

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

## FILED

Feb 01 2024 LM  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

### DEVOLUTION AFFIDAVIT

RENEE EMERSON (Affiant), having been duly sworn according to law, states:

1. That JOHNNIE MAE WILSON died intestate on January 13, 1992, in Lake County, Indiana.
2. That TOMMIE LEE BIBBS-CHAPMAN died intestate on January 14, 1995 in Lake County, Indiana.
3. I am the decedent, JOHNNIE MAE WILSON's daughter and the decedent, TOMMIE LEE BIBBS-CHAPMAN's granddaughter.
4. JOHNNIE MAE WILSON and TOMMIE LEE BIBBS-CHAPMAN each held 50% interest in the following property owners under a DECREE OF FINAL DISTRIBUTION recorded on May 17, 1973.

**LEGAL DESCRIPTION:** IRONWOOD UNIT A N. 1 FT. OF L.32 OF L.32 BL. 10 ALL L.33 BL.10 S. 11 FT.OF L.34 BL.10

**PARCEL NO:** 45-08-15-201-008.000-004

**COMMONLY KNOWN AS:** 2147 Georgia St., Gary, Indiana 46407

5. Upon the death of JOHNNIE MAE WILSON and TOMMIE LEE BIBBS-CHAPMAN, their interest in the above-described real property passed to and vests in their heirs, RENEE EMERSON, MARGARET MITCHELL, DERRICK WILSON, and MELVA MOSLEY, pursuant to IC 29-1-2-1, as follows:

Renee Emerson	Daughter/Granddaughter	25% interest	2900 W. 19 <sup>th</sup> Pl. Gary, Indiana 46404
Margaret Mitchell	Daughter/Granddaughter	25% interest	6457 Taney Pl. Gary, Indiana 46410

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Derrick Wilson	Son/Grandson	25% interest	200 Guerrero St. San Francisco, California 94103
Melva Mosley	Daughter/Granddaughter	25% interest	7323 Ash Pl. Gary, Indiana 46403

6. The decedents 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).
9. That this Affidavit is made to induce the Auditor of Lake County to change the tax records so as to show that RENEE EMERSON, MARGARET MITCHELL, DERRICK WILSON, and MELVA MOSLEY became the joint owners with rights of survivorship of the aforementioned real estate as a result of the death of JOHNNIE MAE WILSON and TOMMIE LEE BIBBS-CHAPMAN.

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.

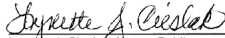
January 11, 2024  
Date

  
AFFIANT: RENEE EMERSON

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STATE OF INDIANA        )  
                                      ) SS:  
COUNTY OF LAKE        )

BEFORE ME, a Notary Public, in and for said County and State, personally appeared Renee Emerson who acknowledged the execution of the foregoing Affidavit this 14th day of January 2024. **IN WITNESS WHEREOF**, I have hereunto subscribed my name and affixed my official seal.



Lynette J. Cieslak, Notary Public  
Commission Number: NPO720006  
Expiration Date: 4/25/27

Send tax statements to:                               Renee Emerson  
  2900 W. 19<sup>th</sup> Pl.  
  Gary, Indiana 46404

*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/ Aimbriell D. Holmes.*

THIS INSTRUMENT WAS PREPARED BY Aimbriell D. Holmes, Holmes Law, LLC, 9800 Connecticut Drive, Crown Point, IN 46307, (219) 260-4184, [Aimbriell.Holmes@hollmes.com](mailto:Aimbriell.Holmes@hollmes.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, inaccuracies or omissions in this instrument resulting from the information provided. The parties accept this disclaimer by owner's execution of this document.



Property of Lake County Recorder

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INFORMATION STATE: This form is for use by the State Health Department. It is voluntary and there will be no penalty for refusal.  
Local No. 95-0041

