

IC-29-1-7-23 Real and Personal Property Devolution; Prima Facie Evidence

1. I The Affiants Clifford J. Lee am the brother of the decedent Steven Lee

2. The Decedents Steven Lee, Date of birth: October 4, 1947, Date of death: November 9, 2018

3. The property located at 1026 -167th street, Hammond, IN. 46324 The leaseholder interested in real property – Parcel Number – 46-07-07-176-005-000-023

4. in the office of the recorder of Lake County, Indiana.
Lot 4, Block 1 in Columbia Gardens, in the City of Hammond, as per plat thereof, recorded in plat book 15

5. The only name of any distributes known to the affiant is the wife Pandora Lee, marriage licensed issued on November 4, 2011.

6. The interest in the real property passed upon the decedents death to the only distribute by Warranty Deed, filed for record October 14th 2003, Lake County recorder number 2003110051, Tax/Parcel ID Number:26-32-161-4

- A. Steven Lee died on November 9, 2018, as a Intestate person, without a will and No Probate. The estate of the Intestate person shall descend and be distributed to the surviving spouse as provided in subsection (c) IC-29-1-2-1 Estate Distribution.

7. The fractional interests in the real property 1026-167th street that may have passed to the only distribute would be the surviving wife Pandora Lee 100%.

FILED

AUG 16 2024

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8. That more than seven (7) months have passed since the death of Steven Lee and no letters testamentary or letters of administration have been issued to a appointed representative for any decedents within the time limits specified under I.C.-29-1-7-15 (d) and no probate court has issued findings and an accompanying order preventing the limitations in section I.C.- 29-1-7-15.1(b) from applying to the decedents' real property.

AFFIANT who prepared this document Clifford J. Lee



Clifford J. Lee



Date:

8-14-24

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

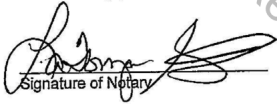
NOTARY ACKNOWLEDGEMENT

STATE OF INDIANA)

COUNTY OF LAKE)

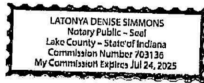
On August 14, 2024 before me, Latonya Simmons
appeared Clifford Lee personally known to me (or proved to me
on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized capacity(ies), and that by his/her/
their signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.


Signature of Notary

Affiant known Produced ID
Type of ID State ID

(SEAL)



Prepared by Clifford J Lee

"I AFFIRM, UNDER THE PENALTIES FOR
PERJURY THAT I HAVE TAKEN REASON-
ABLE CARE TO REDACT EACH SOCIAL
SECURITY NUMBER IN THIS DOCUMENT,
UNLESS REQUIRED BY LAW."
PREPARED BY: CLL



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Toll-Free No. 1-800-453-2777

