

FILED

Jan 17 2024 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

AFFIDAVIT TO EXTINGUISH LIFE ESTATE

COMES NOW, Bryan E. Mraz, first being duly sworn upon his oath, and states as follows:

1. That I am the acting Trustee as of the date of this Affidavit of the Edward S. Mraz Revocable Trust dated December 6, 2019, and the Lora P. Mraz Revocable Trust dated December 5, 2019.

2. Edward S. Mraz was a resident of Lake County, Indiana, having resided at the real property commonly known as 1016 Muirfield Court, Schererville, Indiana 46375.

3. That Edward S. Mraz died a resident of Lake County, Indiana, on March 28, 2020. A copy of the death certificate of Edward S. Mraz is attached as part of this Affidavit.

4. That Edward S. Mraz reserved a Life Estate interest to the following described real estate located in Lake County, Indiana, to wit:

Lot 1016 Muirfield Court of Morningside Townhome Condominiums Phase I, a Horizontal Property Regime, as recorded in Document No. 111829 under the date of July 16, 1990, in the Office of the Recorder of Lake County, Indiana and undivided interest in Common elements in appertaining thereto.

5. 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, to remove the Life Estate Interest of Edward S. Mraz.

23-25814

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NOT AN OFFICIAL DOCUMENT

FURTHER AFFIANT SAYETH NOT.


Bryan E. Mraz

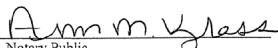
STATE OF ILLINOIS,)
) SS:
COUNTY OF DUPAGE)

Before me, the undersigned Notary Public in and for said County and State, do hereby certify that Bryan E. Mraz **personally** appeared and executed the above document as his voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 15 day of November, 2023.

My Commission Expires:

10-28-25


Notary Public
Resident of DuPage County, Illinois



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.

Name Kim A Diaz
Kim A Diaz

This instrument was prepared by Stuart J. Friedman, O'Neill, McFadden & Willett, LLP, Suite 410W, 833 West Lincoln Highway, Schererville, Indiana 46375 (219) 864 6066.

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No **001886**

EDR No **00000775381**

State No

1. Decedent's Legal Name (First, Middle, Last) EDWARD SMITH MRAZ		1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 10:30 AM		4. Date Of Death (Month/Day/Year) 03/28/2020			
5. Social Security Number [REDACTED]		6a. Age - Yrs 87		6b. Under 1 Year Months 7		6c. Under 1 Month Days 1		6d. Under 1 Day Hours 1			
6e. Under 1 Hour Minutes 03		6f. Under 1 Hour Minutes 16		7. Date of Birth (Month/Day/Year) 03/16/1933		8. Birthplace (City and State or Foreign Country) CHICAGO, IL					
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Nursing Home/Long-term Care Facility		10b. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Other (Specify)					
11. Facility Name (if Not Institution, Give Street and Number) 1016 MUIRFIELD COURT				12. City Or Town, State, And Zip Code		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 type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name LORA MRAZ		15a. Last Name Before First Marriage PAGLIARI		16. Decedent's Usual Occupation ATTORNEY		17. Kind Of Business/Industry LAW					
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SCHERERVILLE		18c. Apt. No.		18d. Zip Code 46375			
18e. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education DOCTORATE (PHD, EDD), PROFESSIONAL (MD, DDS, DVM, LLB, JD)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) EDWARD ANTON MRAZ		23. Parent's Name (First, Middle, Last) EDNA MRAZ		23a. Parent's Last Name Before First Marriage SMITH							
24. Informant's Name LORA MRAZ		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1016 MUIRFIELD COURT, SCHERERVILLE, IN 46375							
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) ST MICHAEL THE ARCHANGEL CEMETERY		25c. Location - City, Town, And State PALATINE, IL							
26. Was Container Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321		27a. Funeral Home License Number FH10700038							
27b. Signature Of Indiana Funeral Service Licensee: STEPHEN J COSTA, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FDO8600458									
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. SUDDEN CARDIAC DEATH SYNDROME 5 MINUTES											
Securately 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. _____											
C. _____											
D. _____											
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
32. If Female: <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		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)		37. Injury At Work? <input type="checkbox"/> Yes <input 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"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: JAMES BERNARD WALSH, 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 01027497A		45. Date Certified 05/06/2020	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JAMES BERNARD WALSH, 9122 COLUMBIA AVENUE, THE OAKS FUNERAL HOME						46. Registrar Only - Date Filed (Month/Day/Year): MAY 07 2020					
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 07 2020					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											
LAKE COUNTY HEALTH OFFICER											