

NOT AN OFFICIAL DOCUMENT

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-028802

9:07 AM 2024 Sep 25

IN THE MATTER OF:)
CLARENCE L. CHEAIRS a/k/a)
CLARENCE LAMAR CHEAIRS)
D.O.D.: September 16, 2012,)
and)
DORA L. CHEAIRS a/k/a)
DORA LEE CHEAIRS)
D.O.D.: February 16, 2024.)

FILED

SEP 25 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AFFIDAVIT OF DEVOLUTION OF REAL PROPERTY

Kenye Cheairs and Tonya Cheairs, having been duly sworn according to law, state:

1. Clarence L. Cheairs a/k/a Clarence Lamar Cheairs died intestate on September 16, 2012, while domiciled in Lake County, Indiana.
2. Dora L. Cheairs a/k/a Dora Lee Cheairs died intestate on February 16, 2024, while domiciled in Lake County, Indiana.
3. At least seven (7) months have elapsed since the death of the decedents.
4. No letters testamentary or letters of administration have been issued to a court-appointed Personal Representative for the decedents within the time limits specified in Indiana Code § 29-1-7-15.1(d) and a probate court has not issued findings and an accompanying order preventing the limitations in Indiana Code § 29-1-7-15.1(b) from applying to the decedents' real property.
5. The Affiants are the son and daughter of decedents.
6. The Affiants are the only heirs of the decedents.
7. Among the decedents' probate assets is one (1) parcel of real estate located in Lake County, Indiana, more particularly described as follows:

Legal description: The North 25 feet of Lot 17, and the South 15 feet of Lot 18, Block 19, Resubdivision of Gary Land Company's Third Subdivision in

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cc - Rm 1

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the City of Gary, as shown in Plat Book 13, page 8, in Lake County, Indiana.

Commonly known as: 267 Grant Street, Gary, Indiana 46404

Parcel No: 45-08-05-229-005.000-004

7. Clarence L. Cheairs a/k/a Clarence Lamar Cheairs and Dora L. Cheairs a/k/a Dora Lee Cheairs acquired title as husband and wife by Warranty Deed, Instrument No. 8822 recorded on March 12, 1969.

8. That the marital relationship which existed between Clarence L. Cheairs a/k/a Clarence Lamar Cheairs and Dora L. Cheairs a/k/a Dora Lee Cheairs continued unbroken from the time they acquired title to the real estate until the death of Clarence L. Cheairs a/k/a Clarence Lamar Cheairs on September 16, 2012, at which time Dora L. Cheairs a/k/a Dora Lee Cheairs acquired title to the real estate as surviving tenant by the entirety. Subsequently, Dora L. Cheairs a/k/a Dora Lee Cheairs, died on February 16, 2024.

9. The individuals entitled to the real estate as a result of the decedents' deaths are Affiants Kenye Cheairs and Tonya Cheairs, son and daughter, as provided under I.C. 29-1-2-1.

10. Affiants' distributive share has been calculated as follows:

Kenye Cheairs 50%

Tonya Cheairs 50%



KENYE CHEAIRS, Affiant



TONYA CHEAIRS, Affiant

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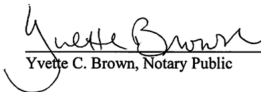
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 24th day of September, 2024, personally appeared KENYE CHEAIRS and TONYA CHEAIRS and acknowledged the execution of this Affidavit.

WITNESS MY HAND AND SEAL.

My Commission Expires: 11-06-2026





Yvette C. Brown, Notary Public

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.



Shelice R. Tolbert

This instrument prepared by: Shelice R. Tolbert, Atty. No.: 22522-45
Tolbert & Tolbert, LLC
1085 Broadway, Suite B
Gary, IN 46402
(219) 427-0094

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 399380



Local No 001284

EDR No 00011684488

State No 2024-017979

1. Decedent's Legal Name (Print, Middle, Last) **Dora Lee Chealri**
2. Gender **Female**
3. Time of Death **08:10 PM**
4. Date of Death (Month/Day/Year) **02/16/2024**
5. In. Maktin Name (if female) **Brand**
6. Date of Birth (Month/Day/Year) **07/14/1944**
7. Us. Birth (Month/Day/Year) **07/14/1944**
8. Us. Birth (City and State or Foreign Country) **Brent, Alabama**

9. Hospital Number **76**
10. Age - Yrs **79**
11. Under 1 Year **None**
12. Under 1 Month **None**
13. Under 1 Day **None**
14. Under 1 Hour **None**
15. Date of Death (Month/Day/Year) **07/14/1944**
16. Us. Birth (City and State or Foreign Country) **Brent, Alabama**

17. Place of Death (Print Name of Facility) **Community Hospital Munster**
18. If Death Occurred Somewhere Other Than A Hospital
 Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility
 Other (Specify) _____

19. City or Town, State, ZIP Code
Munster, Indiana 46321
20. County of Death **Lake**
21. Marital Status At Time of Death
 Married Married, but Separated Divorced
 Widowed Never Married Unspecified

22. Decedent's Usual Occupation **Inspector**
23. Kind of Business/Profession **National Cash**

24. Residence - State **IN**
25. County **Lake**
26. City or Town **Gary**

27. Street Address (Number, Street Name, Apt. No., Box, Zip Code, and 5-Digit City/Zip)
287 Grant Street, Gary, IN 46404

28. Education (List Highest Grade Completed)
High School graduate or SED completed
29. Usual Place of Residence (Print Name of Facility)
High School graduate or SED completed
30. Discharge Date (Month/Day/Year)
None

