type="checkbox"/> Other <input type="checkbox"/> Health Officer		43. Date Entered 10/30/2023	
43. Name, Address and Zip Code of Person Certifying Cause of Death: Bruna Arunategui 9696 Gordon Dr, Highland, IN 46322		44. Additional Funeral Service Provider		45. For Registrar Only - Death Filed (Month/Day/Year) 10/31/2023		46. Date Entered	
46. Signature of Local Health Officer: Paula Benclik, M.D.		47. Signature of Indiana Funeral Service Licensee: Prest L. Brown-Rydzanski		48. For Registrar Only - Death Filed (Month/Day/Year) 10/31/2023		49. Date Entered	

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)