

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-035545
3:46 PM 2024 Dec 18

AFFIDAVIT OF DEVOLUTION OF REAL ESTATE

STATE OF INDIANA)) SS:
COUNTY OF LAKE)

Joseph W. Adams ("Affiant"), being first duly sworn upon oath deposes and says:

1. The Affiant is the brother of Larnie Lee Adams (deceased) and has personal knowledge of the facts stated herein.
2. Larnie Lee Adams died intestate on March 02, 2004, while domiciled in Lake County, Indiana.
3. Joseph W. Adams, James Adams, Larnie Lee Adams and Robert Gary Adams acquired title as joint tenants by Warrant Deed, document number 1982-686574, recorded on November, 08 1982, and dated August, 08 1982, in the Office of the Recorder Lake County, Indiana.
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: 45-08-16-427-010.000-004

Legal Description: LOT 34, IN BLOCK 43, CHICAGO TOLLESTON LAND AND INVESTMENT COMPANY'S 2ND OAK PARK ADDITION, IN THE CITY OF GARY, INDIANA.

Common Address: 2557 Jefferson Street Gary Indiana 46407

5. Joseph W. Adams, James Adams and Robert Gary Adams survived Larnie Lee Adams as joint tenant after Larnie Lee Adams' death on March 02, 2004. By operation of the law, title to the Real Estate was immediately vested in Joseph W. Adams, James Adams and Robert Gary Adams upon Larnie Lee Adams' death.
6. Pursuant to Indiana Code 29-1-7-23, when a person dies, title to his real property devolves immediately and automatically to his Heirs at Law upon the decedent's death.

FILED

DEC 18 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Handwritten signature/initials

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 Larnie Lee Adams 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 Joseph W. Adams, James Adams and Robert Gary Adams surviving joint tenants.

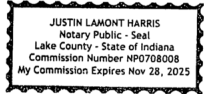
Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

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

Joseph W. Adams
Joseph W. Adams, Signature of Affiant

Joseph W. Adams
Joseph W. Adams, Print Name of Affiant



ACKNOWLEDGMENT

STATE OF INDIANA

COUNTY OF LAKE

The foregoing instrument was acknowledged before me by means in person notarization, this 29th day of April 2023. Joseph W. Adams, who has/have produced DRIVER'S LICENSE as identification.

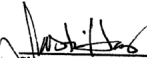
Justin Lamont Harris
Notary Signature
JUSTIN LAMONT HARRIS
Notary Print

Notary Commission Expires: NOVEMBER 28, 2025

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.

NOT AN OFFICIAL DOCUMENT



Signature
Justin L 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:

2557 JEFFERSON STREET
GARY, IN 46407

GRANTEE'S ADDRESS

2557 JEFFERSON STREET
GARY, IN 46407

GRANTEE'S ADDRESS

2557 JEFFERSON STREET
GARY, IN 46407

* ATTENTION: If you are a decedent of the State of Indiana, you are required to pursue our responsibility in the event of a death. If you are not a resident of Indiana, you may be refused.

Local No. **67301**

PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

AN OFFICIAL DOCUMENT

CERTIFICATE OF DEATH

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

State No.

1. DECEASED - NAME (Print, Middle, Last) Larnia Lee Adams		2. SEX Male		3a. TIME OF DEATH 7:03 P.M.		3b. DATE OF DEATH (Month, Day, Yr.) March 2, 2004	
4. SOCIAL SECURITY NUMBER 64		5a. AGE - Last Birthday (Years) 64		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____	
6a. DATE OF BIRTH (Month, Day, Yr.) August 20, 1939		7. BIRTHPLACE (City and State or Foreign Country) GARY Indiana		8. PLACE OF DEATH (CHECK ONLY ONE) (Specify) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify) _____			
9a. FACILITY NAME (If not institution, give street and number) Methodist Hospital South Lake		9b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Never Married		11. SURVIVING SPOUSE (If wife, give maiden name) None		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Sanitation Department		12b. KIND OF BUSINESS/INDUSTRY Sanitation Department	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Gary		13d. STREET AND NUMBER 2557 Jefferson Street	
14. ZIP CODE 46407		15. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		16. CITIZEN OF WHAT COUNTRY? U.S.A.		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 16)	
18. FATHER'S NAME (Print, Middle, Last) Robert Adams		19. MOTHER'S NAME (Print, Middle, Maiden Surname) Arlie Lee Stegall		20. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2557 Jefferson Street, Gary, IN 46407		20c. Relationship Brother	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 8, 2004 Oak Hill CEMETERY		21c. LOCATION - City or Town, State Gary, Indiana		22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
23. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nongenetic terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Cancer of lung Metastasis to liver Respiratory Failure		24. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FD01016254		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner FH19600034 4209 Grant Street, Gary, Indiana 46407	
26. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cancer of lung		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
29. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Suzanne J. Sheehy 5825 Broadway Suite A Merrillville IN 46410		31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) March 10, 2004	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
34d. PLACE OF INJURY ... At home, farm, street, factory, office building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		35. DATE PRONOUNCED DEAD (Month, Day, Year)			
36. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.							