

# NOT AN OFFICIAL DOCUMENT

2023-527727  
09/11/2023 01:33 PM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 3  
RECORDED AS PRESENTED

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

**FILED**

Sep 11 2023 LM  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

**LIFE TENANT AFFIDAVIT**

STATE OF INDIANA

File No.: CTNW2303905A

COUNTY OF LAKE

Comes now Dwayne Shields, Affiant, and having been duly sworn, states as follows:

- Affiant resides at the address given below affiant's signature;
- That Phyllis J. Brown held a life estate interest in the following described land;

**For APN/Parcel ID(s): 45-19-25-101-001.000-008**

PART OF THE NORTHWEST QUARTER OF SECTION 25, TOWNSHIP 33 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, DESCRIBED AS COMMENCING AT THE NORTHWEST CORNER HEREOF AND RUNNING THENCE EAST 10 RODS, THENCE SOUTH 16 RODS, THENCE WEST 10 RODS, THENCE NORTH 16 RODS TO THE PLACE OF BEGINNING, IN THE TOWN OF LOWELL, LAKE COUNTY, INDIANA.

- Said Phyllis J. Brown died on January 16, 2013;
- Is there Federal inheritance tax liability by reason of the death of said decedent?  Yes  No  
If yes, then estimated taxes due are \$ \_\_\_\_\_  
The taxes due are  paid or  unpaid
- Affiant's relationship to the deceased was Grandson.

IN WITNESS WHEREOF, the undersigned have executed this document on September 16, 2023.

BY: Dwayne Shields  
Dwayne Shields

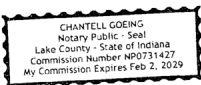
Address: 404 Maxwell St PO Box 34  
DEECHEE, IL 60401

STATE OF INDIANA  
COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, personally appeared Dwayne Shields, who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notarial Seal this 16 day of September, 2023

Signature: Chantell Goings  
Printed: Chantell Goings  
Resident of: Lake County  
State of: INDIANA  
My Commission expires: February 2, 2029



CHICAGO TITLE INSURANCE COMPANY

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## AFFIDAVIT (continued)

This instrument prepared by: Dena Phillips Farling, for the benefit of Chicago Title Company, LLC

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 (Dena Phillips Farling).

Property of Lake County Recorder

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## MEDICAL CERTIFICATE OF DEATH RECORD

### WILL COUNTY LOCAL REGISTRAR JOLIET, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 0005230

DATE ISSUED 1/22/2013

DECEDENT'S LEGAL NAME PHYLLIS J BROWN		SEX FEMALE	DATE OF DEATH JANUARY 16, 2013	
COUNTY OF DEATH WILL		AGE AT LAST BIRTHDAY 85 YEARS	DATE OF BIRTH OCTOBER 16, 1923	
CITY OR TOWN BEECHER		HOSPITAL OR OTHER INSTITUTION NAME 404 MAXWELL ST		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE UNKNOWN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S HAIRER NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 404 MAXWELL ST		APT. NO.	CITY OR TOWN BEECHER	INSIDE CITY LIMITS? YES
COUNTY WILL	STATE IL	ZIP CODE 60401	FATHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHESTER QUAIPE	MOTHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EDITH NEWELL
INFORMANT'S NAME DARLENE SHIELDS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 404 MAXWELL ST, BEECHER, IL, 60401	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION LOWELL MEMORIAL CEMETERY	LOCATION - CITY OR TOWN AND STATE LOWELL, IN	DATE OF DISPOSITION JANUARY 22, 2013
FUNERAL HOME HACK FUNERAL HOME, 753 HODGES ST, BEECHER, IL, 60401				
FUNERAL DIRECTOR'S NAME JOHN CHARLES DEAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011032	
LOCAL REGISTRAR'S NAME JOHN J CICERO			DATE FILED WITH LOCAL REGISTRAR JANUARY 22, 2013	
CAUSE OF DEATH PART I CONGESTIVE HEART FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of)		WEEKS
a. HTN				YEARS
c. ASCVD		Due to (or as a consequence of)		YEARS
		Due to (or as a consequence of)		
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I T2DM, AFIB, OSTEOPOROSIS, HTN, HYPERLIPIDEMIA				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
MANNER OF DEATH NATURAL				
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JANUARY 14, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 11:58 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 18, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ROMUALD WARAKOMSKI DO, 19550 GOVERNORS HWY, FLOSSMOOR, ILLINOIS, 60422			PHYSICIAN'S LICENSE NUMBER 036076749	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

*John J. Cicero, M.H.A.*  
John J. Cicero, M.H.A.  
Executive Director and Local Registrar  
Will County Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE