

# NOT AN OFFICIAL DOCUMENT

The mailing address to which tax bills and statements should be mailed under IC 6-1.1-22-8.1 is:

John Hanas  
530 169<sup>th</sup> Street  
Hammond, IN 46324-1955

## FILED

STATE OF INDIANA )  
                                  )  
COUNTY OF LAKE )

FEB 13 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

### DEVOLUTION AFFIDAVIT

Comes now **JOHN HANAS**, who being first duly sworn upon oath, states as follows:

1. Affiant **JOHN HANAS** is the surviving husband of decedent **BERTHA B. HANAS**, and has personal knowledge of the facts set forth herein below.

2. Affiant **JOHN HANAS** and **BERTHA B. HANAS** were husband and wife at the time they acquired title as tenants by the entireties to real estate commonly known as **530 169<sup>th</sup> Street, Hammond, Indiana 46324-1955** by WARRANTY DEED dated August 13, 1985, recorded on August 20, 1985 as Document Number 1985-816306, in the Office of the Lake County Recorder, the legal description for which real estate is as follows:

**Lot 1 in Block 1 in Jackson Terrace, in the City of Hammond, as per plat thereof, recorded in Plat Book 16 page 12, in the Office of the Recorder of Lake County, Indiana.**

**(Lake County Parcel Number: 45-06-12-403-001.000-023)**

3. That the marital relationship which existed between **JOHN HANAS** and **BERTHA B. HANAS** was dissolved on June 10, 2005 in a proceeding pending in the Lake County Indiana Superior Court, Room 3, located in Gary, Indiana under Cause Number 45D03-0406-DR-00560, and pursuant to which proceedings decedent **BERTHA B. HANAS** was to quit claim any interest she had in the subject real estate to affiant **JOHN HANAS**.

4. While Decedent **BERTHA B. HANAS** never did execute said quit claim deed, her interest in the subject real estate was eliminated pursuant to Property Settlement Agreement adopted by the Summary Dissolution Decree entered on June 10, 2005 in the Lake County Indiana Superior Court, Room 3, located in Gary, Indiana under Cause Number 45D03-0406-DR-00560.

5. The parties later became re-married to each other, and they remained married to each other thereafter continuously until the death of **BERTHA B. HANAS** on July 31, 2010.

GINA PIMENTEL  
RECORDER

**2024-006223**

STATE OF INDIANA  
LAKE COUNTY

10:21 AM 2024 Feb 13

RECORDED AS PRESENTED

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7166  
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A redacted copy of the Death Certificate for **BERTHA B. HANAS** is attached hereto as **Exhibit "A"**.

6. As the surviving spouse of decedent **BERTHA B. HANAS**, **JOHN HANAS** was entitled to a survivor's allowance of \$25,000.00 pursuant to **Indiana Code §29-1-4-1**, which he has and does hereby elect to assert against any interest that the decedent might have been determined to have in the subject real estate by virtue of her remarriage to affiant John Hanas.

7. No Letters Testamentary or Letters of Administration have been issued to a Court Appointed Personal Representative for the estate of decedent **BERTHA B. HANAS** within the time limits specified under Section 15.1(b) of Chapter 29 of the Indiana Code.

8. That in addition, no Probate Court has issued Findings and an accompanying Order preventing the limitations in Section 15.1(b) of Chapter 29 from applying to the decedent's real property, including the subject real estate, to whatever extent her interest therein might have existed at the time of her death solely by virtue of her remarriage to Affiant John Hanas.

9. That the gross value of the taxable estate of decedent **BERTHA B. HANAS**, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return, and the decedent's estate was not subject to Federal Estate Taxes. That the decedent's estate is also not subject to Indiana Inheritance Taxes, as she died more than ten years ago. That all funeral expenses in connection with the death of said **BERTHA B. HANAS** have been paid in full.

10. That the purpose of this Affidavit is to induce the Lake County Auditor to transfer said property solely and entirely into the name of Affiant **JOHN HANAS**.

**FURTHER THE AFFIANT SAYETH NAUGHT.**

**IN WITNESS WHEREOF**, the said **JOHN HANAS** has hereunto set his hand and seal this **11<sup>th</sup>** day of **January**, 2024.

  
\_\_\_\_\_  
**JOHN HANAS**

STATE OF INDIANA     )  
  )  
COUNTY OF LAKE     )

# NOT AN OFFICIAL DOCUMENT

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared **JOHN HANAS**, who acknowledged the execution of the foregoing Devolution Affidavit this **11<sup>th</sup> day of January, 2024**.

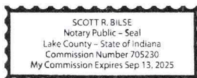
WITNESS my hand and notarial seal.

