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NOT AN OFFICIAL DOCUMENT

GINA SIMONTEL
RECORDER

2024-021560

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

11:50 AM 2024 Aug 16

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

AFFIDAVIT for Transfer of Real Property

The undersigned, Darlene Gonzalez-Richardson (the "Affiant" being duly sworn on oath states that):

She is the one surviving heirs(s) (the Decedent (s) (Daughter) of Irma Lee Williams who died August 22, 2021, she died in domiciled in Lake County Indiana

1. Pursuant to a Warranty Deed dated May 23, 1970 in the Office of the Recorder on May 28, 1970 instrument number 59855, Lucius K. Williams and Mary E. Williams (H/W) Grantor(s) to Grantee(s) Sam Williams and Irma Lee Williams (H/W). Pursuant to a death Certificate for Sam Williams dated July 12, 2007 in the Office of the Recorder on July 20, 2007 instrument number 2007-059561, in the Recorder of Lake County, Indiana leaving Irma Lee Williams the owner of the Property

2. The Real Estate is Located in Lake County Indiana and describes by property tax parcel and legal description as follows:

 Lot 14 in Block 5 in the Resubdivision of Gary Land Company's Third Subdivision, in the City of Gary, as per plat of said Resubdivision recorded in Plat Book 13 Page 8, in the Office of the Recorder of Lake County, Indiana

 Property Number: 45-08-04-352-015.000-004

 Commonly known as: 746 Lincoln Street Gary, In 46402

3. The last instrument recorded in the office of the Recorder of Lake County, Indiana regarding this real estate, was a Death Certificate dated July 12, 2007, in the Office of the Recorder on July 20, 2007 instrument number 2007-059561.

4. 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).
 - 4.1 Pursuant to I.C. § 29-1-2-1, to 25 % to Darlene Gonzalez-Richardson, the Decedent's (Daughter) whose address is 746 Lincoln Street Gary, In 46402
 - 4.2 Pursuant to I.C. § 29-1-2-1, to 25% to Elise Robinson the Decedent's (Daughter) whose address is 4149 Renard Way Rex, GA 30273.
 - 4.3 Pursuant to I.C. § 29-1-2-1, to 25 % to Jamesetta Holder, the Decedent's (Daughter) whose address is 3868 Louisiana Street Gary, IN 46402
 - 4.4 Pursuant to I.C. § 29-1-2-1, to 25 % to Robert L. Johnson, the Decedent's (Son) whose address is 945 River Road Apt. 1L Griffith IN 46319, the Decedent's left no other child or children, or descendants of any predeceased child or children, and all survivors are competent adults.

5. 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.

6. As of this date

FILED

AUG 16 2024

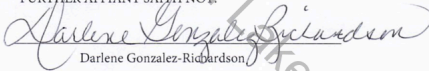
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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- 6.1 The Decedent owned no obligations to creditors and there is no federal estate tax due and owning as consequence of the Decedent's death as of this date.
- 6.2 At least 7 months have passed.
- 6.3 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)
- 6.4 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)
7. 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.
8. 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.


Darlene Gonzalez-Richardson

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Before me, a Notary Public, in and for said County and State this 8th day of August, 2024, personally appeared Darlene Gonzalez-Richardson 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 8th day of August, 2024.





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

Prepared by June Mae

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. D.G.R

Grantee Address:

Darlene Gonzalez-Richardson & ETAL 746 Lincoln Street Gary, In 46402

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 000481 EDI No. 000011156456 State No. 2021-047100
Time of Day 10:25 AM Date of Death 08/22/2021

Deceased Name: [Redacted] Date of Birth: 03/13/1925 Sex: Male
Place of Birth: Shaw, Mississippi

Place of Death: Lake, IN
Cause of Death: [Redacted]

Decedent's Usual Occupation: Homemaker
Place of Usual Residence: Own Home

Decedent's Sex: Male
Race: White

Parent's Name (First, Middle, Last): Susana McInroe
Parent's Last Name Before 1st Marriage: McInroe

Relationship to Decedent: Daughter
Place of Birth: Oakhill Cemetery, Gary, IN

Funeral Home: [Redacted]
License Number: FD29700012

Cause of Death: METABOLIC ENCEPHALOPATHY DUE TO SEPSIS
Approximate Interval: 3 Months

Underlying Cause: VASCULAR DEMENTIA AND HYPERTENSIVE HEART DISEASE FOR YEARS

Place of Injury: [Redacted]

Signature of Person Calling Cause of Death: [Redacted]

Signature of Local Health Officer: [Redacted]

Signature of Person Calling Cause of Death: [Redacted]

Signature of Local Health Officer: [Redacted]

Signature of Person Calling Cause of Death: [Redacted]

Signature of Local Health Officer: [Redacted]

Signature of Person Calling Cause of Death: [Redacted]

Signature of Local Health Officer: [Redacted]

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 RUBBED. ORIGINAL SECURITY PAPER HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.