

2022-526746  
06/29/2022 11:20 AM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 4

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

**FILED**

Jun 29 2022 SLG  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR



2372421-1754-0

**AFFIDAVIT TO EXTINGUISH LIFE ESTATE**

Property Address: 1813 Redwood Court, Crown Point, IN 46307  
Property County: Lake

**Susan I Gorney**, of adult age, being first duly sworn, upon deposes and says:

That **Susan I Gorney**, is the Daughter of Viola M. Gorney, deceased, who died on April 12, 2022 a resident of Lake County, Indiana.

That said decedent acquired a Life Estate interest to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Viola M. Gorney recorded April 14, 2004 as Document No. 2004-.30425 in the Office of the Office of the Recorder of Lake County, Indiana.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to remove the Life Estate interest of Viola M. Gorney.

Further, Affiant sayeth not.

*\* Death Cert. attached*

X Susan I Gorney  
Susan I Gorney

MTC File No.: 22-17875 (ALE)

Page 1 of 3

HOLD FOR MERIDIAN TITLE CORP

# NOT AN OFFICIAL DOCUMENT

State of Colorado, County of Teller ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Susan I Gorney** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 27<sup>th</sup> day of June, 2022

049-2023

My Commission Expires:

20074011361

Commission No.

Teller County Colorado

Notary Public County and State of Residence

Patricia Key

Signature of Notary Public

Patricia Key

Printed Name of Notary



This instrument was prepared by:  
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

I affirm, under the penalties for perjury that I have taken reasonable care to redact each social security numbers in this document, unless required by law.

Name AK

for  
the  
rec-  
ord  
of

MTC File No.: 22-17875 (ALE)

for  
the  
rec-  
ord  
of

# NOT AN OFFICIAL DOCUMENT

## LEGAL DESCRIPTION

Unit #5-4, Court "E", in Springdale Farms, an Addition to Crown Point, per plat thereof recorded in the Office of the Recorder of Lake County, Indiana.

Property of Lake County Recorder



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **326157**

Local No 001785

EDR No 00001275173

State No 2022-023617

1. Decedent's Legal Name (First, Middle, Last) <b>Viola Marion Gorney</b>		1a. Maiden Name (if female) <b>Lawson</b>		2. Gender <b>Female</b>		3. Time of Death <b>10:45 PM</b>		4. Date of Death (Month/Day/Year) <b>04/12/2022</b>	
6. Social Security Number <b>96</b>		6a. Age - Yrs <b>96</b>		6b. Under 1 Year Months <b>05/18/1925</b>		6c. Under 1 Month Days <b>05/18/1925</b>		6d. Under 1 Hour Minutes <b>05/18/1925</b>	
7. Date of Birth (Month/Day/Year) <b>05/18/1925</b>		8. Birthplace (City and State or Foreign Country) <b>New York, New York</b>							
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"/> Care: (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) <b>Clarendale Of Schererville</b>									
12. City or Town, State, and Zip Code <b>Schererville, Indiana 46375</b>				13. County of Death <b>Lake</b>		14. Marital Status At Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Sponsoring Spouse's Name			15a. List Name Before First Marriage			16. Decedent's Usual Occupation <b>Administrator</b>		17. Kind Of Business/Industry <b>Clerical</b>	
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City or Town <b>Schererville</b>		18c. Apt. No.		18d. Zip Code <b>46375</b>	
18e. Street and Number <b>7770 Burr Street</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education <b>High School graduate or GED completed</b>			20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>			21. Decedent's Race <b>White</b>			
22. Parents' Name (First, Middle, Last) <b>Unknown</b>			23. Parents' Name (First, Middle, Last) <b>Unknown Unknown</b>			23a. Parents' Last Name Before First Marriage <b>Unknown</b>			
24. Informant's Name <b>Bruce Gorney</b>			24a. Relationship To Decedent <b>Son</b>		24b. Mailing Address (Street and Number, City, State, Zip Code) <b>51 Deertrail Drive, Cyer, IN, 46311</b>				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment From Site <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Heighis Crematory</b>			25c. Location - City, Town, and State <b>Chicago Heights, IL</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Crown Cremation Services 850 N. Madison Street, Crown Point, Indiana, 46007</b>			27a. Funeral Home License Number: <b>FH11300014</b>				
27b. Signature Of Indiana Funeral Service Licensee: <b>Kelly Michelle Sprouse</b>				27c. License Number (Of Licensee): <b>FD21700031</b>		27d. Cause of Death (See Instructions And Examples) <b>Electronically Signed</b>			
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. <b>Dementia</b>			B. _____		C. _____	
Sequentially List Conditions, If Any, Or Injury That Caused Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last			B. _____			C. _____		D. _____	
Part II. Enter One Specific Condition Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									
Nonbearing Sacral Wound									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> No Program With Past Year <input type="checkbox"/> Program At Time Of Death <input type="checkbox"/> Not Program, But Program Within 1 Year Before Death <input type="checkbox"/> Unknown (Program 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		34. Uppercase Number <b>0202441A</b>			
34. Date Of Injury (Month/Day/Year)		35. Type 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 checked="" 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		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Other <b>NO PVAL RUNLESS</b>							
41. Signature, Of Person Causing Cause Of Death: <b>Kristine Marie Teodor</b>				41. Carrier (Check Only One): <input type="checkbox"/> Carrying Physician <input type="checkbox"/> Conductor <input checked="" type="checkbox"/> Health Officer		42. State Certificate <b>0202441A</b>			
43. Name, Address And Zip Code Of Person Causing Cause Of Death: <b>Kristine Marie Teodor 300 N Main Street Ste D, Crown Point IN 46037H DEPARTMENT</b>				44. Uppercase Number <b>0202441A</b>		45. Date Certified <b>04/20/2022</b>			
45. Additional Funeral Service Provider:				46. Signature of Local Health Officer: <b>Chandana Verrala</b>		47. Date <b>04/21/2022</b>		48. Signature of Registrar Only <b>Electronically Signed</b>	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
LAKE COUNTY HEALTH OFFICER									