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STATE OF INDIANA )  
 ) SS  
COUNTY OF LAKE )

## DEVOLUTION AFFIDAVIT

The undersigned, Parnell Jordan. (the "Affiant" being duly sworn on oath states that):

1. He is the surviving heirs(s) (the Decedent(s) of Irene E. Dorsey a.k.a. Irene Elizabeth Dorsey who died August 27, 2022 while domiciled in Lake County Indiana
2. Pursuant to a Quitclaim Deed dated December 10, 2010 in the Office of the Recorder on December 12, 2010 instrument number 2010-073412, Irene E. Dorsey Grantor(s) to Grantee(s) Irene E. Dorsey & Parnell Jordan in the Recorder of Lake County, Indiana
3. The Real Estate is Located in Lake County Indiana and describes by property tax parcel and legal description as follows:  
  
Meadowland Estates unit Number 2 South 50 Feet of Lot 14 Block K North 25 feet of Lot 15 in Block K in Plat Book 30 Page 95 in the Recorder's Office of Lake County, Indiana  
  
Property Number: 45-12-04-232-003.000-031  
  
Commonly known as: 5325 Adams Merrillville, In 46410
4. The last instrument recorded in the office of the Recorder of Lake County, Indiana regarding this real estate, was a Quitclaim Deed dated December 10, 2010 in the Office of the Recorder on December 12, 2010 instrument number 2010-073412.
5. The Decedent(s) died intestate, leaving as the decedent's heir (s) through intestate transfer under I.C. § 29-1-2-1 the following persons by percentages(s) or fractions(s).
  - 5.1 Pursuant to I.C. § 29-1-2-1, to 100% to Parnell Jordan, the Decedent's only son, whose address is 5325 Adams Street Merrillville In 46410; and there are no other children of the deceased child or any other surviving children.
6. The Decedent(s) Title Interests devolved to the Heir(s) immediately and automatically as a matter of the law under I.C. § 29-1-7-23 upon the decedent's death.
7. As of this date
  - 7.1 The Decedent owned no obligations to creditors and there is no federal estate tax due and owing as consequence of the Decedent's death as of this date.
  - 7.2 At least 7 months have passed.

25  
cash  
LK

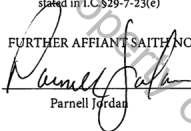
**FILED**

FEB 13 2024

# NOT AN OFFICIAL DOCUMENT

- 7.3 No letters testamentary or letters of administration have been issued to a court appointed personal representative for Decedent within the time limits, specified under I.C.§29-1-7-15. (d)
- 7.4 A probate court has not issued findings and an Accompanying order preventing the limitations in from applying to the Real Estate I.C.§29-1-7-15. 1 (b)
8. The purpose of this affidavit is to induce the Auditor of Lake County, Indiana to endorse the Affidavit and record it as a title of transfer in the Auditor real estate ownership records as an instrument that exempt from the requirements to file a sale disclosure under IC§ 29-1-7-23(c) and direct the Recorder of Lake County, Indiana to record the Affidavit and index it to the Latest Recorded Instrument in the Recorder index records.
9. The Affiant affirmed the truth of the representations in this Affidavit under for penalty for perjury and authorizes and person to rely upon this Affidavit as evidence of an effective transfer of title of record (as defined in I.C.§32-20-3-1) as stated in I.C.§29-7-23(e)

FURTHER AFFIANT SAITH NOT.

  
\_\_\_\_\_  
Parnell Jordan

STATE OF INDIANA)

) SS:

COUNTY OF LAKE )

Before me, a Notary Public, in and for said County and State this 4<sup>th</sup> day of February 2024, personally appeared Parnell Jordan and acknowledged the execution of the above and foregoing instrument to be his/her free and voluntary act and deed for the uses and purposes set forth therein.

WITNESS my hand and notarial seal this 4<sup>th</sup> day of February, 2024.





Lolita M. Davis, Notary Public  
A Resident of Lake County

My Commission Expires:

\_\_\_\_\_  
February 22, 2026

I AFFIRM UNDER THE PENALTIES FOR PERJURY that the above and foregoing Representations are true and correct to best of my knowledge and belief and no Social Security number in this document, unless required by law. P.J. Prepared by June Mae

Grantee Taxes:  
Parnell Jordan  
5325 Adams Street  
Merrillville, In 46410

NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 391106

Local No 003820

EDR No 000011424672

State No 2022-053377

1. Decedent's Legal Name (First, Middle, Last) Irene Elizabeth Dorsey				2a. Maiden Name (If female) Harris		3. Gender Female	3. Time of Death 04:30 PM	4. Date of Death (Month/Day/Year) 08/27/2022			
5. Social Security Number [REDACTED]		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) 08/10/1944		8. Birthplace (City and State or Foreign Country) Birmingham, Alabama		
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) Methodist Hospital Ino-Slake Campus						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 Lab Technician		17. Kind Of Business/Industry Steel			
18. Residence - State IN		18a. County Lake		18b. City Or Town Merrillville		18c. Street And Number 5325 Adams Street	18d. Apt. No.	18e. Zip Code 46410	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education Some college, but no degree			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race Black or African American					
22. Parent's Name (First, Middle, Last) Robert Harris			23. Parent's Name (First, Middle, Last) Irene Harris			23a. Parent's Last Name Before First Marriage Jackson					
24. Informant's Name Pamell Jordan			24a. Relationship To Decedent Son			24b. Mailing Address (Street And Number, City, State, Zip Code) 5325 Adams Street, Merrillville, IN, 46410					
25a. Method Of Disposition <input 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) Ridgelawn Cemetery			25c. Location - City, Town, And State Gary, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Ridgelawn Funeral Home, Inc. 4201 W Ridge Road, Gary, Indiana, 46408			27a. Funeral Home License Number FH10200007					
27b. Signature Of Indiana Funeral Service Licensee Ayu L. Brown-Robinson			27c. License Number (Of Licensee) FD29700012			Electronically Signed					
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 Abreviate. Enter Only One Cause On This Line. Add Additional Lines If Necessary.											
Immediate Cause (Final Disease Or Condition Resulting In Death)											
A. Cardio Pulmonary Arrest											
B. Diabetes Mellitus											
C. Hypothyroidism											
D. Chronic Renal Disease on Dialysis											
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											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I											
N/A											
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 42 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The 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			34. Date Of Injury (Month/Day/Year)		
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			35. Place Of Injury (U.S., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
36. Location Of Injury - State			36a. City Or Town		36b. Street & Number		36c. Apt. No.	36d. 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 <input type="checkbox"/> Non-Fatal <input checked="" type="checkbox"/> FATAL <input type="checkbox"/> UNUSUS					
41. Signature, Of Person Certifying Cause Of Death Richard S Longley						Electronically Signed			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: Richard S Longley 8939 Broadway, Merrillville, IN 46410						44. License Number 01030338A		45. Date Certified 09/28/2022			
46. Signature of Local Health Officer: Candana Varela						Electronically Signed			49. For Registrar Only - Date Filed (Month/Day/Year) 09/28/2022		

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

JAN 25 2024