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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A F F I D A V I T

LUISA PEREZ, being first duly sworn upon her oath, deposes and says as follows:

1. That the affiant and Enrique Perez were husband and wife and the owners as tenants by the entireties of the real estate described as follows:

Lot 37, Block 76, Gary Land Company's 1st Subdivision to the City of Gary, as per plat thereof, recorded in the Office of the Recorder of Lake County, Indiana. # 44-76-36

2. That Enrique Perez died a resident of Lake County, Indiana on November 3, 1984, as evidenced by the Medical Certificate of Death attached hereto and marked as Exhibit "A", and that no probate proceedings have been commenced nor are any contemplated.

3. That the affiant and Enrique Perez lived as husband and wife until the time of his death.

4. That the total assets of Enrique Perez were insufficient for Federal Estate Tax filing purposes.

F I L T H E R A F F I A N T S A I T H N O T .

MAR 22 1985

Luisa Perez
LUIZA PEREZ

STATE OF INDIANA
LAKE COUNTY
RECORDER
MAR 25 12 24 PM '85
44-76-36

James O. Miller
AUDITOR LAKE COUNTY

SUBSCRIBED AND SWORN to before me, a Notary Public, this 21st day of March, 1985.

My Commission Expires:
12/12/86

County of Residence:
Lake

Kathleen L. Teeling
Kathleen L. Teeling Notary Public

This instrument prepared by: WILLIAM J. MORAN, Attorney at Law,
9000 Indianapolis Boulevard,
Highland, Indiana 46322

59
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INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No.

Local No. 84-0709

PRINT WITH PERMANENT INK IS A NECESSARY INSTRUMENT OF DEATH OFFICE USE

FUNERAL HOME No. 244
 FUNERAL DIRECTOR'S LICENSE No. 123
 EMBALMER'S NAME James F. Burns
 FUNERAL DIRECTOR'S SIGNATURE *James F. Burns*

44-76-36
Handwritten notes and signatures

956

DECEASED - NAME ENRIQUE PEREZ		SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) NOVEMBER 3, 1984
RACE WHITE	AGE - Last Birthday 66	DATE OF BIRTH (Mo., Day, Yr.) 7/15/1918	COUNTY OF DEATH LAKE
CITY/TOWN OR LOCATION OF DEATH GARY		HOSPITAL OR OTHER INSTITUTION - (Name, if not in death, give street and number) ST. MARY MEDICAL CENTER	
STATE OF BIRTH (If not in U.S.A. name country) PUERTO RICO	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	SURVIVING SPOUSE (If wife, give maiden name) LUISA MEDINA
SOCIAL SECURITY NUMBER 306-34-2300		USUAL OCCUPATION (Give kind of work done during most of working life, even if seasonal) BOILER CLEANER	KIND OF BUSINESS OR INDUSTRY U.S. STEEL CO., GARY WORKS
RESIDENCE - STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION GARY	
STREET AND NUMBER 537 HARRISON STREET		IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS (Specify Yes or No) YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PUERTO RICAN			
FATHER - NAME JUAN PEREZ		MOTHER - MAIDEN NAME RAMONA MENDEZ	
INFORMANT - NAME LUISA PEREZ (WIFE)		MAILING ADDRESS 537 HARRISON ST., GARY, IN. 46402	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME CALUMET PARK CEMETERY	LOCATION MERRILLVILLE, IN.
DATE (MONTH, DAY, YEAR) NOVEMBER 6, 1984		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) BURNS FUNERAL HOME, 4286 BROADWAY, GARY, IN.	
CERTIFIER DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		DATE SIGNED (Mo., Day, Yr.) 11/26/84	HOUR OF DEATH 11:45 P.
HEALTH OFFICER'S SIGNATURE <i>James F. Burns</i>		DATE RECEIVED BY CORONER NOV 29 1984	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST			
PART I (a) Subarachnoid hemorrhages; Cerebellar-tonsillar herniation;		Interval between onset and death Undetermined	
PART I (b) Status post craniotomy; Pulmonary thromboemboli. Due to		Interval between onset and death	
PART I (c) fall		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify) Accident	DATE OF INJURY (Mo., Day, Yr.) 10/30/84	HOUR OF INJURY M	DESCRIBE HOW INJURY OCCURRED Fell down stairs
INJURY AT WORK (Specify Yes or No) No		PLACE OF INJURY - As home, farm, street, factory, office building, etc. (Specify) Home	LOCATION 537 Harrison St., Gary, IN.
STATE OF INJURY No		STATE	

James T. McCallister

NOV 29 1984