

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. Lora P. 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 Lora P. Mraz died a resident of Lake County, Indiana, on July 20, 2022. A copy of the death certificate of Lora P. Mraz is attached as part of this Affidavit.

4. Lora P. 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.

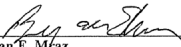
5. The purpose of this Affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, to remove the Life Estate Interest of Lora P. Mraz.

23-25814

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NOT AN OFFICIAL DOCUMENT

FURTHER AFFIANT SAYETH NOT.


Bryan E. Mraz

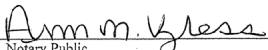
STATE OF ILLINOIS,)
) SS:
COUNTY OF DUPAGE)

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

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

Tracking No. 333068

Local No 003037		EDR No 000011406278		State No 2022-041361	
1. Decedent's Legal Name (First, Middle, Last) Lora P. Mraz		1a. Maiden Name (if female) Pagliari		2. Gender Female	
3. Time of Death 03:59 PM		4. Date of Death (Month/Day/Year) 07/20/2022		5. Birthplace (City and State or Foreign Country) Chicago, Illinois	
6. Social Security Number [REDACTED]		6a. Age - Yrs 89		6b. Under 1 Year Months: 0 Days: 0	
6c. Under 1 Month Hours: 0		6d. Under 1 Day Hours: 0		6e. Under 1 Hour Minutes: 0	
7. Date of Birth (Month/Day/Year) 09/01/1933		8. Birthplace (City and State or Foreign Country) Chicago, Illinois			
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 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) 1016 Muirfield Court					
12. City or Town, State, and Zip Code Schererville, Indiana 46375		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		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation Housewife	
17. Kind Of Business/Industry Own Home					
18. Residence - State IN		18a. County Lake		18b. City or Town Schererville	
18c. Street And Number 1016 Muirfield Court		18d. Apt. No.		18e. Zip Code 46375	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White	
22. Parent's Name (First, Middle, Last) Loris Pagliari		23. Parent's Name (First, Middle, Last) Domenica Pagliari		23a. Parent's Last Name Before First Marriage Passaglia	
24. Informant's Name Bryan Mraz		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 111 Irving Park Road, Roselle, IL, 60172	
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) St. Michael the Archangel		25c. Location - City, Town, And State Palatine, IL	
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: FH10700038	
27b. Signature Of Indiana Funeral Service License: <i>Karin W. Kish</i>		27c. License Number Of Licensee: FD01021590			
Electronically Signed					
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 Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venous/Arterial Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Line A. Enter Additional Lines If Necessary.					
Immediate Cause (Final Disease Or Condition Resulting In Death)					
A. MULTIPLE PULMONARY NODULES Progressive in size and of					
B. ENLARGED MEDIASTINAL AND ABDOMINAL LYMPH NODES ENLARGED MEDIASTINAL AND ABDOMINAL LYMPH NODES					
C. ADRENAL MASS, NOT BIOPSIED ADRENAL MASS, NOT BIOPSIED					
D. JUL 27 2022					
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.					
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 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 With Fetal Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Cause of Death (Check Only One) <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation	
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 checked="" type="checkbox"/> No					
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number	
39. Describe How Injury Occurred		38c. Apt. No.		38d. Zip Code	
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: <i>Cyrla J. Munn</i>					
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 010315E2A		45. Date Certified 07/25/2022	
46. Additional Funeral Service Provider:					
46. Signature of Local Health Officer: <i>Chandana Venkata</i>		46. For Registrar Only - Date Filed (Month/Day/Year): 07/25/2022			
Electronically Signed					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					