

# NOT AN OFFICIAL DOCUMENT

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STATE OF Illinois )  
 ) SS:  
COUNTY OF Will )

GINA PIMENTEL  
RECORDER  
**2024-030010**  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED  
8:59 AM 2024 Oct 16

## AFFIDAVIT OF DEATH AND AFFIDAVIT FOR TRANSFER OF REAL ESTATE PURSUANT TO IC 29-1-7-23(b) AS AMENDED BY SEA 518, SEC. 10, EFFECTIVE 7/1/2019

### Note to Recorder:

Please index this instrument to the following, previous last recorded instruments:

Deed dated November 22, 2019, recorded on November 25, 2019 as Document 2019-081124, in the office of the Recorder of Lake County, Indiana (hereafter, the "Deed");

The Affiant, Jesse Kent, being first duly sworn, upon an oath deposes and says as follows:

1. The Affiant is one of the surviving adult children of Laura Kent, deceased (hereafter, "Laura").

2. Laura was the sole owner in title to the following described real estate situated in Lake County, Indiana, to-wit:

LOT 11 IN BLOCK 1 IN HOMESTEAD GARDENS MASTER ADDITION TO THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31 PAGE 79, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL NO.: 45-07-21-230-043.000-026

ADDRESS: 3101 Grand Blvd., Highland, IN 46322

(referred to hereinafter, the "Real Estate," but the tax parcel number and property address are provided for informational purposes only and are not part of the description of the Real Estate) by Warranty Deed dated November 22, 2019, recorded on November 25, 2019 as Document 2019-081124, in the office of the Recorder of Lake County, Indiana, being the last deed of record.

3. Laura died intestate on January 24, 2024, unmarried (widowed), leaving three adult children as her only heirs-at-law.

**FILED**

OCT 16 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

25-  
7137  
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4. ALaura was the Mother of three children, namely, Jesse Kent, the Affiant herein, (hereinafter, "Jesse"), William Kent (herinafter, "William"), and Dyanna Kent (hereinafter, "Dyanna"), all of whom are living, competent adults, as her only heirs-at-law (hereinafter, the heirs-at-law are referred to as the "Heirs").

5. Title to the Real Estate was immediately vested in the Heirs as tenants in common immediately upon Laura's death by operation of the law in accordance with IC 29-1-7-23, subject to the power of a personal representative to divest title under the requirements of IC 29-1-7-15.1.

6. No petition was filed for probate of a will and for issuance of letters testamentary, for appointment of an administrator with the will annexed, or for the appointment of an administrator under IC 29-1-7-5 within five months after Laura's death, nor did the Clerk issue letters testamentary or letters of administration within seven months after Laura's death, so the power of a personal representative to divest title expired automatically as a matter of law under IC 29-1-7-15.1(b), and title is now invested indefeasibly in the Heirs as follows:

Name	Relationship	Address	Percentage
Dyanna Kent	Laura's Daughter	3101 Grand Blvd. Highland, IN 46322	33.3334%
Jesse Kent	Laura's Son	19528 Sycamore Street Mokena, IL 60448	33.3333%
William Kent	Laura's Son	19528 Sycamore Street Mokena, IL 60448	33.3333%

7. This affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor to transfer the Real Estate to the names of Dyanna Kent, Jesse Kent, and William Kent, as tenants in common, upon the Lake County Auditor's real estate transfer records.

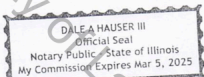
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FURTHER AFFIANT SAYETH NOT.

  
\_\_\_\_\_  
Jesse Kent

STATE OF Illinois, COUNTY OF Will, SS:

Before me, a Notary Public in and for said County and State, this 8<sup>th</sup> day of October, 2024, personally appeared Jesse Kent, who swore to the truth of the representations contained herein and acknowledged the execution of the above and foregoing Affidavit of Death and Affidavit for Transfer of Real Estate to be his free and voluntary act and deed.