## INDIANA STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

State No. \_\_\_\_\_

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IO 18-119-3

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED-NAME (Print Made Last) <b>Tommie Lee BIBBS-CHAPMAN</b>		2. SEX <b>Female</b>	3a. TIME OF DEATH <b>4:12PM</b>	3b. DATE OF DEATH (Month Day Year) <b>January 14, 1995</b>		
	4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) <b>80</b>	5b. MARRIED 1 YEAR Months Days <b>19 19</b>	5c. MARRIED 1 YEAR Months Days <b>19 19</b>	6. DATE OF BIRTH (Mo Day Yr) <b>Nov 28, 1904</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Covington, GA 30209</b>
DECEDENT	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES <b>N/A</b>		9. PLACE OF DEATH (Check only one. See INSTRUCTIONS) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
	10. FACILITY NAME (If not institution, give street and number) <b>Methodist Northlake</b>			11. CITY/TOWN OR LOCATION OF DEATH <b>Gary</b>		12. COUNTY OF DEATH <b>Lake</b>	
PARENTS	10. MARITAL STATUS (Specify) <b>Widowed</b>		11. SURVIVING SPOUSE (If wid, give maiden name) <b>NONE</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Housewife</b>		12b. KIND OF BUSINESS INDUSTRY <b>Homemaker</b>
	13a. RESIDENCE - STATE <b>IN</b>		13b. COUNTY <b>Lake</b>		13c. CITY/TOWN OR LOCATION <b>Gary</b>		13d. STREET AND NUMBER PLACE <b>2900 West 19th Place</b>
INFORMANT	14a. ZIP CODE <b>46404</b>		14b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14c. CITIZEN OF WHAT COUNTRY? <b>USA</b>		14d. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)
	14e. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE - American Indian, Black, White, etc. (Specify) <b>Afro Amer</b>		17. DECEDENT'S EDUCATION (Specify any highest grade completed) Elementary/Secondary (9-12) <b>06</b> College (1-4 or 5+)		
DISPOSITION	16. FATHER'S NAME (First, Middle, Last) <b>Felix Belcher</b>			18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Bertha Morgan</b>			
	20a. INFORMANT'S NAME (Type Print) <b>Renee Darcel Emerson</b>			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2900 West 19th Place, Gary, IN 46404</b>			20c. Relationship <b>Granddaughter</b>
CAUSE OF DEATH	21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>Jan 21, 1995 Oak Hill Memorial Park</b>			21c. LOCATION - City or Town State <b>Gary, IN</b>	
	22a. EMBALMER'S NAME <b>Sherman G. Banks</b>		22b. EMBALMER'S LICENSE NO. <b>FDE1016254</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
CERTIFIER	24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sherman G. Banks</i>		24b. LICENSE NUMBER (If Licensed) <b>FDO1011822</b>		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>FH-88600011 Smith Bizzell &amp; Warner 4208 Garfield Street - Gary, IN 46408</b>		
	26. PART 1 Enter the stresses, traumas or conditions that caused the death. Do not enter extraneous items such as conduct or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death						
HEALTH OFFICER	IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Sepsis</b>		a. DUE TO OR AS A CONSEQUENCE OF <b>Renal Failure</b>				
	Consider if any such gave rise to the immediate cause stating the underlying cause last		b. DUE TO OR AS A CONSEQUENCE OF <b>Congestive heart failure</b>				
CERTIFIER	PART 2. Other significant conditions - Conditions contributing to death but not previously stated in Part 1.						
	27. WAS DECEDENT PRESENT ON 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CARE OF DEATH? (Yes or no) <b>No</b>		
HEALTH OFFICER	30a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated.		32b. SIGNATURE AND TITLE OF CERTIFIER <i>Sherman G. Banks</i>		32c. MEDICAL LICENSE NO. <b>01032180</b>		32d. DATE SIGNED (Month Day Year) <b>1/17/95</b>
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 3b (Type Print) <b>Dr. Surendra J. Shah, 510 West 5th Avenue, Gary, IN 46404</b>		31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				
HEALTH OFFICER	33. MANNER OF DEATH <input type="checkbox"/> Injury <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		34. DATE OF INJURY (Month Day Year)		35. TIME OF INJURY		36. INJURY AT WORK? (Yes or no) <b>No</b>
	34a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		37. LOCATION (Street and Number or Rural Route Number City or Town State)				
34b. DATE PROMOUNCED DEAD (Month, Day, Year)		34c. MOTOR VEHICLE ACCIDENT? (Yes or no) (If yes specify street, crossstreet, intersection, etc.) <b>No</b>					

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

4263588



1. Decedent's Legal Name (First, Middle, Last) <b>JOHNNIE MAE WILSON</b>		1a. Maiden Name (if female)		2. Gender <b>Female</b>		3. Time of Death <b>03:00 PM</b>		4. Date of Death (Month/Day/Year) <b>01/13/1992</b>			
5. Social Security Number <b>66</b>		6a. Age - Yrs <b>66</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours			
7. Date of Birth (Month/Day/Year) <b>04/28/1925</b>		8. Birthplace (City and State or Foreign Country) <b>Illinois</b>									
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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)											
12. City or Town, State, and Zip Code <b>Gary, Indiana</b>					13. County of Death <b>Lake</b>		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			15. Decedent's Usual Occupation		17. Kind of Business/Industry			
16. Residence - State <b>IN</b>			16a. County <b>Lake</b>		16b. City or Town <b>Gary</b>						
16c. Street and Number <b>2900 W 19th Place</b>			18d. Apt. No.		18e. Zip Code <b>46404</b>		18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education <b>Unknown</b>			20. Decedent of Hispanic Origin			21. Decedent's Race <b>Black or African American</b>					
22. Parent's Name (First, Middle, Last) <b>JOHN W BIBBS</b>			23. Parent's Name (First, Middle, Last)			23a. Parent's Last Name Before First Marriage <b>BELCHER</b>					
24. Informant's Name			24a. Relationship To Decedent		24b. Mailing Address (Street and Number, City, State, Zip Code)						
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)			25c. Location - City, Town, and State						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address of Funeral Facility			27a. Funeral Home License Number						
27b. Signature of Indiana Funeral Service Licensee: <b>Electronically Signed</b>					27c. License Number (of Licensee):						
28. Part I. Enter the <u>Chain of Events</u> - Diseases, Injuries, or Complications - That Directly Caused the Death. <u>DO NOT</u> 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. _____ B. _____ C. _____ D. _____  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											
29. Was an Autopsy Performed? <input type="checkbox"/> Yes <input 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 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"/> And 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 Past Year		33. 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				37. Injury At Work? <input type="checkbox"/> Yes <input 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, Worked Area)				38c. Apt. No.		38d. Zip Code	
35. Location Of Injury - State		38a. City Or Town		38b. Street & Number				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
39. Describe How Injury Occurred											
41. Signature, of Person Certifying Cause of Death: <b>Electronically Signed</b>					42. Certifier (Check Only One) <input 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:					44. License Number		45. Date Certified <b>99/99/9999</b>				
46. Additional Funeral Service Provider:					47. *Age:						
48. Signature of Local Health Officer: <b>W/CARDO HODD</b>					49. For Registrar Only - Date Filed (Month/Day/Year): <b>01/20/1992</b>						
<b>Electronically Signed</b>											
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>											

State Form 5399E 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 TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.