

## FILED

Apr 29 2024 BDD  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

### MAIL TAX BILLS TO: GRANTEE'S ADDRESS:

Corelogic Parcel Nos. 45-08-07-154-002.000-004  
1721 Moonlake Drive, #400 45-08-07-154-003.000-004  
Hoffman Estates, IL 60194

### TITLE PASSAGE AFFIDAVIT

Regalado Smith, residing at 1309 Clark Road, Gary, Lake County, Indiana 46404, being first duly sworn upon her oath, deposes and says:

1. Rosetta Smith (the "Decedent") died intestate on September 28, 2023, while domiciled in Lake County, Indiana.
2. Affiant is the surviving adult son of the Decedent.
3. At the time of her death, Decedent was the owner of a parcel of real estate located in Lake County, Indiana, to-wit:

Lots 1, 2, 3, 4 and Lot 5 and the North 1/2 of the vacated alley in Block 1 in Gary Heights Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 20 page 13, in the Office of the Recorder of Lake County, Indiana

Commonly known as 1309 Clark Road, Gary, Indiana 46404

Parcel Nos. 45-08-07-154-002.000-004, and 45-08-07-154-003.000-004

Such real estate should be referred to in this Affidavit as the "Real Estate."

4. The Decedent acquired her fee simple interest in the Real Estate by a certain Limited Liability Company Warranty Deed from All Around Construction LLC to the Decedent dated January 19, 2022, and recorded on January 21, 2022, as Document Number 2022-503631 in the Office of the Recorder of Lake County, Indiana.

5. To the best of Affiant's knowledge, the Decedent left surviving her the following sole heir-at-law pursuant to I.C. § 29-1-2-1:

A. Regalado Smith, adult son

6. Decedent left no other child or children, or descendants of any predeceased child or children, and all survivors are competent adults.

7. Pursuant to I.C. § 29-1-7-23, when the Decedent died, the Real Estate passed to her sole heir-at-law, subject to the power of a personal representative to divest ownership under the requirements of I.C. § 29-1-7-15.1.

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8. Ownership of the Real Estate is now vested indefeasibly in the Decedent's sole heir-at-law as follows:

| <u>Name</u>    | <u>Relationship</u> | <u>Address</u>                    | <u>Share</u> |
|----------------|---------------------|-----------------------------------|--------------|
| Regalado Smith | Adult Son           | 1309 Clark Road<br>Gary, IN 46404 | 100%         |

9. The share determined above was calculated pursuant to I.C. § 29-1-2-1.

10. No petition was filed for probate of a will and for issuance of letters testamentary, for appointment of an administrator with the will annexed, or for the appointment of an administrator under I.C. § 29-1-7-5 within five (5) months after Decedent's death, nor did the Clerk issue letters testamentary or letters of administration within seven (7) months after Decedent's death, so the power of a personal representative to divest ownership expired automatically as a matter of law under I.C. § 29-1-7-15.1(b).

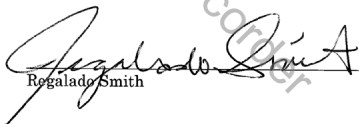
11. The estate of the Decedent was not subject to federal estate tax.

12. To the best of Affiant's knowledge, the statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the Real Estate, to obviate any problem concerning Federal Estate Tax, and to induce the Auditor of Lake County, Indiana, to transfer ownership of the Real Estate as follows:

A. Regalado Smith 100% fee simple interest

This Affiant says nothing further.

In Witness Whereof, Regalado Smith has executed this Title Passage Affidavit this 29<sup>th</sup> day of April, 2024.

  
Regalado Smith


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STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County and State, this 29<sup>th</sup> day of April, 2024, personally appeared Regalado Smith, and acknowledged the execution of the foregoing Title Passage Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:  
January 16, 2029

Commission No. NP0641256

  
\_\_\_\_\_  
Jan R. Hon, Notary Public  
Resident of Porter County



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.

/s/Benjamin T. Ballou  
Benjamin T. Ballou

This instrument prepared by:

Benjamin T. Ballou  
Ballou Law, LLC  
216 S. Main Street  
Crown Point, IN 46307

