

SEP 25 2024

GINA PIMENTEL
RECORDER

2024-028874

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

3:48 PM 2024 Sep 25

Mail Tax Bills To:
Robert Anderson III
1436 W 82nd Pl
Merrillville, IN 46410

Prepared by:
Return To:
Robert Anderson III
1436 W 82nd Pl
Merrillville, IN 46410

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Robert Anderson III, 1436 W 82nd Pl Merrillville, IN 46410, being first duly sworn upon his/her oath, deposes and says:

1. Willie R. White Sr died testate 03/28/2020, while domiciled in Lake County, Indiana.
2. He is the surviving adult grandson of Willie R. White Sr/Brenda D. White
3. At the time of his/her death, Willie R. White Sr. was the owner the following described real estate in Lake County, Indiana:

LEGAL DESCRIPTION in Lake County, Indiana
Common Address: 1436 W 82nd Pl Merrillville,
IN 46410

Lot 329 in Sedona Addition Unit 3 West, a Planned Unit Development to the Town of Merrillville, as per plat thereof, recorded in Plat Book 95 page 71, in the Office of the Recorder of Lake County, Indiana

Parcel ID No.: 45-12-21-351-006.000-030

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

4. Willie R. White Sr. acquired ownership of the Real Estate pursuant to a Trustee Deed from GRANTOR(S) to Willie R. White Sr. and WIFE, Brenda D. White dated 14th day of June 2005 and recorded 23rd day of June 2005 as Document No. 2005051650 in the Office of the Recorder of Lake County, Indiana.

25-
CASH
Ⓚ

NOT AN OFFICIAL DOCUMENT

5. Willie R. White Sr's WIFE, Brenda D. White died 12/06/2020.
USE IF FILED LESS THAN 7 MONTHS AFTER DEATH (DELETE IF FILED MORE THAN 7 MONTHS AFTER DEATH ... USE PARAGRAPH 12 BELOW INSTEAD):
6. No application or petition for the appointment of a personal representative for Y's estate is pending or has been granted in any jurisdiction.
7. The Last Will and Testament ("Will") of Y was probated and spread of record in the Probate Division of the Circuit Court of Lake County on the ____ day of _____, 2020, under Cause No. 45C01/D11-____-EM-____.
8. Pursuant to Willie R White Sr's Trust, Willie's residuary estate was given, in equal shares, to his grandchildren: Robert Anderson III, Rianna M Anderson, Paris S. White.
7. To the best of the affiant's knowledge, Y left surviving him/her the following heirs at law pursuant to IC 29-1-2-1:
Tianna N. Anderson – daughter
8. Y left no other child or children, or descendants of any predeceased child or children, and all survivors are competent adults.
9. Pursuant to Indiana Code 29-1-7-23, when Willie R White Sr. died, the Real Estate passed to the persons to whom it was devised by his Trust, subject to the power of a personal representative to divest ownership under the requirements of IC 29-1-7-15.1.
10. Ownership of the Real Estate is now vested indefeasibly in the devisees under Willie R. White Sr's Trust as follows:

<u>NAME</u>	<u>RELATIONSHIP ADDRESS</u>	<u>SHARE</u>
Robert Anderson III	Grandson 1436 W 82 nd Pl Merrillville, IN 46410	50%
Rianna M. Anderson	Granddaughter 2706 W 85 th Ln Merrillville, IN 46410	25%
Paris S. White	Granddaughter 1436 W 82 nd Pl Merrillville, IN 46410	25%

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11. The shares determined above were calculated by dividing one hundred percent (100%) by the number of devisees under Willie R. White Sr.'s Trust . USE IF FILED MORE THAN 7 MONTHS AFTER DEATH:

12. 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 IC 29-1-7-5 within five (5) months after Willie R. White Sr.'s death, nor did the Clerk issue letters testamentary or letters of administration within seven (7) months after Willie R. White Sr.'s death, so the power of a personal representative to divest ownership expired automatically as a matter of law under IC 29-1-7-15.1(b)

13. The estate of Willie R. White Sr. was not subject to federal estate tax.

USE IF FILED MORE THAN 9 MONTHS AFTER DEATH:

14. The maximum period for creditors to file claims against the estate of Willie R. White Sr., (nine (9) months from date of death) expired on 12/28/2020.

