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NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
)
 COUNTY OF LAKE)

GINA PIMENTEL
 RECORDER

STATE OF INDIANA
 LAKE COUNTY
 RECORDED AS PRESENTED

2024-002723
 4:04 PM 2024 Jan 26

AFFIDAVIT OF DEVOLUTION OF REAL ESTATE

The Affiant, TERESA AVILA, being first duly sworn, upon an oath, depose and say as follows:

1. The Affiant is an heir of MARTIN AVILA who died on December 5, 2020, intestate.

2. MARTIN AVILA acquired title to the following described real estate situated in Lake County, Indiana, to-wit:

Lot 34 in Block 24 in a Subdivision on that part of the West 3/7 of the Southwest 1/4 of Section 29, lying South of Chicago Ave. and part of Blocks 3, 13,14, 15 and 16 of the Subdivision of the North 70.98 acres of the Southwest 1/4 of Section 29, Township 37 North, Range West of the Second Principal Meridian, in the City of East Chicago, as per plat thereof recorded February 16, 1891 in Plat Book 2, Page 41, in the Office of the Recorder of Lake County, Indiana,

Address of Property: 4853 Walsh, East Chicago, Indiana. 46312

Parcel No: 45-03-29-356-025.000-024

(referred to hereinafter, the "Real Estate: but the tax parcel number and property address are provided for informational purposes only and are not part of the description of the Real Estate) by a Deed recorded September 5, 1997 as Document No. 97963215, in the Office of the Recorder of Lake County Indiana

2A. That the most recently recorded instrument on the parcel was a Transfer And Assignment recorded January November 12, 1997 as Document No. 97077236 purporting to convey the interest

3. MARTIN AVILA died intestate on December 5, 2020, leaving two (2) heirs, namely TERESA AVILA, surviving spouse, and his son, JAVIER AVILA MIRANDA; all of said heirs are competent adults and JAVIER AVILA is the only child born to MARTIN AVILA. No children were ever adopted by him.

4. Title to the Real Estate was immediately vested in TERESA AVILA and JAVIER AVILA MIRANDA, as his sole heirs, upon MARTIN AVILA's death, by

FILED

JAN 26 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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30186
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operation of the law in accordance with IC 29-1-7-23, subject to the power of a personal representative to divest title under the requirement of IC 29-1-7-15.1.

5. 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 any administrator under IC 29-1-7-5 within five months after MARTIN AVILA's death, nor did the Clerk issue letters testamentary or letters of administration within seven months after MARTIN AVILA's death, so the power of a personal representative to divest title expired automatically as a matter of law under IC 29-1-7-15.1(b), and title is now invested indefeasibly in the names of TERESA AVILA and JAVIER AVILA MIRANDA.

6. This Affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor to Transfer the Real Estate to the names of TERESA AVILA and JAVIER AVILA MIRANDA, upon the Lake County Auditor's real estate transfer records.

FURTHER AFFIANT SAYETH NOT.

Dated this day 25th of January, 2024.
TERESA AVILA

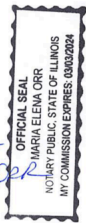
STATE OF INDIANA, COUNTY OF LAKE) SS:

Before me, a Notary Public in and for said County and State, this 25th day of January, 2024, personally appeared TERESA AVILA, who swore to the truth of the representations contained herein and acknowledged the execution of the above and foregoing Devolution of Death and Affidavit for Transfer of Real Estate to be their free and voluntary act and deed.

Commission Expires:

3-3-2024

Shana Rene Orr
Notary Public
Printer Name: Maria Elena Orr
County of Residence: Lake



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.

Signature: W Lee Newell
Printed Name: W Lee Newell

This Affidavit was prepared by W. LEE NEWELL, JR., whose address is 2540 Ridge Road, Lansing, Illinois 60438, whose telephone number is 708-891-6200, whose fax number is 708-891-0809.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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Local No 000323

EDR No 00000823461

State No

1. Decedent's Legal Name (First, Middle, Last) MARTIN AVILA MENDEZ		1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 03:51 AM		4. Date Of Death (Month/Day/Year) 12/05/2020	
5. Social Security Number (5a. Age - Yrs 59)		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) 02/03/1961		8. Birthplace (City and State or Foreign Country) MICHOACAN, MX		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) ST GATHERINE HOSPITAL INC				12. City Or Town, State, And Zip Code		13. County Of Death LAKE		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		15a. Last Name Before First Marriage MIRANDA		16. Decedent's Usual Occupation GENERAL LABOR		17. Kind Of Business/Industry LTV STEEL CO			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town EAST CHICAGO		18c. Street And Number 4853 WALSH AVENUE		18d. Apt. No. 1	
18e. Zip Code 46312		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO		21. Decedent's Race White	
22. Parent's Name (First, Middle, Last) JESUS GONZALEZ AVILA		23. Parent's Name (First, Middle, Last) JENOVEVA MENDEZ		23a. Parent's Last Name Before First Marriage QUINTERO		24. Informant's Name TERESA AVILA			
24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 4853 WALSH AVENUE APT 1, EAST CHICAGO, IN 46312		25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ELMWOOD CEMETERY		25c. Location - City, Town, And State HAMMOND, IN			
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):		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ACEVEZ FUNERAL HOME INC, 4918 MAGOUN AVE., EAST CHICAGO, IN 46312		27a. Funeral Home License Number FH11700007			
27b. Signature Of Indiana Funeral Service Licensee: ROBERT A. ACEVEZ, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee: FD20200096		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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. COVID 19 VIRAL PNEUMONIA (Use 10 to 14 as a Companion Code) Secularly 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. MULTIORGAN SYSTEM FAILURE (Use 10 to 14 as a Companion Code) C. AKI (Use 10 to 14 as a Companion Code) D. ACUTE RESPIRATORY FAILURE (Use 10 to 14 as a Companion Code)					
28. Part II. Enter Other Significant Conditions Contributing To Death (But Not Resulting In The Underlying Cause Given In Part I) PNEUMOTHORAX		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 checked="" 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"/> 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 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"/> Suicide <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury	
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 checked="" type="checkbox"/> No		38. City Or Town	
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: VATSAL PATEL, BY ELECTRONIC SIGNATURE		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: VATSAL PATEL, 4321 FIR ST, EAST CHICAGO, IN 46312	
44. Additional Funeral Service Provider: PAULA BENCHIK-ABRINKO, VIA ELECTRONIC SIGNATURE		45. Date Certified 12/11/2020		46. For Registrar Only - Date Filed (Month/Day/Year): DEC 14 2020		47. "AKA"			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTIMATE: 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.

STATE OF INDIANA