

3

771116

A F F I D A V I T

OF HEIRSHIP

TICOR TITLE INSURANCE  
Crown Point, Indiana

COUNTY OF LAKE )  
STATE OF INDIANA ) SS:

120700.84-56

Affiant, Michael R. Cord, formerly known as Michael R. Gimenez, being duly sworn upon his oath deposes and says:

1. That he is the brother of Joseph P. Gimenez who died in Gary, Indiana on August 12, 1984.
2. That Joseph P. Gimenez left surviving him three (3) Brothers and one (1) Sister; James Gimenez, Tucson Arizona, Frank Rogas, Boulder City, Nevada, Michael R. Cord, DeMotte, Indiana and Antonia Teso, Hebron, Indiana.
3. That Joseph P. Gimenez died intestate.
4. That the Estate of Joseph P. Gimenez has not and not be probated.
5. That the Estate of Joseph P. Gimenez did not expend the sum of SIXTY THOUSAND DOLLARS (\$60,000.00).
6. That there is no inheritance tax due on the Estate of Joseph P. Gimenez in the State of Indiana.
7. That all funeral expenses in connection with the death of said decedent have been paid in full.

STATE OF INDIANA/S.S. NO. LAKE COUNTY FILED FOR RECORD  
SEP 5 8 45 AM '84  
WILLIAM BULLSKAMP RECORDER

**DULY ENTERED FOR TAXATION**

UNTER AFFIANT SAYETH NOT.

AUG 31 1984

*Francis O. ...*  
AUDITOR LAKE COUNTY

*Jackson Pk. So Bdwy  
Card. All L. 31 Bl. 5  
D 1/2 L. 32 Bl. 5*

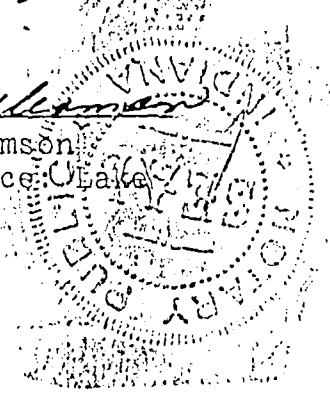
# 45-136-38

*Michael R. Cord*  
Michael R. Cord

Subscribed and sworn to before me, the undersigned, a Notary Public in and for said county, this 28<sup>th</sup> day of August 1984.

*Shirley R. Williamson*  
Shirley R. Williamson  
County of Residence: Lake

My Commission Expires: 10-2 1988.



THIS INSTRUMENT PREPARED BY: Michael R. Cord  
4670 Rockwood Drive  
DeMotte, Indiana 46410

001433 *ji*  
709



TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_  
E \_\_\_\_\_  
F \_\_\_\_\_  
G \_\_\_\_\_  
8 \_\_\_\_\_

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

Jackson Ph. So Cadney Blvd  
Bl. 5  
Bl. 5  
# 45-136-58  
7/12/77

LICENSE No. 419

James W. Gholston

EMBALMER'S NAME

FUNERAL HOME

FUNERAL DIRECTORS

FUNERAL DIRECTORS

No. 254

LICENSE No. 794

James M. Shelton

SIGNATURE

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED  
USUAL RESIDENCE  
WHERE DECEASED  
LIVED, IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

DECEASED

CAUSE

20.  
21.  
22.  
23.

DISPOSITION

25b.

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. **27-0228** 60 7433A

DECEASED—NAME— FIRST **Alexandra** MIDDLE **G** LAST **Gimenez** SEX **Female** DATE OF BIRTH (MONTH, DAY, YEAR) **03/20/77**

RACE **White** AGE—LAST BIRTHDAY (MONTH, DAY, YEAR) **06/18 1938** UNDER 1 YEAR MO. DAYS HOURS **5a. 38** UNDER 1 DAY MO. DAYS HOURS MIN. **5b. 13 5c. 13** DATE OF BIRTH (MONTH, DAY, YEAR) **06/18 1938** COUNTY OF DEATH **Lake**

CITY, TOWN, OR LOCATION OF DEATH **Gary** INSIDE CITY LIMITS (SPECIFY YES OR NO) **7c. Yes** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **7d. 3733 Van Buren Street**

STATE OF BIRTH (IF NOT IN U.S.A.) **Indiana** CITIZEN OF WHAT COUNTRY **USA** MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **Joseph**

NAME COUNTRY **Gary, Indiana** **USA** WIDOWED  DIVORCED  SOCIAL SECURITY NUMBER **12. 308-36-0422** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **13a. Computer Technician** KIND OF BUSINESS OR INDUSTRY **13b. Montgomery Ward, Posen, Ill.**

RESIDENCE—STATE **14a. Indiana** COUNTY **14b. Lake** CITY, TOWN, OR LOCATION **14c. Gary** INSIDE CITY LIMITS (SPECIFY YES OR NO) **14d. Yes** TOWNSHIP **14e. Calumet**

STREET AND NUMBER **14f. 3733 Van Buren Street** WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** IS RESIDENCE OF A FARM? **14g. YES  NO**

FATHER—NAME—FIRST **15. Julius** MIDDLE **J** LAST **Jatkiewicz** MOTHER—MAIDEN NAME—FIRST **16. Helen** MIDDLE **H** LAST **Hocum**

INFORMANT—NAME **17a. Joseph Gimenez** RELATIONSHIP **17b. Husband** MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **17c. 3733 Van Buren St. Gary, Ind 46408.**

PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH)

18. IMMEDIATE CAUSE  
(a) **Acute Coronary Occlusion** **Acute**  
DUE TO, OR AS A CONSEQUENCE OF:  
(b) **Hypertensive Cardiovascular Disease Remote Myocardial Infarction**  
DUE TO, OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)) **Chronic Glomerulonephritis**

19a.  YES  NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES  NO

DATE & TIME OF DEATH MONTH **March** DAY **20** YEAR **1977** HOUR **3:25** DATE SIGNED MONTH **March** DAY **22** YEAR **1977**

PHYSICIAN'S NAME (TYPE OR PRINT) **20. Dr. John T. Scully, M. D.** SIGNATURE OF PHYSICIAN **21. [Signature]** PHY. CODE NO. \_\_\_\_\_

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. **22. 6111 Harrison Street,** CITY OR TOWN **Merrillville,** STATE **Indiana** ZIP **46410.**

BURIAL, CREMATION, REMOVAL (SPECIFY) **23. Burial** CEMETERY, CREMATORY, FUNERAL HOME LOCATION **24. Calumet Park Cem. Merrillville, Indiana**

DATE (MONTH, DAY, YEAR) **24a. 03/23/77** FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **24b. Pawinski Funeral Home, 2728 W. 15th Ave. Gary, In. 46404.**

25b. \_\_\_\_\_ DATE RECEIVED BY LOCAL HEALTH OFFICER **26. MAR 22 1977**

*James T. ...*

CERTIFIED COPY

HEALTH COMMISSION  
CITY OF GARY, IND.

DATE MAR 24 1978