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STATE OF INDIANA)
) SS
COUNTY OF LAKE)

AFFIDAVIT for Transfer of Real Property

The undersigned, Shaunda V. Lovelace (the "Affiant "being duly sworn on oath states that):

She is the one surviving heirs(s) (the Decedent (s) (Daughter) of Oberia Lovelace who died August 11, 2019, she died in domiciled in Lake County Indiana

1. Pursuant to a Warranty Deed dated September 14, 2005 in the Office of the Recorder on October 18, 2005 instrument number 2005-091648, Bankers Trust Company, Corporate Trust & Agency Group Grantor(s) to Grantee(s) Oberia Lovelace in the Recorder of Lake County, Indiana.

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

Lots 6, Block 5, Glen L. Ryan's Second Subdivision, in the City of Gary, as shown in Plat Book 30 Page 24 in Lake County, Indiana

Property Number: 45-08-01-427-013.000-004

Commonly known as: 4607 East 6th Avenue Gary, In 46403

3. The last instrument recorded in the office of the Recorder of Lake County, Indiana regarding this real estate, was a Assignment of Mortgage dated December 12, 2014, in the Office of the Recorder on December 30, 2014 instrument number 2014-083257.

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 50% to Shaunda V. Lovelace, the Decedent's (Daughter) whose address is 216 Jefferson Ave Apt 1 ELGIN II 60120.

4.2 Pursuant to I.C. § 29-1-2-1, to 50% to Stephenal R Weathers., the Decedent's (Daughter) whose address is 216 Jefferson Ave Apt 1 ELGIN II 60120, 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

6.1 The Decedent owned no obligations to creditors and there is no federal estate tax due and owing 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)

FILED

SEP 25 2024

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- 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.


Shaunda V. Lovelace

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Before me, a Notary Public, in and for said County and State this 20th day of September, 2024, personally appeared Shaunda V. Lovelace 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 20th day of September, 2024.



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

My Commission Expires:



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. S.V.L

Grantee Address:
Shaunda V. Lovelace
216 Jefferson Ave Apt 1
ELGIN II 60120.

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KANE COUNTY CLERK REGISTRAR GENEVA, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0085980		DATE ISSUED	
DECEDENT'S LEGAL NAME OBERIA LOVELACE		SEX FEMALE	DATE OF DEATH AUGUST 11, 2019
COUNTY OF DEATH KANE	AGE AT LAST BIRTHDAY 79 YEARS	DATE OF BIRTH JANUARY 17, 1940	
CITY OR TOWN ELGIN		HOSPITAL OR OTHER INSTITUTION NAME 216 JEFFERSON AVENUE #1	
PLACE OF DEATH DAUGHTER HOME			
BIRTHPLACE WABASH, AR	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4607 EAST 6TH AVENUE		APT. NO.	CITY OR TOWN GARY
COUNTY LAKE	STATE IN	ZIP CODE 48403	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRED LOVELACE
MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNIE JAMES GAINER		MAILING ADDRESS 216 JEFFERSON AVE APT 1, ELGIN, IL, 60120	
INFORMANT'S NAME SHAUNDA LOVELACE		RELATIONSHIP DAUGHTER	DATE OF DISPOSITION AUGUST 24, 2019
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FUNERAL DIRECTORS CREMATORY	LOCATION - CITY OR TOWN AND STATE BERWYN, IL
FUNERAL HOME RHODES FUNERAL SERVICE, 1018 WEST 79TH STREET, CHICAGO, IL, 60620			
FUNERAL DIRECTOR'S NAME MALISHA EVETTE PORTER		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034018959	
LOCAL REGISTRAR'S NAME JOHN ANDREW CUNNINGHAM		DATE FILED WITH LOCAL REGISTRAR AUGUST 21, 2019	
CAUSE OF DEATH PART I CONGESTIVE HEART FAILURE			
IMMEDIATE CAUSE (final disease or condition resulting in death)		a	
b		Due to (or as a consequence of)	
c		Due to (or as a consequence of)	
d PULMONARY EMBOLISM		Due to (or as a consequence of)	
e		Due to (or as a consequence of)	
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			
FEMALE PREGNANCY STATUS NOT APPLICABLE		WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
LOCATION OF INJURY		MANNER OF DEATH NATURAL	
DESCRIBE HOW INJURY OCCURRED		IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE FEBRUARY 02, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED
CERTIFIER PHYSICIAN		TIME OF DEATH 04:26 PM	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR MOHAMMAD ALI, 1530N RANDALL SUITE 222, ELGIN, ILLINOIS, 60123		DATE CERTIFIED AUGUST 16, 2019	
		PHYSICIAN'S LICENSE NUMBER 036112189	

APPROPRIATELY
INITIALED AND
SIGNED BY
CAUSE OF DEATH

296017

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

John A. Cunningham
John A. Cunningham
Kane County Clerk and Registrar



REPRODUCTION OF THIS DOCUMENT WITHOUT PERMISSION OF THE CLERK OF THE COUNTY OF KANE ILLINOIS IS PROHIBITED AND MAY BE A VIOLATION OF THE PENAL CODE OF ILLINOIS.