# NOT AN OFFICIAL DOCUMENT



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

4266360

Local No 000457

EDR No 000011616759

State No 2023-051005

|   |  |   |   |   |  |  |  |  |  |  |
|---|--|---|---|---|--|--|--|--|--|--|
| 1. Decedent's Legal Name (First, Middle, Last)<br><b>Rosetta Smith</b>  |  | 3a. Maiden Name (If Female)<br><b>McCoy</b>   |   | 2. Gender<br><b>Female</b>  |  | 3. Time Of Death<br><b>02:41 PM</b>  |  | 4. Date Of Death (Month/Day/Year)<br><b>09/28/2023</b>   |  |  |
| 5. Social Security Number<br><b>86</b>  |  | 6a. Age - Yrs<br><b>86</b>  |   | 6b. Under 1 Year<br>Months<br><b></b>   |  | 6c. Under 1 Month<br>Days<br><b></b>   |  | 6d. Under 1 Day<br>Hours<br><b></b>  |  |  |
| 7. Date of Birth (Month/Day/Year)<br><b>03/12/1937</b>  |  | 8. Birthplace (City and State or Foreign Country)<br><b>Chicago, Illinois</b>   |   |   |  |  |  |  |  |  |
| 9. Ever in U.S. Armed Forces?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |  | 10. If Death Occurred in a Hospital:<br><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<br><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)<br><b>Methodist Hospital Inc-Nlake Campus</b>  |  |   |   |   |  |  |  |  |  |  |
| 12. City Or Town, State, and Zip Code<br><b>Gary, Indiana 46402</b>   |  |   |   |   | 13. County Of Death<br><b>Lake</b>   |  | 14. Marital Status At Time Of Death<br><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<br><b>Homemaker</b>  |  | 17. Kind Of Business/Industry<br><b>Own Home</b> |  |
| 18. Residence - State<br><b>IN</b>  |  | 18a. County<br><b>Lake</b>  |   |   | 18b. City Or Town<br><b>Gary</b>   |  |  |  |  |  |
| 18c. Street And Number<br><b>1309 Clark Road</b>  |  | 18d. Apt. No.   |   | 18e. Zip Code<br><b>46404</b>   |  | 18f. Inside City Limits?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |
| 19. Decedent's Education<br><b>Bachelor's degree (e.g. BA, AB, BS)</b>  |  |   | 20. Decedent Of Hispanic Origin<br><b>Not Spanish/Hispanic/Latino</b> |   |  | 21. Decedent's Race<br><b>Black or African American</b>  |  |  |  |  |
| 22. Parent's Name (First, Middle, Last)<br><b>George L. McCoy</b>   |  |   |   | 23. Parent's Name (First, Middle, Last)<br><b>Mattie</b>  |  |  | 23a. Parent's Last Name Before First Marriage<br><b>Tucker</b>   |  |  |  |
| 24. Informant's Name<br><b>Regalado Smith</b>   |  |   | 24a. Relationship To Decedent<br><b>Son</b>                           |   | 24b. Mailing Address (Street And Number, City, State, Zip Code)<br><b>1309 Clark Road, Gary, IN, 46404</b> |  |  |  |  |  |
| 25a. Method Of Disposition<br><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment   |  | 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)<br><b>Heights Crematory</b>  |   |   | 25c. Location - City, Town, And State<br><b>Chicago Heights, IL</b>  |  |  |  |  |  |
| 26. Was Coroner Contacted?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 27. Name And Complete Address Of Funeral Facility<br><b>Coleman &amp; Hicks Funeral Home<br/>101 N. Karwick Road, P.O. Box 171, Michigan City, Indiana, 46380</b>   |   |   | 27a. Funeral Home License Number<br><b>FH12300016</b>  |  |  |  |  |  |
| 27b. Signature Of Indiana Funeral Service Licensee:<br><b>Jofa C. Travis</b>  |  |   |   | 27c. License Number (Of Licensee):<br><b>FD29900125</b>   |  | Cause Of Death (See Instructions And Examples)<br><b>Electronically Signed</b>   |  |  |  |  |
| 28. Part 1. 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.<br>Immediate Cause (Final Disease Or Condition Resulting In Death)<br><b>A. Coronary Artery Disease</b> |  |   |   |   |  |  |  | Approximate Interval: Onset To Death<br><b>minutes</b>   |  |  |
| 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<br><b>B. Congestive Heart Failure</b>   |  |   |   |   |  |  |  | <b>6 years</b>   |  |  |
| <b>C. Hypertensive Heart Disease</b>  |  |   |   |   |  |  |  | <b>6 years</b>   |  |  |
| <b>D. Hypertension</b>  |  |   |   |   |  |  |  | <b>6 years</b>   |  |  |
| 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. Was 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown                          |  |  |  |  |
| 32. If Female:<br><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 43 Days To 1 Year Before Death  |  | 33. Manner Of Death:<br><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?<br><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:<br><input type="checkbox"/> Over-Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) |  |  |  |  |
| 41. Signature, Of Person Certifying Cause Of Death:<br><b>David Enoch Nelson</b>  |  |   |   |   |  | 42. Certifier (Check Only One)<br><input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input checked="" type="checkbox"/> Health Officer                              |  | 43. Name, Address And Zip Code Of Person Certifying Cause Of Death:<br><b>David Enoch Nelson 4900 Broadway, Gary, IN 46408</b> |  |  |
| 44. Additional Funeral Service Provider:<br><b>Kaith McCoy Funeral Home 300 E 115 Street, Chicago, IL 60628</b>   |  |   |   |   |  | 44. License Number<br><b>28149900A</b>   |  | 45. Date Certified<br><b>10/05/2023</b>  |  |  |
| 46. Signature of Local Health Officer:<br><b>Roland H Walker</b>  |  |   |   |   |  | 46. For Registrar Only - Date Filed (Month/Day/Year):<br><b>10/05/2023</b>   |  | 47. 'Akas  |  |  |

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)