

791546

MARCE GONZALEZ, JR.
2588 PORTAGE MALL
P. O. BOX 615
PORTAGE, Ind.
416368

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

AFFIDAVIT

Mary Garcia, residing at 400 North Lake Park Avenue, Hobart, Lake County, Indiana, being first duly sworn upon her oath, deposes and says:

1. That she and Adenso Garcia were married on July 18, 1934, in Lake County, Indiana, and continued to live and cohabit together as Husband and Wife until his death on April 8, 1976, as evidenced by the certified copy of the Medical Certificate of Death, which is attached hereto and made a part hereof by reference.

2. That at the time of said Adenso Garcia's death, your Affiant and Adenso Garcia held the following described real estate, as Husband and Wife as tenants by the entireties, to-wit:

41-252-41

Lot 343 in Robert Bartlett's Marquette Park Estates First Addition in The City of Gary, as shown in Plat Book 27, in page 57 in Lake County, Indiana.

STATE OF INDIANA / S.S. NO.
LAKE COUNTY
FILED FOR S.S. NO. 0000
FEB 8 11 05 AM '85
RUDOLPH POLY
RECORDER

3. That no petition for probate was required upon the death of said Adenso Garcia as the estate did not consist of assets sufficient to warrant filing under the probate statutes of Indiana.

4. That no Inheritance Taxes are due, and that an Inheritance Tax Schedule No. GE7763 was duly filed in 1976.

5. That your Affiant makes this Affidavit for the sole purpose of clearing title to the above-described real estate and to show the vesting thereof in herself.

Further Your Affiant Sayeth Not.

FILED

FEB 8 1985

Mary Garcia
MARY GARICA

STATE OF INDIANA)
) SS:
COUNTY OF PORTER) James O. Nygra
) **NOTARY LAKE COUNTY**

Subscribed and sworn to before me a Notary Public, this 20th day of December, 1984.

James O. Nygra
JONI L. NYGRA, Notary Public
A Resident of Porter Co., Indiana

My Commission Expires:
February 8, 1987

314
550

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

Below for State Office Use

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
J _____
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME: Barbara M. Lach

LICENSE No. 1267

FUNERAL HOME: 252
FUNERAL DIRECTOR'S SIGNATURE: Barbara M. Lach
FUNERAL DIRECTOR'S LICENSE No. 2379

Local No. 76-0398

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

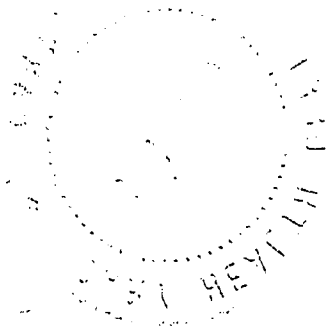
State No. _____

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Adenso Garcia					2. male	3. April 8, 1976	
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOB DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. white	5a. 73	5b.	5c.	8-2-03	7a. Lake		
CITY, TOWN, OR LOCATION OF DEATH				INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Gary				7c. yes	7d. 6780 Ash, Gary, Indiana		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	SURVIVING SPOUSE, (IF WIFE, GIVE MAIDEN NAME)		
8. Spain		9. U. S. A.		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	11. Mary Ribado		
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN, IF RET. REG.)		KIND OF BUSINESS OR INDUSTRY	
12. Indiana		13. 312-05-9152		13a. Ret. Electronics Retailer		13b. Electronics	
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Indiana		14b. Lake	14c. Gary		14d. yes	14e. Calumet	
STREET AND NUMBER				14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
14g. 6780 Ash				no			
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
PARENTS		15. Rufino Garcia			16. Lucinda Llaneza		
INFORMANT—NAME				RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17. Mrs. Mary Garcia				17b. wife	17c. 6780 Ash, Gary, Indiana		
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		Acute Myocardial Infarction					
(a) DUE TO, OR AS A CONSEQUENCE OF:							
(b) DUE TO, OR AS A CONSEQUENCE OF:							
(c) DUE TO, OR AS A CONSEQUENCE OF:							
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
						19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						19b. YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH DAY YEAR
20.		4	8	76	8:30 A.M.	21a. Edward J Dierolf MD.	4 27 76
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN				PHY. CODE NO.	
22a. Edward J Dierolf MD.		22b. [Signature]					
MAILING ADDRESS—PHYSICIAN:		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	ZIP
23.		504 Broadway		GARY		INDIANA	46402
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION			
24a. Burial		24b. Calumet Park Cemetery		24c. Merrillville, Indiana			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. April 10, 1976		25c. Lach Funeral Home, 6121 Miller Ave., Gary, Ind. 46403					
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER					
25b. [Signature]		25d. APR 27 1976					

FILED
FEB 8 1985
Auditor Lake County

Robert Bartlett's
Maguette Park East 1st Add
41-252-41



James T. [Signature]

CECILIE COPELAND
HIGH COMMISSIONER
CLYDE GARY, 2ND
DATE APR 27 1976