Local No **903855**

EDR No **00000676104**

State No **055872**

1. Decedent's Legal Name (First, Middle, Last) STEVEN M LEE	2. Sex MALE	3. Time Of Death 12:30 PM	4. Date Of Death (Month/Day/Year) 11/09/2018
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5. Social Security Number 71	6a. Age - Yrs 71	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) 10/04/1947	8. Birthplace (City and State or Foreign Country) CHICAGO, IL
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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) FRANCISCAN HEALTH (HAMMOND)	12. City Or Town, State, And Zip Code HAMMOND, IN, 46320	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 type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
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15. Surviving Spouse's Name PANDORA LEE	15a. Last Name Before First Marriage WILLIAMS	16. Decedent's Usual Occupation CUSTODIAN	17. Kind Of Business/Industry SCHOOL CITY OF HAMMOND
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18. Residence - State INDIANA	18a. County LAKE	18b. City Or Town HAMMOND	18d. Apt. No.	18e. Zip Code 46324	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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18c. Street And Number 1026 167TH STREET	19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED	20. Decedent Of Hispanic Origin NOT HISPANIC	21. Decedent's Race Black or African American
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22. Parents Name (First, Middle, Last) EDWIN LEE	23. Parents Name (First, Middle, Last) ELOISE LEE	23a. Parent's Last Name Before First Marriage LAPORTE
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24. Informant's Name PANDORA LEE	24a. Relationship To Decedent WIFE	24b. Mailing Address (Street And Number, City, State, Zip Code) 1026 167TH STREET, HAMMOND, IN 46324
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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. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HEIGHTS CREMATORY	25c. Location - City, Town, And State CHICAGO HEIGHTS, IL
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26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility DIVINITY FUNERAL HOME, 3831 MAIN ST., EAST CHICAGO, IN 46312	27a. Funeral Home License Number FH10700039
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27b. Signature Of Indiana Funeral Service Licensee JAMUEL SMITH JR, BY ELECTRONIC SIGNATURE	27c. License Number (Of Licensee) FD01019692
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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.		Approximate Interval: Onset To Death
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Immediate Cause (Final Disease Or Condition Resulting In Death)	A. [REDACTED]	Death (Of All Causes) On
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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.	B. [REDACTED]	Death (Of All Causes) On
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	C. [REDACTED]	Death (Of All Causes) On
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	D. [REDACTED]	Death (Of All Causes) On
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Part 2. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part 1	29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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	30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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1. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input 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, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unborn If Pregnant Within The Past Year <input type="checkbox"/> Unborn If Pregnant Within The 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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4. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked Area)	37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. Location Of Injury - State	38a. City Or Town HAMMOND	38b. Apt. No.	38c. Zip Code 46324
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9. Describe How Injury Occurred	39. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)
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1. Signature, Of Person Certifying Cause Of Death: NTTHONY D. WILKO, BY ELECTRONIC SIGNATURE	42. Certified (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer
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3. Name, Address And Zip Code Of Person Certifying Cause Of Death: NTTHONY D. WILKO, 5454 HOBMAN AVE., HAMMOND, IN 46320	44. License Number 02001473A	45. Date Certified 11/15/2018
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8. Signature of Local Health Officer: HANDANA VAVILALA, VIA ELECTRONIC SIGNATURE	46. For Registrar Only - Date Filed (Month/Day/Year) NOV 16 2018
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

THIS IS A TRUE COPY OF
THE RECORD ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT

NOV 21 2018

NOT VALID UNLESS

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2003 110051

2003 OCT 14 AM 10:40

MORRIS W. CARTER

WARRANTY DEED

THIS INDENTURE WITNESSETH, that

DEBORAH A. FOSTER (Grantor), for and in consideration of ten dollars (\$10.00) and other good and valuable consideration in hand paid,

CONVEYS AND WARRANTS to

STEVEN LEE, (Grantee), the following described real estate in Lake County, Indiana:

Lot 4, Block 1 in Columbin Gardens, in the City of Hammond, as per plat thereof, recorded in Plat Book 15, page 2 in the Office of the Recorder of Lake County, Indiana.

Commonly known as 1026 167th Street, Hammond, Indiana 46324.

Taxing Unit 26. Key No. 32-161-4.

Subject to building lines, easements, rights of way, restrictions, conditions, covenants, and assessments of record, to real estate taxes for 2002, payable in 2003, and subsequent years; and to questions of survey.

Dated this 10 day of October, 2003

Deborah A. Foster
Signature

Deborah A. Foster
Printed Name

Signature

Printed Name

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said county and state, this 10 day of October, 2003, personally appeared DEBORAH A. FOSTER, personally known to me to be the same person whose name is subscribed to the foregoing deed and acknowledged the execution of the foregoing deed as her free and voluntary act for the uses and purposes therein set forth. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: _____

Resident of _____
County, Indiana

Dianne M. Book
Signature of Notary

Printed Name of Notary

This instrument prepared by:
Robert B. Golding, Jr.
9250 Columbia Avenue
Suite E-2
Munster, Indiana 46321
Attorney Number 16827-45

Return to:

Mail tax bills to:

REGISTERED FOR TRANSFER
DEBORAH A. FOSTER
LAKE COUNTY PUBLIC
NOTARY
OCT 14 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

HOLD FOR FIRST AMERICAN TITLE

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HJSG
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