15. To the best of the 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 to **Robert Anderson III, Rianna M. Anderson, Paris S. White.**

This affiant says nothing further.

In Witness Whereof, Robert Anderson III has executed this Affidavit this
25 day of September, 2024

Robert Anderson III
X Robert Anderson III

STATE OF INDIANA)
COUNTY OF LAKE)

NOT AN OFFICIAL DOCUMENT

Before me, the undersigned, a Notary Public in and for said County and State, this 25
day of September, 2024, personally appeared Robert Anderson and
acknowledged his/her execution of the foregoing Affidavit as his/her voluntary act and deed.

Notarial Seal



Jolene Kratochvil
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. Jolene Kratochvil



NOT AN INDIAN STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH TRAINING # 2023547

Local No 005837

EDR No 000011078458

State No 2020-079074

1. Decedent's Legal Name (First, Middle, Last) Brenda White	14. Manton Name (if female) Thomas	2. Gender Female	3. Time Of Death 08:00 AM	4. Date Of Death (Month/Day/Year) 12/06/2020
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5. Social Security Number 70	6a. Under 1 Year Months	6b. Under 1 Month Days	6c. Under 1 Day Hours	6d. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 08/11/1950	8. Birthplace (City and State or Foreign Country) Gary, Indiana
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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 checked="" type="checkbox"/> Other (Specify: Vibra Hospital)
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11. Facility Name (If Not Institution, Give Street and Number) 9508 Georgia Street

12. City or Town, State, and Zip Code Crown Point, Indiana, 46307	13. County Of Death Lake	14. Marital Status At Time Of Death <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
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15. Surviving Spouse's Name	15a. Last Name Before First Marriage	16. Decedent's Usual Occupation Housekeeping	17. Kind Of Business/Industry Domestic
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18. Residence - State IN	18a. County Lake	18b. City or Town Merrillville
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18c. Street and Number 1438 W 82nd Place	18d. Apt. No.	18e. Zip Code 46410	18f. Trade City Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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19. Decedent's Education High School graduate or GED completed	20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino	21. Decedent's Race Black or African American
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22. Parent's Name (First, Middle, Last) Rodolph Thomas Sr	23. Parent's Last Name Before First Marriage Wells
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24. Informant's Name Robert Anderson	24a. Relationship to Decedent Grandson	24b. Mailing Address (Street and Number, City, State, Zip Code) 1438 W 82nd Place, Merrillville, IN, 46410
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25. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)	25a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Evergreen Cemetery	25c. Location - City, Town, and State Hobart, IN
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility Smith Bizzoli Warner Funeral Home 4209 Grant St, Gary, Indiana, 46408	27a. Funeral Home License Number FH10500021
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28. Signature Of Indiana Funeral Service Licenses: Sylvester Quinn	28a. Electronically Signed	28b. License Number (Of Licenses) FD09200053
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29. Part I. 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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A. Immediate Cause (Final Disease Or Condition Resulting In Death) Pneumonia	Weeks
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B. Chronically Listed 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 Chronic obstructive pulmonary disease	Years
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C. Hypertension	Years
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D. Anemia due to iron deficiency	Years
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Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. Decubitus ulcers sacral region	29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Were Autopsy Findings Available To Complete The Cause Of Death? <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 checked="" 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"/> Unknown If Pregnant Within Past Year	33. Mode 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. City Of Injury LAKE COUNTY HEALTH DEPARTMENT	37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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38. Location Of Injury - Street	38a. City Of Injury	38b. Apt. No.	38c. Zip Code
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39. Describe How Injury Occurred	40. If Transportation Injury, Specify: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Not Valid Unless
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41. Signature, Of Person Certifying Cause Of Death: Adolphus A Anekwe	42. Certified (Check Only If Not Certifying Physician) <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	43. License Number 01036654A	43a. Date Certified 03/18/2021
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44. Name, Address And Zip Code Of Person Certifying Cause Of Death: Adolphus A Anekwe 3195 Broadway, Gary, IN 46409 LAKE COUNTY HEALTH OFFICER	44. License Number 01036654A	43a. Date Certified 03/18/2021
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45. Additional Funeral Service Provider:	46. Signature of Local Health Officer: Chandana Parvata	46a. Electronically Signed	47. For Registrar Only - Date Filed (Month/Day/Year) 03/25/2021
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

