

2024-02-13 11:34 AM
TOTAL FEES: 25.00
BY: JAS
PG #: 5
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

DEVOLUTION AFFIDAVIT

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

1. That JOHNNIE MAE WILSON (also known as WILSON JOHNNIE CHAPMAN) died intestate on January 13, 1992, in Lake County, Indiana.
2. That TOMMIE LEE BIBBS-CHAPMAN (also known as TOMMIE L. CHAPMAN) died intestate on January 14, 1995 in Lake County, Indiana.
3. I am the decedent, JOHNNIE MAE WILSON's (also known as WILSON JOHNNIE CHAPMAN's) daughter and the decedent, TOMMIE LEE BIBBS-CHAPMAN's (also known as TOMMIE L. CHAPMAN's) granddaughter.
4. JOHNNIE MAE WILSON (also known as WILSON JOHNNIE CHAPMAN) and TOMMIE LEE BIBBS-CHAPMAN (also known as TOMMIE L. 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 (also known as WILSON JOHNNIE CHAPMAN) and TOMMIE LEE BIBBS-CHAPMAN (also known as TOMMIE L. 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:

FILED

Feb 13 2024 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

NOT AN OFFICIAL DOCUMENT

Renee Emerson	Daughter/Granddaughter	25% interest	2900 W. 19 th Pl. Gary, Indiana 46404
Margaret Mitchell	Daughter/Granddaughter	25% interest	6457 Taney Pl. Gary, Indiana 46410
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 (also known as WILSON JOHNNIE CHAPMAN) and TOMMIE LEE BIBBS-CHAPMAN (also known as TOMMIE L. 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

Renee Emerson

AFFIANT: RENEE EMERSON

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

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 11th 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. 19th 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/ Aimbréll D. Holmes.

THIS INSTRUMENT WAS PREPARED BY Aimbréll D. Holmes, Holmes Law, LLC, 9809 Connecticut Drive, Crown Point, IN 46307, (219) 200-1184, Aimbréll.Holmes@2020ml.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

-1-
 * AT END OF ESTIMATE: Check sure of the
 SSA use it and return our responsibilities
 is voluntary and there will be no penalty for
 refusal.

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH

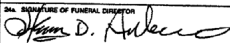
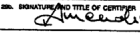
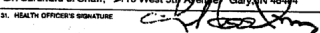
Local No. 95-0041