31. Person(s) Next of Kin (Print Name, Middle, Last)
Gate Brand
32. Person(s) Next of Kin (Print Name, Middle, Last)
Dora Brand
33. Person(s) Next of Kin (Print Name, Middle, Last)
Blankly

34. Informant's Name **Tonya Collins**
35. Relationship to Decedent **Daughter**
36. Informant's Address (Street Name, Number, City, State, ZIP Code)
2945 W 19th Avenue, Gary, IN, 46404

37. Place of Disposition (Name of Cemetery, Crematory, Other Facility)
Evergreen Memorial Park Cemetery
38. Location - City, Town, and State
Hobart, IN

39. Name and Complete Address of Funeral Home (Street Name, Number, City, State, ZIP Code)
Smith Rizzel (Warner Funeral) Home, 200 Grant Street, Gary, Indiana, 46408
40. Funeral Home License Number
F110500021

41. Signature of Indiana Funeral Director (Print Name, Middle, Last)
Robert A. G. G. G.
42. Usual Number of Licenses
FD21400020

43. Cause of Death (Print Name of Disease, Injuries, or Complication)
Electronically Signed
44. Date of Death (Print Name of Disease, Injuries, or Complication)
Electronically Signed

45. Manner of Death (Print Name of Disease, Injuries, or Complication)
Electronically Signed
46. Date of Death (Print Name of Disease, Injuries, or Complication)
Electronically Signed

47. Manner of Death (Print Name of Disease, Injuries, or Complication)
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Electronically Signed

75. Manner of Death (Print Name of Disease, Injuries, or Complication)
Electronically Signed
76. Date of Death (Print Name of Disease, Injuries, or Complication)
Electronically Signed

APR 10 2024

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

LAKE COUNTY HEALTH OFFICER

NOT VALID UNTIL

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

4069700

Local No 000387

EDR No 000001403228

State No 2012-043387

1. Decedent's Legal Name (First, Middle, Last) CLARENCE L CHEARS		1a. Maiden Name (if female)		2. Gender Male	3. Time of Death 02:48 PM	4. Date of Death (Month/Day/Year) 08/18/2012	
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5. Social Security Number 72	6a. Age - Yrs 72	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) 09/18/1939	8. Birthplace (City and State or Foreign Country) Somerville, Tennessee
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9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital <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 <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)
METHODIST HOSPITAL, NORTHLAKE

12. City or Town, State, and Zip Code Gary, Indiana 46402		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. Surname Before's Name DORA CHEARS		15a. Last Name Before First Marriage BRAND	16. Decedent's Usual Occupation CRANE OPERATOR	17. Kind of Business/Industry US STEEL
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18. Residence - State IN	18a. County Lake	18b. City or Town Gary
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19a. Street and Number 267 GRANT Street	19b. Apt. No.	19c. Zip Code 46404	19d. Mobile Day Unit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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20. Education High School graduate or GED completed	20a. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Spanish/Latino	21. Occurrence Place Black or African American
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22. Parent Name (First, Middle, Last) WILLIE ALLEN CHEARS	23. Father's Name (First, Middle, Last) PAULINE L CHEARS	23a. Father's Last Name Before First Marriage COLEMAN
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24. Informant's Name DORA CHEARS	24a. Relationship to Decedent Wife	24b. Mailing Address (Street and Number, City, State, Zip Code) 267 GRANT Street, Gary, IN, 46404
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25a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment	25b. Place of Disposition (Name of Cemetery, Crematory, Other Place) EVERGREEN MEMORIAL PARK	25c. Location - City, Town, and State Hobart, IN
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26. Was Cause Contagious? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27a. Name and Complete Address of Funeral Facility Smith Bizzell Warner Funeral Home 4209 GRANT ST, Gary, Indiana, 46408	27b. Funeral Home License Number FH10500021
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27c. Signature of Indiana Funeral Service Licensee WALTER J. CROWDER	27d. Electronically Signed	27e. License Number (If Different) FD21000015
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28. Cause of Death (See Instructions And Examples) Such As Cardiac Arrest, Respiratory Arrest, Or Venipunctur Cardiac Arrest Showing The Etiology. Do Not Infer Cause. Enter Only One Cause Or A Line, And Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death)		29a. Approximate Interval Onset To Death 15 MINUTES
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30. Were Other Significant Conditions Contributing In Death But Not Warranting An Underlying Cause (Given In Part)		31. Were Autopsy Performed? <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 type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Pregnant/Child-Born Alive <input type="checkbox"/> Pregnant/Child-Born Dead <input type="checkbox"/> Pregnant/Stillborn 1-4 Days or Less <input type="checkbox"/> Pregnant/Stillborn 5-14 Days or Less <input type="checkbox"/> Pregnant/Stillborn 15-28 Days or Less <input type="checkbox"/> Pregnant/Stillborn 29 Days or More	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 (City, State, County, Precinct, or Other Location, Street, and Building Number)	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	40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
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41. Signature of Person Certifying Cause of Death PAULINE L CHEARS	42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer
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43. Name, Address and Zip Code of Person Certifying Cause of Death PAULINE L CHEARS 2054 GRANT STREET, Gary, IN 46404	44. License Number 01041856A	45. Date Certified 10/01/2012
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46. Signature of Local Health Officer ROBERT J HILCOCK	47. Registrar Only - Date Filed (Month/Day/Year) 10/03/2012
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)