

9048 Bunker Hill Drive  
Munster, IN 46321

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96 APR 11 AM 8:58

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

AFFIDAVIT MARGARETTE CLEVELAND  
RECORDER

28-122-10

CHARLES O. NEAL, being first duly sworn upon his oath, deposes and says:

1. That Theda M. Allen executed a Trust on the 9th day of December, 1993, known as the Theda M. Allen Declaration of Trust Dated December 9, 1993.

2. That Theda M. Allen appointed her son, Larry W. Allen, as Trustee of the Theda M. Allen Declaration of Trust Dated December 9, 1993, for so long as he is alive or until such time as he resigns or becomes incapacitated, at which time Charles O. Neal, brother of Theda M. Allen, shall become Successor Trustee of the Theda M. Allen Declaration of Trust Dated December 9, 1993.

3. That Larry W. Allen died on March 6, 1996, a resident of Lake County, Indiana, and a certified copy of his death certificate is attached hereto.

4. That at the time of the death of Larry W. Allen, the following real estate was owned by Larry W. Allen, As Trustee of the Theda M. Allen Declaration of Trust Dated December 9, 1993:

Lot Ten (10), Block Six (6) in Independence Park, in the Town of Munster, Lake County, Indiana, as per plat thereof, recorded in Book 24 at Page 23, in the Office of the Recorder, Lake County, Indiana.

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

APR 04 1996

(Commonly known as 9048 Bunker Hill Drive, Munster, IN)

SAM ORLICH  
AUDITOR LAKE COUNTY

5. That the undersigned is the named Successor Trustee of the Theda M. Allen Declaration of Trust Dated December 9, 1993.

6. That Charles O. Neal became the Trustee of said Trust and accepted his appointment as Trustee at the time of the death of Larry W. Allen.

*Charles O. Neal*  
CHARLES O. NEAL

SUBSCRIBED and SWORN to before me, a Notary Public, on this 28 day of MARCH, 1996.

*Judith A. Orsinski*  
JUDITH A. ORSINSKI/Notary Public

My Commission Expires:  
MARCH 20, 2000

Resident of LAKE County

THIS INSTRUMENT PREPARED BY:  
THOMAS L. KIRSCH, Attorney at Law  
131 Ridge Road, Munster, IN 46321

000237

1180  
13279  
OP

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Local No. .... 0464-96 .....

State No. ....

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1. DECEASED—NAME (First Middle Last) <b>LARRY WAYNE ALLEN</b>		2. SEX <b>MALE</b>	3a. TIME OF DEATH <b>5:09 AM</b>	3b. DATE OF DEATH (Month Day, Yr) <b>MARCH 6, 1996</b>	
4. SOCIAL SECURITY NUMBER <b>303-54-4290</b>	5a. AGE—Last Birthday (Years) <b>48</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day, Yr) <b>AUG. 1, 1947</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>East Chicago, Indiana</b>	8. PLACE OF DEATH (Check only one. See instructions)				
9a. WAS DECEASET A U.S. VETERAN? <b>yes</b>	9b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1972</b>	<input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9c. FACILITY NAME (If not institution, give street and number) <b>The Community Hospital</b>		9d. CITY, TOWN, OR LOCATION OF DEATH <b>Munster</b>	9e. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS <b>Divorced</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>none</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Security Officer</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Security</b>	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Munster</b>		13d. STREET AND NUMBER <b>9048 Bunker Hill Drive</b>	
13e. ZIP CODE <b>46321</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. <b>White</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <b>12</b> College (1-4 or 5+)		18. FATHER'S NAME (First Middle Last) <b>Alva Allen</b>			
19. MOTHER'S NAME (First Middle Maiden Surname) <b>Theda Neal</b>		20a. INFORMANT'S NAME (Type/Print) <b>Mr. Charles Neal</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>126 Jamestown Ave. Valparaiso, IN 46383</b>		20c. Relationship <b>Uncle</b>			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) <b>March 8, 1996 Northwest Indiana Cremation Service Crown Point, IN</b>		21c. LOCATION—City or Town, State	
22a. EMBALMER'S NAME <b>David McCoy</b>		22b. EMBALMER'S LICENSE NO. <b>FDO8700581</b>	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) <b>FDO1013507</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Bocken Funeral Home, Inc. FH83002801 7042 Kennedy Ave. Hammond, IN 46323</b>		
26. CAUSE OF DEATH (This certificate is the property of the State of Indiana. Complete copy of the certificate of death on file with the Lake County Health Department.) <b>vascular collapse</b>		<b>FILED</b> Approximate Interval Between Onset and Death <b>Unknown</b>			
27. CONTINUED: If death occurred on or after 07-1996, read to the immediate cause, stating the underlying cause last. <b>MAR 07 1996</b>		<b>Pending further study</b> <b>APR 04 1996</b>			
28. PARTIAL LIST OF CAUSES CONTRIBUTING TO DEATH BUT NOT PREVIOUSLY STATED IN PART I <b>LAKE COUNTY HEALTH COMMISSIONER</b>		29. AUDITOR LAKE COUNTY <b>SAM ORLICH</b>		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>pending</b>	
29a. CERTIFIER (Check only one) <input 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 checked="" 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. <b>Deputy</b>		29c. MEDICAL LICENSE NO. <b>N/A</b>			
29d. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29e. DATE SIGNED (Month Day, Year) <b>March 7, 1996</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Donna Melyon, Deputy Coroner, 2213 North Main Street, Crown Point, Indiana 46307</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>				32. DATE FILED (Month Day, Year) <b>March 7, 1996</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <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. 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 PRONOUNCED DEAD (Month Day, Year) <b>March 6, 1996</b>		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>000238</b>			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER