

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-035546

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 James Richard Adams a/k/a James R. Adams a/k/a James Adams (deceased) and has personal knowledge of the facts stated herein.
2. James Richard Adams a/k/a James R. Adams a/k/a James Adams died intestate on May 22, 2006, 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 23, 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, and Robert Gary Adams survived James Richard Adams a/k/a James R. Adams a/k/a James Adams as joint tenant after James Richard Adams a/k/a James R. Adams a/k/a James Adams death on May 22, 2006. By operation of the law, title to the Real Estate was immediately vested in Joseph W. Adams and Robert Gary Adams upon James Richard Adams a/k/a James R. Adams a/k/a James 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

25
GAS #
D

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 James Richard Adams a/k/a James R. Adams a/k/a James 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 and Robert Gary Adams surviving joint tenants.

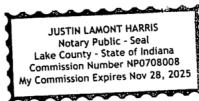
Property of Lake County Recorder

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.

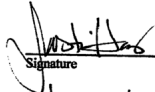
Justin Lamont Harris
Notary Signature
Justin Lamont Harris
Notary Print

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 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

GRANTOR'S ADDRESS
2752 WAVERLY DRIVE
GARY, IN 46404

GRANTEE'S ADDRESS
2557 JEFFERSON STREET
GARY, IN 46407

ATTENTION: STATE SOCIAL SECURITY # ng request for this state agency in order to sue its state responsibility. Discontinue if primary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

AN OFFICIAL DOCUMENT

cal No. 1380-06 CERTIFICATE OF DEATH State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

PE/PRINT
IN
RMANENT
ACK INK

DECEDENT

RENTS

ORMANT

POSITION

USE OF
ATH

RTIFIER

LT
ICER

1. DECEASED—NAME (First, Middle, Last) James Richard Adams		2. SEX Male	3a. TIME OF DEATH 1:35 P M	3b. DATE OF DEATH (Month, Day, Year) May 22, 2006	
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Year) 70	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr) March 13, 1936	
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9a. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake	9b. CITY, TOWN, OR LOCATION OF DEATH Merrillville		9c. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Frances Quilman	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Switchman		12b. KIND OF BUSINESS/INDUSTRY USX Steel Mill	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 2752 Waverly Drive		
13e. ZIP CODE 46404	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) Black	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (11-4 or 5 +)			17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		
18. FATHER'S NAME (First, Middle, Last) Joseph Adams		19. MOTHER'S NAME (First, Middle, Maiden Surname) Arie Lee Stegall			
20a. INFORMANT'S NAME (Type/Print) Frances Adams		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2752 Waverly Drive Gary, Indiana 46404		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 30, 2006 Oak Hill Cemetery		21c. LOCATION—City or Town, State Gary, Indiana	
22a. EMBALMER'S NAME Sherman G. Banks III		22b. EMBALMER'S LICENSE NO. FD01016254	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of License) FD01016254	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner FH10500021 4209 Grant Street Gary, Indiana 46408		
26. PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Cancer of lung					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) metastasis of					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. DUE TO (OR AS A CONSEQUENCE OF) metastasis to liver					
c. DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER 			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Surrendra D. Shah M.S. 5825 Broadway Ste A Merrillville IN 46410		30a. MEDICAL LICENSE NO. 01032180	30b. DATE SIGNED (Month, Day, Year) 5/30/06		
31. HEALTH OFFICER'S SIGNATURE Surrendra D. Shah M.S.					
32. DATE FILED (Month, Day, Year) June 7, 2006					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PHONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			