

2 795455

SEND TAX BILLS TO:  
Barbara Gutierrez  
1331 Brookside, #4  
Munster, IN 46321

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

AFFIDAVIT OF SURVIVORSHIP

Comes now BARBARA GUTIERREZ, being duly sworn upon her oath and state as follows:

That BARBARA GUTIERREZ is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots 37, 38, 39 and 40 in Block 1, Plat "F" The Shades, Lake, as shown in Plat Book 11, page 17, in Lake County Indiana.

Key Number 25-235-32

And that BARBARA GUTIERREZ and MARTHA G. GELL, now deceased, acquired title, as joint tenants with rights of survivorship, to said real estate, by Deed of Conveyance on the 5th day of December, 1978, and recorded in the Office of the Lake County Recorder.

That the decedent, MARTHA G. GELL, and the affiant held joint title to said real estate until the death of MARTHA G. GELL, on the 7th day of February, 1983, at which time this affiant acquired title to the real estate as surviving joint tenant.

That the gross value of the estate of the decedent, MARTHA G. GELL, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was subject to Indiana Inheritance Tax and the Inheritance Tax assessed as a result of this specific transfer has been paid to the Treasurer of Lake County by the affiant herein on the 7th day of March, 1984, I.H. File Number 235436.

**FILED** *Barbara Gutierrez*  
BARBARA GUTIERREZ

STATE OF INDIANA ) MAR 14 1985  
                          ) SS:  
COUNTY OF LAKE )  
*James O. ...*  
AUDITOR LAKE COUNTY

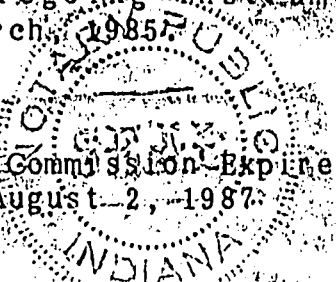
Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared BARBARA GUTIERREZ, and she being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 13th day of March, 1985.

My Commission Expires:  
August 2, 1987

*John B. Laszlo*  
JOHN B. LASZLO, Notary Public

THIS INSTRUMENT PREPARED BY:  
John B. Laszlo, Attorney at Law  
99 East 86th Avenue  
Merrillville, IN 46410

STATE OF INDIANA/SS, NP  
FILED  
MAR 14 8 56 AM '85  
RECORDED  
CLAY COUNTY



510  
5150

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

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_  
Date of Death (Month, Day, Year)  
February 7, 1983

Local No. 225-83

Below for State Office Use

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EMBALMER'S NAME: Fred Oparka  
FUNERAL DIRECTOR'S SIGNATURE: Fred Oparka  
FUNERAL HOME LICENSE No. 1607  
FUNERAL DIRECTOR'S LICENSE No. 1607  
FUNERAL HOME No. 82

DECEASED  
DISPOSITION  
CAUSE

DECEASED—NAME 1 FIRST Martha MIDDLE Gell LAST Gell		SEX 2 Female	DATE OF DEATH (MONTH, DAY, YEAR) February 7, 1983
RACE—(a) b White, Black, American Indian, (Specify) 4 White	AGE—Last Birthday 5a 71	UNDER 1 YEAR 5b MOS DAYS	UNDER 1 DAY 5c HOURS MINS
CITY, TOWN OR LOCATION OF DEATH 7b Crown Point		HOSPITAL OR OTHER INSTITUTION—(Name if not in index give street and number) 7c St. Anthony's Hospital	IF HOSP OR INST Indicate DGA OP, Emer. Rm., Inpatient (Specify) 7d Inpatient
STATE OF BIRTH (If not in U.S.A name country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Widowed	SURVIVING SPOUSE (If wife give maiden name) 11 -----
SOCIAL SECURITY NUMBER 13 355-12-0014		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a Nurse	KIND OF BUSINESS OR INDUSTRY 14b Hospital
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Crown Point.	
STREET AND NUMBER 15d 1079 S. Main		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 FIRST George MIDDLE White LAST White		MOTHER—MAIDEN NAME 17 FIRST Martha MIDDLE Mercer LAST Mercer	
INFORMANT—NAME (Type or Print) 18a Barbara Gutierrez (Niece)		RELATIONSHIP 18b Niece	
MAILING ADDRESS 18c 765 Williams Dr., Crown Point, Indiana 46307		CITY OR TOWN STATE ZIP	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Calumet Park	
DATE (MONTH, DAY, YEAR) 20a February 10, 1983		LOCATION 19c Merrillville, Indiana	
FUNERAL HOME—NAME AND ADDRESS 20b Eller Brady 8510 Lakeshore Dr., Cedar Lake, Indiana 46303		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) Donald C. Miller		DATE SIGNED (Mo., Day, Yr.) 21b 2-9-83	HOUR OF DEATH 21c M
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Donald C. Miller, M.D.		M.D. OR D.O.	
MAILING ADDRESS—PHYSICIAN 21e 13963 Morse, Cedar Lake, IN 46303		HEALTH OFFICER—SIGNATURE 22a Fred Oparka M.D.	
DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 2-10-83		CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) PART I (a) Ventricular fibrillation DUE TO OR AS A CONSEQUENCE OF (b) arteriosclerotic heart disease DUE TO OR AS A CONSEQUENCE OF Interval between onset and death minutes 30 yrs.	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (c) PART II Meningioma Rt temporal area removed surgically Phys. diabetes mellitus, COPD.		AUTOPEY (Specify Yes or No) 24 No	