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2020-081134

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

2020 Nov 6

9:06 AM

STATE OF INDIANA

)

) SS:

COUNTY OF LAKE

)

Tax Key No. 45-07-33-201-016.000-026

AFFIDAVIT

I, Sandra L. Leeney being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. Sandra L. Leeney is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 2 IN GORDON'S 1ST ADDITION TO THE TOWN OF HIGHLAND, A RESUBDIVISION OF THE SOUTH HALF OF LOT 41 ERIE SUBDIVISION NO. 1 OF THE INDUSTRIAL CENTER LAND CO., AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 46 PAGE 33, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly Known As: 9851 Kennedy Avenue, Highland, IN 46322

Beneficiary Address:

Sandra L. Leeney, 9851 Kennedy Avenue, Highland, IN 46322

3. Sandra L. Leeney and Roberta L. Leeney (aka Marie Loraine Roberta Leeney) acquired title to said real estate as joint tenants with rights of survivorship by Quitclaim Deed executed on the 22nd day of March, 2010, and recorded in the Office of the Lake County Recorder on the 26th day of March, 2010, as Document No. 2010-017433.

4. That Roberta L. Leeney (aka Marie Loraine Roberta Leeney) died on the 27th day of September, 2020, at which time Sandra L. Leeney acquired title to said real estate pursuant to property law. See attached Death Certificate for Roberta L. Leeney (aka Marie Loraine Roberta Leeney).

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

FILED

NOV 06 2020

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

Sandra L Leeney
Sandra L. Leeney, Affiant

\$25100

VA 1165

073

EXECUTED AND DELIVERED in my presence:

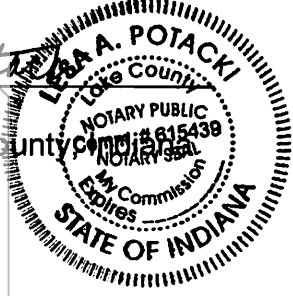
Donna M. Stovall
Witness' Signature

DONNA M. STOVALL
Witness' Printed Name

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 5th day of November, 2020 Personally appeared: Sandra L. Leeney and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 02/13/2026 Signature: Lesa A. Potacki
Lesa A. Potacki
Resident of: Lake County, Indiana



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for Lake County, State of Indiana, personally appeared Donna M. Stovall being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by Sandra L. Leeney in the above-named subscribing witness' presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Signed and sealed this 5th day of November, 2020.

My commission expires: 02/13/2026 Signature: Lesa A. Potacki
Lesa A. Potacki
Resident of: Lake County, Indiana



"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

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. 249966

Local No 004039

EDR No 00000806825

State No 052934

1. Decedent's Legal Name (First, Middle, Last) MARIE LORAIN ROBERTA LEENEY				1a. Maiden Name (If female) VAILLANT		2. Sex FEMALE	3. Time Of Death 12:40 PM	4. Date Of Death (Month/Day/Year) 09/27/2020	
5. Social Security Number [REDACTED]		6a. Age - Yrs 93	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) 07/22/1927		8. Birthplace (City and State or Foreign Country) FLINT, MI
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 Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <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) WILLIAM J RILEY RESIDENCE									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					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. Last Name Before First Marriage		16. Decedent's Usual Occupation ENTREPRENEUR		17. Kind Of Business/Industry RADIO SALES	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HIGHLAND				
18c. Street And Number 9851 KENNEDY AVENUE						18d. Apt. No. A	18e. Zip Code 46322	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) GILBERT VAILLANT				23. Parent's Name (First, Middle, Last) LAURENCE VAILLANT			23a. Parent's Last Name Before First Marriage PARISIENNE		
24. Informant's Name SANDRA LEENEY				24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 9851 KENNEDY AVENUE APT B, HIGHLAND, IN 46322			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) SOLAN PRUZIN CREMATORY			25c. Location - City, Town, And State SCHERERVILLE, 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: JOHN S PRUZIN JR, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD29600100			
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. METABOLIC ENCEPHALOPATHY Due to (Or As A Consequence Of) _____ DAYS 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. DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE Due to (Or As A Consequence Of) _____ YEARS C. DYSPHAGIA Due to (Or As A Consequence Of) _____ MONTHS D. _____								Approximate Interval: Onset To Death	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Not Pregnant, But Pregnant 30 Days To 1 Year Before Death <input type="checkbox"/> Pregnant, Had Live Birth, Or Fetal Death Within 42 Days Of 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				30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Location 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 00102 2020		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"/> 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			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321						44. License Number 0103 582A		45. Date Certified 09/29/2020	
46. Additional Funeral Service Provider:						47. *Ages:			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) SEP 29 2020			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

