

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
 RECORDER
 2024-035547
 STATE OF INDIANA
 LAKE COUNTY
 RECORDED AS PRESENTED
 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 Robert Gary Adams (deceased) and has personal knowledge of the facts stated herein.
2. Robert Gary Adams died intestate on January 18, 2022, 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 survived Robert Gary Adams as joint tenant after Robert Gary Adams' death on January 18, 2022. By operation of the law, title to the Real Estate was immediately vested in Joseph W. Adams upon Robert Gary 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.
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.

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 (Signature)

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8. The Estate of Robert Gary 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 surviving joint tenant.

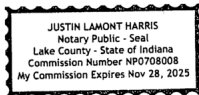
Property of Lake County Recorder

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

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

X 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 NO VETS LICENSE as identification.

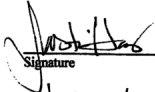
Justin Lamont Harris
Notary Signature
JUSTIN LAMONT HARRIS
Notary Print

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.

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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

Grantor's Address
2023 W 75th PLACE #23
Merrillville IN 46410

Grantee's Address
2557 JEFFERSON STREET
GARY, IN 46407



NOT AN OFFICIAL STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH Tracking No. 328475

Local No 000785

EDR No 00001233868

State No 2022-008189

1. Decedent's Legal Name (First, Middle, Last) Robert Gary Adams				1a. Maiden Name (If Female)		2. Gender Male		3. Time of Death 10:24 PM		4. Date Of Death (Month/Day/Year) 01/18/2022		
3. Social Security Number [REDACTED]		5a. Age - Yrs 76	5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Day Hours	5e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 06/11/1945		8. Birthplace, (City and State or Foreign Country) Gary, Indiana			
8. Ever in U.S. Armed Forces?				10. If Death Occurred In A Hospital:				10a. If Death Occurred Somewhere Other Than A Hospital				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				<input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify):				
11. Facility Name (If Not Institution, Give Street and Number) Symphony Of Crown Point												
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 checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name Gwendolyn Adams				15a. Last Name Before First Marriage Reed				16. Decedent's Usual Occupation Military Employee		17. Kind Of Business/Industry U.S. Army		
18. Residence - State IN		18a. County Lake			18b. City Or Town Merrillville			18d. Apt. No. 23	18e. Zip Code 46410	18f. Is this a City Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 2023 W 75th Place		19. Decedent's Education Some college, but no degree		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race Black or African American						
22. Parent's Name (First, Middle, Last) Joseph Adams				23. Parents Name (First, Middle, Last) Arie Lee Adams				25a. Parent's Last Name Before First Marriage Stegall				
24. Informant's Name Gwendolyn Adams			24a. Relationship To Decedent Wife			24b. Mailing Address (Street And Number, City, State, Zip Code) 2023 W 75th Place 23, Merrillville, IN, 46410						
25. Place Of Disposition												
25a. 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):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Oak Hill Cemetery				25c. Location - City, Town, And State Gary, IN					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Smith Bizzell Warner Funeral Home 4209 Grant Street, Gary, Indiana, 46408						27a. Funeral Home License Number: FH10500021				
27b. Signature of Indiana Funeral Service Licensee: Syvester Damm						27c. License Number (Of Licensee): FD09200053			27d. Signature of Health Officer			
28. 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 On A Line. Add Additional Lines If Necessary.												
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. Cardiopulmonary Arrest				Approximate Interval: Onset To Death Unknown				
Sequentially List 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				B. Unknown				Unknown				
C.				D.								
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I												
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner 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		33b. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		33c. Cause Of Death: <input type="checkbox"/> Drowning <input type="checkbox"/> Poisoning <input type="checkbox"/> Fire <input type="checkbox"/> Other (Specify):		33d. Injury, If Applicable: <input type="checkbox"/> Open <input type="checkbox"/> Closed		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Location Of Injury - State		
38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code		39. Describe How Injury Occurred				
41. Signature of Person Certifying Cause Of Death: Alexander A Stemer						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other (Specify):			43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Alexander A Stemer 10110 S Donald S. Powers Drive 101D, Munster, IN 46321			
44. Signature of Local Health Officer: Chandana Vasilela						46. For Registrar Only			45. Date of Death (Month/Day/Year) 01/18/2022			
47. Signature of Registrar						48. For Registrar Only			49. Date of Death (Month/Day/Year) 01/18/2022			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

THIS IS A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

JUN 13 2022

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS