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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 029724

2014 MAY 22 PM 1:49

STATE OF INDIANA  
COUNTY OF LAKE

)  
) SS:  
)

MICHAEL B. BROWN  
RECORDER

AFFIDAVIT

I, T. David Allen, being duly sworn, state as follows:

- 1. Affiant resides at the address given below affiant's signature.
- 2. Affiant is the Successor Trustee of the Victoria Allen Living Trust dated August 30, 1999, and the son of the decedent.
- 3. Said Victoria Allen died on March 6, 2014. See attached Death Certificate for Victoria Allen.

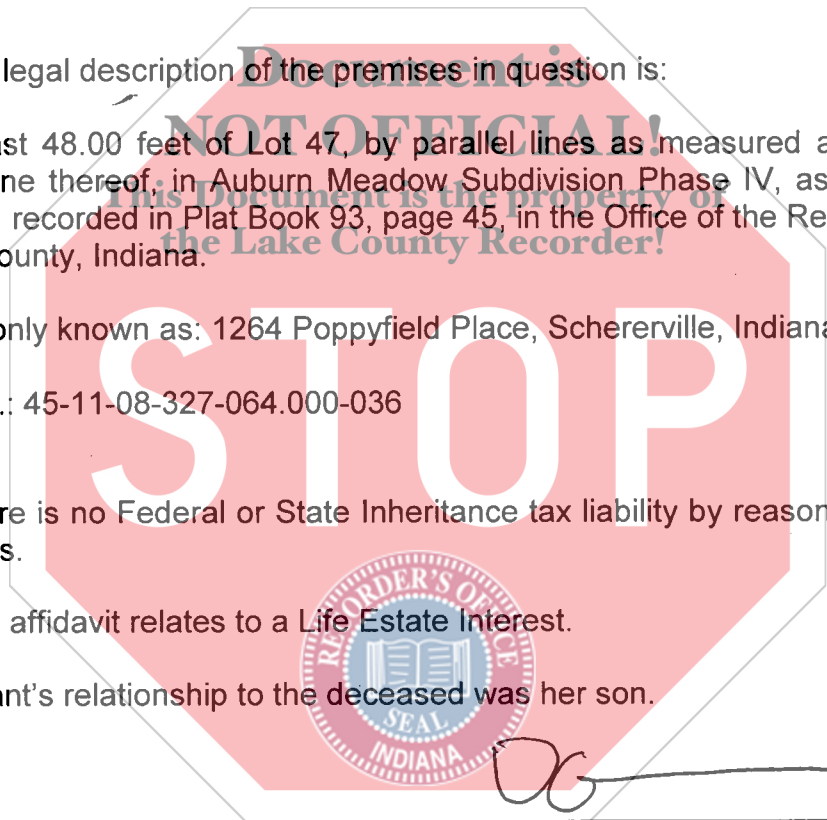
4. The legal description of the premises in question is:

The East 48.00 feet of Lot 47, by parallel lines as measured along the North line thereof, in Auburn Meadow Subdivision Phase IV, as per plat thereof, recorded in Plat Book 93, page 45, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 1264 Poppyfield Place, Schererville, Indiana 46375

Key No.: 45-11-08-327-064.000-036

- 5. There is no Federal or State Inheritance tax liability by reason of the death of said decedents.
- 6. This affidavit relates to a Life Estate Interest.
- 7. Affiant's relationship to the deceased was her son.



T. David Allen, Affiant  
1139 Coventry Circle  
Glendale Heights, IL 60139

**FILED**

MAY 22 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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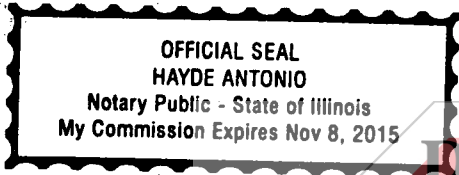
STATE OF ILLINOIS )  
 ) SS:  
COUNTY OF DuPage )

Before me the undersigned, a Notary Public for DuPage County, State of Illinois, personally appeared T. David Allen, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 12 day of May, 2014.

