

FILED

Mar 27 2024 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)
SEND TAX BILLS TO/GRANTEE'S ADDRESS:)
2356 W. 19th Place,) PARCEL NO.: 45-08-08-378-014.000-004
Gary, Indiana 46404)

DEVOLUTION AFFIDAVIT

COMES NOW the Affiant, Angela L. Bills, who upon their oath, testifies as follows:

1. I, Angela L. Bills, testify that I am above the age of majority & am competent to testify to, and have personal knowledge of, the information contained in this Affidavit;

2. The Affiant is the daughter of Sheila Bills a.k.a. Sheila M. Bills (the "Decedent"), who died January 5, 2023, while domiciled in Lake County, Indiana;

3. That the Decedent took sole ownership, from Winters Home, Inc., of the below described property on 1st day of October, 1973, pursuant to a Warranty Deed recorded in the Office of the Recorder of Lake County, Indiana, on October 23, 1973, as Document Number 226214;

LOTS 35 & 36 IN BLOCK 1, IN GERMANIA NO. 2 IN TOLLESTON, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2 PAGE 32, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA A.K.A. 2356-62 WEST 19TH PLACE.

Commonly Known As: 2356 W. 19th Place, Gary, Indiana 46404

Parcel Number: 45-08-08-378-014.000-004

4. Angela L. Bills is the heir-at-law and entitled to 100% interest in the property, her current address is 4916 Heathmore Drive West, Indianapolis, Indiana 46237;

5. Angela L. Bills shall hold the property as a Fee Simple owner;

6. The Decedent's Title interest devolved to the Heir at Law Immediately and automatically as a matter of law under I.C. §29-1-7-23 upon the Decedent's Death;

7. The Decedent owed no obligations to creditors that are enforceable against the Real Estate and there is no federal estate tax due and owing as a consequence of the Decedent's death;

I, Angelo Politakis, 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.



ANGELO POLITAKIS

Prepared By:
ANGELO POLITAKIS



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

4068471

Local No 000041

EDR No 00011488432

State No 2023-005693

1. Decedent's Legal Name (First, Middle, Last) Sheila M. Bills	2. Maiden Name (if female) Laws	3. Gender Female	4. Time Of Death (Month/Day/Year) 05:20 AM	5. Month/Day/Year Of Death (Month/Day/Year) 01/05/2023
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6. Social Security Number 80	7a. Under 1 Year 00 Months	7b. Under 1 Month 00 Days	8. Under 1 Day 00 Hours	9. Under 1 Hour 00 Minutes	7. Date of Birth (Month/Day/Year) 04/19/1942	8. Birthplace (City and State or Foreign Country) Gary, Indiana
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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 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)
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11. Facility Name (If Not Institution, Give Street and Number) **2356 W 19th Place**

12. City Or Town, State, And Zip Code Gary, Indiana 46404	13. County Of Death Lake	14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, Not Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
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15. Surviving Spouse's Name	15a. Last Name Before First Marriage	16. Decedent's Usual Occupation Registered Nurse	17. Kind Of Business/Industry Hospital/Healthcare
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18. Residence - State IN	18a. County Lake	18b. City Or Town Gary
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19c. Street And Number 2356 W 19th Place	19d. Apt. No.	19e. Zip Code 46404	19f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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19. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)	20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino	21. Decedent's Race Black or African American
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22. Parent's Name (First, Middle, Last) Judge Laws	23. Parent's Name (First, Middle, Last) Pearl Laws	23a. Parent's Last Name Before First Marriage Ireland
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24. Informant's Name Angela Bills	24a. Relationship To Decedent Daughter	24b. Mailing Address (Street And Number, City, State, Zip Code) 4816 Heathmore Drive W, Indianapolis, IN, 46237
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25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) Oak Hill Crematory	25c. Location - City, Town, And State Gary, IN
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility Smith Bizzell Warner Funeral Home 4209 Grant Street, Gary, Indiana, 46408	27a. Funeral Home License Number FH1050008
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27b. Signature of Indiana Funeral Service Licensee <i>Sylvester O'Neal</i>	27c. License Number (Of Licensee) FD09200053
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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 Specifying 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. Cerebral ischemia B. sudden cardiac death C. D.	Approximate Interval: Onset To Death 5 minutes unknown
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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
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31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input 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, Not Pregnant Within Past Year <input type="checkbox"/> Pregnant, Not Pregnant Within 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
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34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.g., Decedent's Home, Construction Site, Park, Retail, Wooded Area)	37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
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39. Describe How Injury Occurred

41. Signature - Of Person Carrying Cause Of Death <i>Adeyemi Oyejobade</i>	Electronically Signed	42. Certified (Check Only One): <input type="checkbox"/> Carrying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer
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43. Name, Address And Zip Code Of Person Carrying Cause Of Death Adeyemi Oyejobade 2269 W 25th Avenue, Gary, IN 46404	44. License Number 01086286A	45. Date Certified 02/03/2023
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46. Signature of Local Health Officer <i>Ryland M Walker</i>	Electronically Signed	46. For Registrar Only - Date Filed (Month/Day/Year) 02/06/2023
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)