

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 RECORDED AS PRESENTED

2024-030817
 3:28 PM 2024 Oct 28

AFFIDAVIT OF DEVOLUTION OF REAL ESTATE

STATE OF INDIANA))
 COUNTY OF LAKE) SS:

Nichelle Burgess Kiper ("Affiant"), being first duly sworn upon oath deposes and says:

1. The Affiant is the daughter of Annie Ruth Nichols a/k/a Annie R. Nichols (deceased) and has personal knowledge of the facts stated herein.
2. Annie Ruth Nichols a/k/a Annie R. Nichols died intestate on January 4, 2024, while domiciled in Lake County, Indiana.
3. Annie Ruth Nichols a/k/a Annie R. Nichols, interest was acquired by Warranty Deed, document number ~~2003-~~, recorded on May 2, 2003, and dated MARCH 20, 2003. *2003-0447008 J.L.H.*
4. The real estate is in Lake County, Indiana, and is more fully described by property tax parcel number and legal description as follows:

Parcel Number: 45-07-06-127-012.000-023

Legal Description: LOTS, E AND F, IN HAMMOND RESUBDIVISION OF LOTS 68, 69, AND 70, IN HAMMOND REALTY COMPANY'S ADDITION, AND LOT 89 IN HAMMOND COMPANY'S 2ND ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORD IN PLAT BOOK 11, PAGE 25, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Common Address: 1032 Bauer Street Hammond, Indiana 46320

5. Annie Ruth Nichols a/k/a Annie R. Nichols died intestate on January 4, 2024, leaving her interest to her sole heir daughter Nichelle Burgess Kiper, who is entitled to his entire estate under I.C. 29-1-2-1.
6. Pursuant to Indiana Code 29-1-7-23, when a person dies, title to her real property devolves immediately and automatically to her Heirs at Law upon the decedent's death.

*25-
 CLASH
 D*

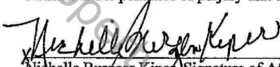
FILED

OCT 28 2024

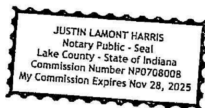
NOT AN OFFICIAL DOCUMENT

7. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars, as provided under I.C. 29-1-8-1, after accounting for the costs and expenses of administration and responsible funeral expenses.
8. The Estate of Annie Ruth Nichols a/k/a Annie R. Nichols was not subject to Federal Estate Tax or Indiana Inheritance Tax.
9. 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 described above, to induce the Auditor of Lake County to transfer ownership of the real estate describe above to Nichelle Burgess Kiper.

I affirm under penalties of perjury that the foregoing statements are true.


Nichelle Burgess Kiper, Signature of Affiant


Nichelle Burgess Kiper, Print Name of Affiant

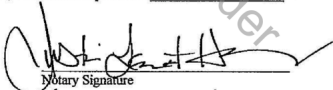


ACKNOWLEDGMENT

STATE OF INDIANA

COUNTY OF LAKE

The foregoing instrument was acknowledged before me by means [] in-person notarization, this 23rd day of October 2024. Nichelle Burgess Kiper, who has/have produced State ID as identification.

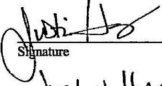

Notary Signature
Justin Lamont Harris
Notary Print

Notary Commission Expires: November 28, 2025

NOT AN OFFICIAL DOCUMENT

Affirmation Statement

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.



Signature
Justin Harris

Print

PREPARED BY:

JUSTIN L. HARRIS, J.D.
eTITLE AND ESCROW
4431 BROADWAY, SUITE 1B
GARY, INDIANA 46408

MAIL TAX BILL TO THE FOLLOWING ADDRESS:

1032 BOWER STREET
HAMMOND, IN 46320

NOT AN OFFICIAL DOCUMENT

CERTIFICATE OF DEATH

Local No. 000081

EDR No. 00001684040

State No. 2024-001137

1. Decedent's Legal Name (First, Middle, Last) Angie Ruth Nichols		11a. Maiden Name (if female) Nichols		2. Gender Female		3. Time of Death 11:15 AM		4. Date of Death (Month/Day/Year) 01/04/2024							
5. Social Security Number [REDACTED]		6a. Age - Yrs 79		6b. Under 1 Year Months: 0 Days: 0		6c. Under 1 Month Hours: 0 Minutes: 0		7. Date of Birth (Month/Day/Year) 09/26/1944		8. Birthplace (City and State or Foreign Country) Canton, Mississippi					
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <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)											
11a. Facility Name (If Not Institution, Give Street and Number) Community Hospital Munster										11b. 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			
12a. City or Town, State, and Zip Code Munster, Indiana 46321				13. County of Death Lake				16. Decedent's Usual Occupation Cashier		17. Kind of Business/Industry Retail					
15a. Residence - State IN		15b. County Lake		15c. City or Town Hammond		18a. Apt. No.		18b. Zip Code 46320		18c. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education High School graduate or GED completed		20. Decedent of Hispanic Origin Not Spanish or Spanish/Latino		21. Decedent's Race Black or African American		22. Parents Name (First, Middle, Last) Ivory Nichols		23. Parents Last Name Before First Marriage Cleveland		24. Informant Name Nichelle Burgess Kiper					
25a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment From State <input type="checkbox"/> Other (Specify)		25b. Place of Disposition (Name of Cemetery, Crematory, Other Place) Regional Cremation		25c. Location - City, Town, or Village Munster, IN		26. Name and Complete Address of Funeral Facility Ridgelynn Funeral Home, Inc. 4201 W Ridge Road, Gary, Indiana, 46408		27a. Funeral Home License Number FH1020007		27b. License Number (if Licensee) FD2970012					
28. Part I - Enter the Chain of Events - Diseases, Injuries, or Complications - That Directly Caused the Death. Do Not Enter Events Such As Cardiac Arrest, Respiratory Arrest, or Ventricular Fibrillation Without Showing the Etiology. Do Not Abbreviate. Enter a Line for Each Additional Line, if Necessary. Stroke I63.9; Cerebral infarction 285.05 - Personal history of malignant neoplasm of liver												Approximate Interval: Onset to Death 1 day			
29. Describe How Injury Occurred Electronically Signed												40. If Transportation Injury, Specify: <input type="checkbox"/> Passenger <input type="checkbox"/> Operator			
31. Signature of Person Certifying Cause of Death Michael Tallarico												42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other			
32. Name, Address and Zip Code of Person Certifying Cause of Death Michael Tallarico 1001 1001 Calumet Avenue, Dyer, IN 46311												44. License Number 04078614A		45. Date Certified as a Physician 01/04/2024	
33. Signature of Local Health Officer Chandana Varadola												47. For Registrar Only 01/09/2024			