CERTIFICATE OF DEATH

State No. _____

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IO 16-1-10-3

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK

1. DECEASED NAME (Print Middle Last) Tommie Lee BIBBS-CHAPMAN		2. SEX Female		3a. TIME OF DEATH 4:12PM		3b. DATE OF DEATH (Month Day Year) January 14, 1995	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE Last Birthday (Years) 80		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6a. WAS DECEDENT A U.S. VETERAN? No		6b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A		6. DATE OF BIRTH (Mo Day Yr) Nov 28, 1904		7. BIRTHPLACE (City and State or Foreign Country) Covington, GA 30209	
8a. PLACE OF DEATH (Check only one. See instructions.) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> ODA		8b. CITY/TOWN OR LOCATION OF DEATH Gary		8c. COUNTY OF DEATH Lake		8d. KIND OF BUSINESS INDUSTRY	
9a. FACILITY NAME (If not institution, give street and number) Methodist Northlake		9b. CITY/TOWN OR LOCATION OF DEATH Gary		9c. COUNTY OF DEATH Lake		9d. KIND OF BUSINESS INDUSTRY	
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) NONE		12a. DECEDENT'S USUAL OCCUPATION (Show kind of work done during most of working life. Do not use retired) Housewife		12b. KIND OF BUSINESS INDUSTRY Homemaker	
13a. RESIDENCE STATE IN		13b. COUNTY Lake		13c. CITY/TOWN OR LOCATION Gary		13d. STREET AND NUMBER 2900 West 19th Place	
13a. ZIP CODE 46404		13b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	
16. RACE - American Indian, Black, White, etc. (Specify) Alto Amer		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 16)		18. FATHER'S NAME (First, Middle, Last) Felix Belcher		19. MOTHER'S NAME (First, Middle, Maiden Surname) Bertha Morgan	
20a. INFORMANT'S NAME (Type/Print) Renee Darcel Emerson		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2900 West 19th Place, Gary, IN 46404		20c. Relationship Granddaughter			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) Jan 21, 1995 Oak Hill Memorial Park		21c. LOCATION - City or Town State Gary, IN			
22a. EMBALMER'S NAME Sherman G. Banks		22b. EMBALMER'S LICENSE NO. FDE1016284		22c. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
23a. SIGNATURE OF FUNERAL DIRECTOR 		23b. LICENSE NUMBER (of Licensee) FDO1011822		23c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH88900011 Smith Bizzell & Warner 4209 Grant Street, Gary, IN 46408			
24. PART I Enter the disease, trauma, or complication that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Sepsis.		25. IMMEDIATE CAUSE (Final disease or condition resulting in death) Renal Failure		26. Consider if any which gave rise to the immediate cause during the underlying cause list Congenital heart failure		27. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.	
27. WAS DECEDENT PREGNANT ON 80 DAYS PORTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No			
29a. CERTIFIED (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.		30a. SIGNATURE AND TITLE OF CERTIFIER  Dr. Surendra J. Shah, 1410 West 5th Avenue, Gary, IN 46444		30b. MEDICAL LICENSE NO. 101032180		30c. DATE SIGNED (Month Day Year) 1/17/95	
31. HEALTH OFFICER'S SIGNATURE 		32. DATE FILED (Month Day Year) JAN 19 1995		33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		34a. DATE OF INJURY (Month Day Year)	
34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no) No		34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
34f. LOCATION (Street and Number or Rural Route Number City or Town State)		35a. DATE PHOTOGRAPHED DEAD (Month, Day, Year)		35b. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

4263588

Local No

EDR No 000010201841

State No 1992-001656

1. Decedent's Legal Name (First, Middle, Last) JOHNNIE MAE WILSON				1b. Maiden Name (if female)		2. Gender Female		3. Time Of Death 03:00 PM		4. Date Of Death (Month/Day/Year) 01/13/1992	
5. Social Security Number [REDACTED]		6a. Age - Yrs 66		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) 04/28/1925		8. Birthplace (City and State or Foreign Country) Illinois									
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 Gary, Indiana						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 checked="" 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	
18. Residence - State IN			18a. County Lake			18b. City Or Town Gary			18d. Apt. No.		18e. Zip Code 46404
18c. Street And Number 2900 W 19th Place			18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No								
19. Decedent's Education Unknown			20. Decedent Of Hispanic Origin			21. Decedent's Race Black or African American					
22. Parents Name (First, Middle, Last) JOHN W BIBBS				23. Parents Name (First, Middle, Last)				23b. Parents Last Name Before First Marriage BELCHER			
24. Informant's Name				24a. Relationship To Decedent				24b. Mailing Address (Street And Number, City, State, Zip Code)			
25. Place Of Disposition											
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:						Electronically Signed			27c. License Number (Of Licensee):		
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.										Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)											
A. Sub is (or As A Consequence Of):											
B. Sub is (or As A Consequence Of):											
C. Sub is (or As A Consequence Of):											
D. Sub is (or As A Consequence Of):											
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 Finding 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 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"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, Not Pregnant 43 Days To 1 Year Before Death <input checked="" 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)			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. 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"/> Direct Cause <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)											
41. Signature, Of Person Certifying Cause Of Death: Electronically Signed						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			43. Date Certified 99/99/9999		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:											
44. Additional Funeral Service Provider:						44. License Number			47. Alias:		
46. Signature of Local Health Officer: RICARDO HODD						Electronically Signed			48. For Registrar Only - Date Filed (Month/Day/Year): 01/20/1992		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

State Form 53399S 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.

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 FURNED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.