NOT AN OFFICIAL DOCUMENT

Local No. 001503 EDR No. 000000771307 State No. 019415

1. Decedent's Legal Name (First, Middle, Last) **MILLE R WHITE SR** 2. Sex **MALE** 3. Time Of Death (Month/Day/Year) **11:30 PM 03/28/2020**

4. Social Security Number (Last 4) **54** 5. Under 1 Year **0** 6. Under 1 Month **0** 7. Under 1 Day **0** 8. Under 1 Hour **0** 9. Date of Birth (Month/Day/Year) **08/19/1955** 10. Birthplace (City and State or Foreign Country) **GARY, IN**

11. Facility Name (If Not Institution, Give Street and Number) **SYMPHONY OF CROWN POINT** 12. City Or Town, State, And Zip Code **LAKE** 13. County Of Death **LAKE** 14. Marital Status At Time Of Death Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name **BRENDA WHITE** 16. Last Name Before First Marriage **THOMAS** 17. Decedent's Usual Occupation **OPERATING ENGINEER** 18. Kind Of Business/Industry **CONSTRUCTION**

19. Street And Number **1436 WEST 82ND PLACE** 20. City, State, Zip Code **INDIANA LAKE MERRILLVILLE 46410**

21. Decedent's Education (Highest Grade Completed) **HIGH SCHOOL GRADUATE OR GED COMPLETED** 22. Decedent Of Hispanic Origin **NOT HISPANIC** 23. Decedent's Race **Black or African American**

24. Informant's Name **MIANA ANDERSON** 25. Relationship To Decedent **DAUGHTER** 26. Mailing Address (Street And Number, City, State, Zip Code) **2706 WEST 85TH LANE, MERRILLVILLE, IN 46410**

27. Method Of Disposition Burial Cremation Donation Autopsy Removal From State Other (Specify) **EVERGREEN CEMETERY** 28. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **HOBART, IN** 29. Location - City, Town, And State

30. Was Coroner Contacted? Yes No 31. Name And Complete Address Of Funeral Facility **SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46406** 32. License Number Of Licenses **FH10500021**

33. Signature Of Indiana Funeral Service Licensee **SYLVESTER DUNN, BY ELECTRONIC SIGNATURE** 34. License Number Of Licenses **FD09200053**

35. Part I. Enter The Cause 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. Add Additional Line(s) If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) **A. CARDIOPULMONARY ARREST** 36. This Is A True Copy Of The Record On File With The **LAKE COUNTY HEALTH DEPARTMENT** 37. APR 23 2020

38. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. **NO** 39. Was An Autopsy Performed? Yes No 40. Was An Autopsy Being Performed At Death Due To Cause Of Death? Yes No

41. Date Tobacco Use Contributed To Death Yes No Probably No Unknown 42. If Female: Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, SA Pregnant Within 45 Days Of Death Pregnant, SA Pregnant Within 45 Days To 1 Year Before Death Pregnant, SA Pregnant More Than 1 Year Before Death 43. Manner Of Death Natural Homicide Accident Pending Investigation Suicide Could Not Be Determined

44. Date Of Injury (Month/Day/Year) **03/28/2020** 45. Time Of Injury **11:30 PM** 46. Place Of Injury (E.G., Decedent's Home, Construction Site/Restaurant/Wooded Area) **LAKE** 47. Injury At Work? Yes No

48. Location Of Injury: 49. Describe How Injury Occurred **NOT VALID UNLESS** 50. If Transportation Injury, Specify: Driver Passenger Pedestrian Other (Specify) **NOT VALID UNLESS**

41. Signature - Of Person Certifying Cause Of Death: **ALEXANDER A STEMER, BY ELECTRONIC SIGNATURE** 42. Center (Check Only One) Certifying Physician (M.D.) Coroner Health Officer 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **ALEXANDER A STEMER, 761 45TH STREET, MUNSTER, IN 46321** 44. License Number **01025591A** 45. Date Certified **04/08/2020**

46. Additional Funeral Service Provider(s) 47. Signature Of Local Health Officer: **CHANDANA VAHIVELA, VIA ELECTRONIC SIGNATURE** 48. For Registrar Only: Date Filed (Month/Day/Year) **APR 15 2020**