

SURVIVORSHIP AFFIDAVIT

771151

STATE OF INDIANA

COUNTY OF LAKE

S. S.

On this August 29, 1984 before me personally appeared Ralph M. Lopez

941 Durbin Street, Gary, Indiana 46406

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner of the above-described premises;
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Ralph M. Lopez, affiant and Teresa R. de Lopez, deceased;
4. Said Teresa R. de Lopez a/k/a Teresa Lopez

died on March 5, 1984

leaving no will;

- 5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$20,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;

- 6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes," identify the divorce proceedings:)

- 7. Affiant's relationship to the deceased was spouse

Signature: Ralph M. Lopez
Ralph M. Lopez
Address: 941 Durbin Street
Gary, IN 46406

STATE OF INDIANA'S S. NO. LAKE COUNTY FILED FOR RECORD SEP 5 9 11 AM '84 WILLIAM B. SKIR RECORDER

FILED AUG 29 1984

Subscribed and sworn to before me by the affiant

this 29th day of August, 1984

Lisa Trgovich Notary Public

My Commission Expires 9-20-87

Lot 7, Bl. 2, Kaplan's 1st Subd., City of Gary, Plat Bk. 29, p. 106, Lake County, Indiana.

#45-441-7

001469

This instrument prepared by CARMEN A. FERNANDEZ 4732 Indianapolis Blvd. East Chicago, IN 46312

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

30  
Local No. **84-0143**

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

1469-A

Below for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_  
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*Handwritten:* # 45-441-7  
*Handwritten:* Karpman, St. Dub.

FUNERAL HOME  
No. 156  
FUNERAL DIRECTOR'S  
LICENSE No. 2243  
FUNERAL DIRECTOR'S  
LICENSE No. 2243  
EMBALMER'S NAME: ERIC PRUSIECKI  
FUNERAL DIRECTOR'S  
SIGNATURE: *Eric Prusiecki*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK  
DECEASED  
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.  
M.D. OR D.O.  
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST  
CAUSE

DECEASED—NAME FIRST MIDDLE LAST <b>TERESA LOPEZ</b>			SEX <b>FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>MARCH 5, 1984</b>	
RACE—(In U.S. White, Black, American Indian, etc.) <b>WHITE</b>		AGE—Last Birthday (Yrs.) 4a. <b>62</b>	UNDER 1 YEAR 5a. MOSE 5b. DAYS 5c. HOURS 5d. MINES	DATE OF BIRTH (Mo., Day, Yr.) <b>OCT. 20, 1921</b>	COUNTY OF DEATH <b>LAKE</b>
CITY, TOWN OR LOCATION OF DEATH <b>GARY</b>		HOSPITAL OR OTHER INSTITUTION—(Name of inst. or other, give street and number) <b>941 DURBIN ST.</b>		IF HOSP. OR INST., Indicate DCA, DP/Lower No., Inpatient (Specify)	
STATE OF BIRTH (If not in U.S.A. name country) <b>MEXICO</b>	CITIZEN OF WHAT COUNTRY <b>MEXICO</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	SURVIVING SPOUSE (If male, give maiden name) <b>RALPH M. LOPEZ</b>	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>NO</b>	
SOCIAL SECURITY NUMBER <b>312-09-5464B</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if seasonal) <b>HOUSEWIFE</b>		KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	
RESIDENCE—STATE <b>INDIANA</b>	COUNTY <b>LAKE</b>	CITY, TOWN OR LOCATION <b>GARY</b>			
STREET AND NUMBER <b>941 DURBIN ST.</b>		IS RESIDENCE ON A FARM? 15b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>MEXICAN</b>					
FATHER—NAME FIRST MIDDLE LAST <b>MIGUEL RUIZ</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>EMELIA RODRIGUEZ</b>			
INFORMANT—NAME (If male or female) RELATIONSHIP <b>RALPH M. LOPEZ HUSBAND</b>		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>941 DURBIN ST. GARY INDIANA 46406</b>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>CREMATION</b>		CEMETERY OR CREMATORY—FUNERAL HOME <b>PARK CREMATORIUM</b>		LOCATION CITY OR TOWN STATE <b>PARK FOREST ILLINOIS</b>	
DATE (MONTH, DAY, YEAR) <b>MARCH 7, 1984</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>PRUSIECKI FUNERAL HOME Box J EAST CHICAGO INDIANA 46312</b>			
To the best of my knowledge, death occurred at the time, date and place given and of the deceased named.		DATE SIGNED (Mo., Day, Yr.) <b>3/5/84</b>	HOUR OF DEATH <b>M</b>		
NAME OF ATTENDING PHYSICIAN (If male or female) <b>MICHAEL FLOYD M.D.</b>		MAILING ADDRESS—PHYSICIAN <b>5454 HOHMAN AVE. HAMMOND IN. 46320</b>			
HEALTH OFFICER—SIGNATURE <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>MAR 5 1984</b>			
23. IMMEDIATE CAUSE PART I (a) <b>ARREST</b>		3 MIN'S			
(b) DUE TO, OR AS A CONSEQUENCE OF <b>ISCHEMIC HEART DISEASE</b>		YEARS			
(c) DUE TO, OR AS A CONSEQUENCE OF <b>DIABETES MELLITUS</b>		YEARS			
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not reported in consequence of PART I) <b>CHRONIC RENAL FAILURE</b>		AUTHORITY (Specify Yes or No) <b>NO</b>			