

NOT AN OFFICIAL DOCUMENT

FILED

Oct 28 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR
STATE OF INDIANA)
COUNTY OF LAKE)

2022-543842
10/28/2022 10:53 AM
TOTAL FEES: 25.00
BY: SP
PG #: 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

Tax Key No. 45-11-06-107-005.009-034

AFFIDAVIT

I, Rebecca L. Ward, 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. Rebecca L. Ward and Allen E. Pick II are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 83 in Parkview Terrace 2nd Addition to the Town of Dyer, as shown in plat book 45 page 125, in Lake County, Indiana.

Commonly Known As: 945 Lancaster Lane, Dyer, IN 46311

Beneficiary Addresses:

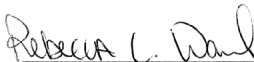
Rebecca L. Ward, 11286 N. Pine Court, Wheatfield, IN 46392

Allen E. Pick II, 302 Amber Lane, Lowell, IN 46356

3. Rebecca L. Ward and Allen E. Pick II acquired title to said real estate by transfer on death deed of conveyance that was executed on the 28th day of August, 2019, and recorded in the Office of the Lake County Recorder on the 4th day of September, 2019, as Document No. 2019-059828.

4. That Allen E. Pick, Sr. died on the 10th day of April, 2022, at which time Rebecca L. Ward and Allen E. Pick II acquired title to said real estate pursuant to property law. See attached Death Certificate for Allen E. Pick, Sr.

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.



Rebecca L. Ward, Affiant
11286 N. Pine Court
Wheatfield, IN 46392

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 24th day of October, 2022 Personally appeared: Rebecca L. Ward 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, Notary Public
Resident of: Lake



"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number from 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

Property of Lake County Recorder



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 3225002
CERTIFICATE OF DEATH

Local No 002020

EDR No 000011271633

State No 2022-026901

1. Decedent's Legal Name (First, Middle, Last) Allen Edward Pick				1a. Maiden Name (if female)		2. Gender Male		3. Time Of Death 10:00 PM		4. Date Of Death (Month/Day/Year) 04/10/2022	
5. Social Security Number 76		6a. Age - Yrs 76		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		7. Date of Birth (Month/Day/Year) 09/30/1945	
8. Ever in U.S. Armed Forces?		10. If Death Occurred In A Hospital:				10a. If Death Occurred Somewhere Other Than A Hospital					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Died on Arrival				<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)					
11. Facility Name (If Not Institution, Give Street and Number) 945 Lancaster Lane											
12. City or Town, State, and Zip Code Dyer, Indiana 46311						13. County Of Death Lake			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input 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 Boilermaker		17. Kind Of Business/Industry Construction	
18. Residence - State IN			18a. County Lake			18b. City Or Town Dyer					
18c. Street And Number 945 Lancaster Lane			18d. Apt. No.			18e. Zip Code 46311		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 Spanish/Hispanic/Latino				21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) Joseph Pick				23. Parent's Name (First, Middle, Last) Yolanda Pick				23a. Parent's Last Name Before First Marriage Unknown			
24. Informant's Name Rebecca Ward			24a. Relationship To Decedent Daughter			24b. Mailing Address (Street And Number, City, State, Zip Code) 11286 N Pine Court, Wheatfield, IN, 46392					
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) Concordia Evangelical Lutheran Cemetery Associat				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 Kish Funeral Home 10000 Calumet Ave, Munster, Indiana, 46321				27a. Funeral Home License Number: FH1070038				
27b. Signature Of Indiana Funeral Service Licensee: <i>Robert W. Kish</i>						Electronically Signed			27c. License Number Of Licensee: ED01021590		
Cause Of Death (See Instructions And Examples)											
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terms Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation, Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Of Death. Add Additional Lines if Necessary.											
Immediate Cause (Final Disease Or Condition Resulting In Death)						A. Myocardial infarction			Approximate Interval: Onset To Death Minutes		
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. Coronary artery disease			Years		
						C. Atherosclerosis			Years		
						D.					
LAKE COUNTY HEALTH OFFICER											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given in Part I											
Essential hypertension, chronic obstructive pulmonary disease.						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death?		32. If Female:		33. Manner Of Death:		34. Date Of Injury (Month/Day/Year)					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		<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 type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Cause Not Yet Determined							
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 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 <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> NO VEHICLE INVOLVED UNLESS											
41. Signature, Of Person Certifying Cause Of Death: <i>Herbert Alan Jones</i>						Electronically Signed			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: Herbert Alan Jones 929 Ridge Road 7, Munster, IN 46321						44. License Number 02600840A			45. Date Certified 05/10/2022		
46. Additional Local Service Provider:											
47. Signature of Local Health Officer: <i>Chandana Varshala</i>						Electronically Signed			49. For Registrar Only - Date Filed (Month/Day/Year): 05/10/2022		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											