My commission expires: November 8, 2015

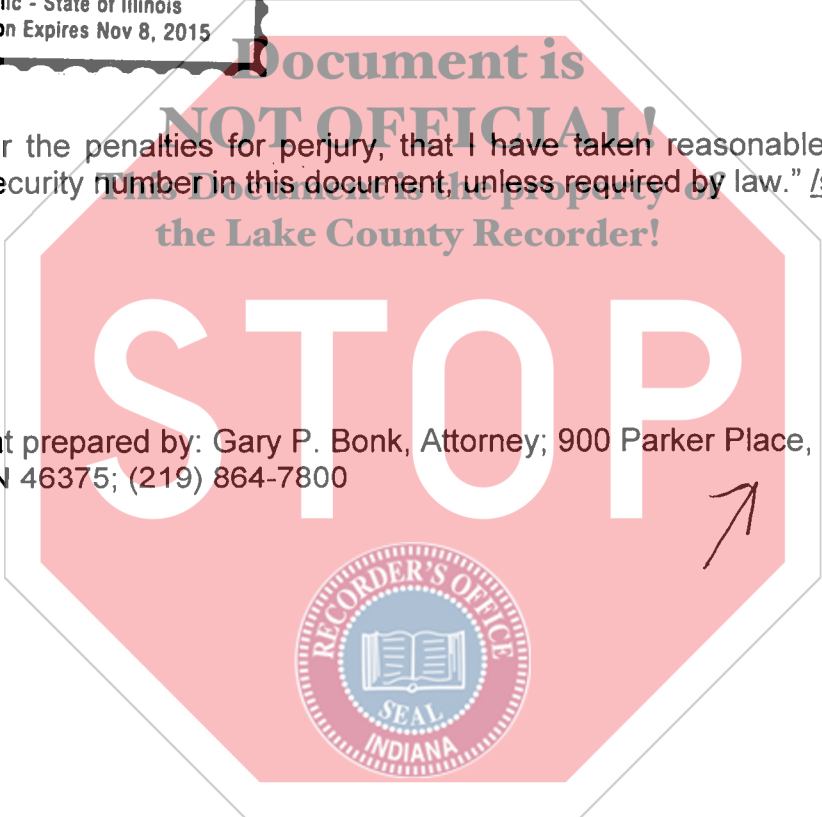
Signature: *Hayde Antonio*



Resident of: DuPage County

"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." /s/Gary P. Bonk

Document is  
NOT OFFICIAL!  
This is the property of  
the Lake County Recorder!



This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No 11941

Local No. 000734

EDR No. 000000373439

State No. 010331

1. Decedent's Legal Name (First, Middle, Last) VICTORIA L ALLEN		1a. Maiden Name (If female) LYREN		2. Sex FEMALE	3. Time Of Death 08:19 AM	4. Date Of Death (Month/Day/Year) 03/06/2014
5. Social Security Number [REDACTED]	6a. Age - Yrs 73	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 05/07/1940
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		8. Birthplace (City and State or Foreign Country) CEDAR LAKE, IN

11. Facility Name (If Not Institution, Give Street and Number) 1264 POPPYFIELD PLACE		12. City Or Town, State, And Zip Code SCHERERVILLE, IN 46375		13. 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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation TEACHER	17. Kind Of Business/Industry CHICAGO PUBLIC SCHOOLS

18. Residence - State INDIANA	18a. County LAKE	18b. City Or Town SCHERERVILLE	18d. Apt. No.	18e. Zip Code 46375	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White	

22. Father's Name (First, Middle, Last) GUSTAVE E LYREN		23. Mother's Name (First, Middle, Last) IRENE LYREN		23a. Mother's Maiden Last Name MCDONOUGH	
24. Informant's Name DAVID T ALLEN		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 1139 COVENTRY CIRCLE, GLENDALE HEIGHTS, IL 60139	

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) CONCORDIA CEMETERY		25c. Location - City, Town, And State HAMMOND, IN	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN PRUZIN FUNERAL SERVICE INC DBA SOLAN PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375		27a. Funeral Home License Number FH10200037	

27b. Signature Of Indiana Funeral Service Licensee DEAN G WAGNER BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD08800057		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 Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ADVANCED LUNG CANCER, PROBABLY ADENOCARCINOMA Due to (Or As A Consequence Of) B. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. C. D.	
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31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female <input checked="" 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 type="checkbox"/> Unknown If Pregnant <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death		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	
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)	

38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			

41. Signature Of Person Certifying Cause Of Death LYLE R MUNN BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01031582A		45. Date Certified 03/06/2014			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death LYLE R MUNN, 85 E US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						47. Faxes		49. For Registrar Only - Date Filed (Month/Day/Year) MAR 07 2014	

48. Signature Of Local Health Officer SUSAN W BEST VIA ELECTRONIC SIGNATURE									
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

State Form 53395 - ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and confidential. RAISED SEAL AFFIXED