My Commission Expires: 9/13/2025  
Resident of Lake County  
My Commission Number: 705230

  
Scott R. Bilse, Notary Public

This instrument prepared by:

Scott R. Bilse, Attorney #13926-45  
ABRAHAMSON, REED & BILSE  
8230 Hohman Avenue  
Munster, Indiana 46321  
(219) 595-5306, ext. 224



**SOCIAL SECURITY REDACTION:** 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.

-Scott R. Bilse-



EXHIBIT A

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 000064

State No. 030472

1. Decedent's Legal Name (Print, Middle, Last) <b>Bertha Bernice Hanas</b>		1b. Maiden Last Name (If Female) <b>Wright</b>		2. Sex <b>Female</b>	3. Time of Death <b>03:55 PM</b>	4. Date of Death (Month/Day/Year) <b>7/31/2010</b>			
5. Social Security Number <b>REDACTED</b>	6a. Age Yrs <b>77</b>	6b. Month <b>March</b>	6c. Day <b>Days</b>	8a. Under 1 Month <b>Hours</b>	8b. Under 1 Year <b>Minutes</b>	7. Date of Birth (Month/Day/Year) <b>3/18/1933</b>	8. Birthplace (City/State or Foreign Country) <b>Gellespie IL</b>		
9. Ever in U.S. Armed Forces <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				10. Death Occurred in A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				11a. If Death Occurred Somewhere Other Than A Hospital Home Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/ Hosp.	
11. Family Name (If Institution, Give Street And Number) <b>W. State Rd 10 @ N 108 Rd W</b>									
12. City or Town, State, and Zip Code <b>Lake Village IN</b>				13. County of Death <b>Newton</b>		14. Marital Status At Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>None</b>		16a. (If Male) Give Maiden Last Name		16b. Decedent's Usual Occupation <b>Office</b>		17. Kind of Business/Industry <b>Health Care</b>			
18. Residence - State <b>Indiana</b>		18a. County <b>Newton</b>		18b. City or Town <b>DeMotte</b>		19. "99999" City Letter <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
19c. Street And Number <b>8866 E 400 N</b>		19d. Apt. No.		19e. Zip Code <b>46310</b>		19f. "99999" City Letter <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
20. Decedent's Education <b>High school graduate/GED completed</b>		20a. Decedent of Hispanic Origin <b>No</b>		21. Decedent's Race <b>White/Caucasian</b>					
22. Father's Name (Print, Middle, Last) <b>Walter Wright</b>				23. Mother's Name (Print, Middle, Last) <b>Dorothy Wright</b>					
24. Decedent's Name <b>Rhonda Pressnell</b>		24a. Relationship to Decedent <b>Daughter</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4270 N 800 W Fair Oaks IN 47943</b>					
25a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Point of Disposition (Name of Cemetery, Crematory, Other Place) <b>Midwest Cremation</b>		25c. Location - City, Town, And State <b>LaPorte IN</b>					
26. Was Coroner Autopsied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address of Funeral Facility <b>Jackson Funeral Service - Demotte P.O. Box 681 Demotte IN 46310</b>		28. Funeral Home License Number <b>FD89000009</b>					
29. Signature of Indiana Funeral Service Licensee 		30. Name <b>Henry C. Smith</b>		31c. License Number (Of Licensee) <b>FD20000360</b>					
<b>Cause of Death (See Instructions And Examples)</b>									
29. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Omit 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>Blunt force trauma to head, neck, and chest</b> <span style="float: right;">Approximate Interval: <b>Chisel To Death</b></span>									
B. <b>Rib fractures to left chest</b> <span style="float: right;">Approximate Interval: <b>Acute</b></span>									
C. _____									
D. _____									
Part 3. Enter Other Significant Conditions Contributing To Death (but Not Resulting In The Underlying Cause Given in Part I)						32. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
33. Were Any Other 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"/> No <input type="checkbox"/> Not Known		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 1 Year After Death		33. Manner of Death: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Unnatural (Specify)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. Date of Injury (Month/Day/Year) <b>7/31/2010</b>		35. Time of Injury <b>1459 pm</b>		36. Place of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>WEST STATE ROAD 10 @ NORTH 108 RD WEST</b>		38. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. Location of Injury - State <b>INDIANA</b>		39a. City or Town <b>LAKE VILLAGE</b>		39b. Street & Number		39c. Apt. No. <b>46349</b>			
39. Describe How Injury Occurred <b>Restrainted driver. Impact to driver side</b>				40. If Transportation Injury, Specify: <input type="checkbox"/> Other Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature of Person Certifying Cause of Death: 				42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code of Person Certifying Cause of Death: <b>PO Box 428 Morocco, IN 47943</b>				44. License Number		45. Date Certified <b>8/2/2010</b>			
46. Additional Funeral Service Provider:				47. "A" Code					
48. Signature of Local Health Officer: 				48. For Registrar Only - Date Filed (Month/Day/Year): <b>Aug. 4, 2010</b>					