  
\_\_\_\_\_  
Notary Public

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. – Dale A. Hauser, III

THIS INSTRUMENT WAS PREPARED BY DALE A. HAUSER, III, LAWYER #37220-45, M.W. Brady Law Firm, 8840 CALUMET AVENUE, SUITE 205, MUNSTER, IN 46321, AT THE SPECIFIC REQUEST OF OWNER OR REPRESENTATIVES AND IS BASED SOLELY ON INFORMATION SUPPLIED BY ONE OR MORE OF THOSE PARTIES AND WITHOUT EXAMINATION FOR ACCURACY. THIS PREPARER ASSUMES NO LIABILITY FOR ANY ERROR, INACCURACY OR OMISSIONS IN THIS INSTRUMENT RESULTING FROM THE INFORMATION PROVIDED. THE PARTIES ACCEPT THIS DISCLAIMER BY OWNER'S EXECUTION OF THIS DOCUMENT.

**PREPARED BY, RECORD AND RETURN TO:**

Dale A. Hauser, III, Esq.  
M.W. Brady Law Firm  
8840 Calumet Avenue, Suite 205  
Munster, IN 46321-2546

**SEND TAX BILLS TO:** *Grantee's Address*

Dyanna Kent  
3101 Grand Blvd.  
Highland, IN 46322



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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Transmittal No.

392014

Local No 000360

EDR No 00001673213

State No 2024-04993

1. Decedent's Legal Name (First, Middle, Last) <b>Laura Lee Kent</b>		1a. Maiden Name, (if female) <b>Female</b>		2. Gender <b>Female</b>		3. Time of Death <b>08:02 PM</b>		4. Date of Death (Month/Day/Year) <b>01/24/2024</b>			
5. Social Security Number <b>██████████-██-██</b>		6a. Age - Yrs <b>56</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours			
6e. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) <b>09/04/1967</b>		8. Birthplace (City and State or Foreign Country) <b>Hazel Crest, Illinois</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 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) <b>3101 Grand Boulevard</b>											
12. City Or Town, State, And Zip Code <b>Highland, Indiana 46322</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. Surviving Spouse's Name				15a. Last Name Before First Marriage			16. Decedent's Usual Occupation <b>Homemaker</b>		17. Kind Of Business/Industry <b>Own Home</b>		
18. Residence - State <b>IN</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Highland</b>			18c. Street And Number <b>3101 Grand Boulevard</b>		
18d. Apt. No.		18e. Zip Code <b>46322</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education <b>Some college, but no degree</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>Arthur J. Szudy</b>				23. Parents Name (First, Middle, Last) <b>Bonnie L. Szudy</b>			23a. Parents Last Name Before First Marriage <b>Walker</b>				
24. Informant's Name <b>William Kent</b>			24a. Relationship To Decedent <b>Son</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>19528 Sycamore Street, Mokena, IL, 60448</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"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Heritage Crematory</b>			25c. Location - City, Town, And State <b>Lockport, IL</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility <b>Burns-Kish Funeral Home Inc-Munster 8415 Catumet Ave, Munster, Indiana, 46321</b>			27a. Funeral Home License Number: <b>FH8304966</b>					
27b. Signature Of Indiana Funeral Service Licensee: <i>Brian T. Burns</i>					27c. License Number (Of Licensee): <b>FD8610763</b>			Electronically Signed			
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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death)</b> A. <b>cardiopulmonary arrest</b> <span style="float: right;">instant</span> B. <b>epilepsy</b> <span style="float: right;">years</span> C. <b>cerebrovascular accident</b> <span style="float: right;">year</span> D. <b>hypertension</b> <span style="float: right;">years</span>											
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>alcohol dependence</b>											
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <input checked="" 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 Within 1 Year Before Death			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 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								
41. Signature, Of Person Certifying Cause Of Death: <i>Asif H. Farooqi</i>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Asif H. Farooqi 9222 Indianapolis Boulevard C, Highland, IN 46322</b>				44. License Number <b>01063801A</b>			45. Date Certified <b>01/31/2024</b>				
46. Additional Funeral Service Provider:			47. "Attest":			49. For Registrar Only - Date Filed (Month/Day/Year): <b>02/01/2024</b>					
48. Signature of Local Health Officer: <i>Chandana Varshala</i>			Electronically Signed			AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					

THIS IS A TRUE COPY OF  
RECORDED ON FILE WITH THE  
LAKE COUNTY HEALTH DEPARTMENT

FEB 02 2024

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS