

846274

AFFIDAVIT

Comes now the affiant, Elizabeth Delgado, who being first duly sworn upon her oath states as follows:

1) That she was the lawfully wedded wife of Meliton Delgado, who died on July 16, 1984 in Hammond, Lake County, Indiana.

2) That at the time of decedent's death, decedent and affiant were the owners, as tenants by the entirety, of the following described real estate:

Lot 18, Block 3, Eastgate Subdivision, in the City of Hammond, as shown in Plat Book 30 page 16, Lake County, Indiana commonly known as: 3254 Kenwood Ave.  
Hammond, Indiana #33-224-18

3) That this affidavit is made for the purpose of transferring decedent's interest in said real estate to affiant, his surviving spouse.

Further affiant sayeth not.

Elizabeth Delgado  
ELIZABETH DELGADO

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MAR 21 2 03 PM '86  
RUDOLPH CLAY  
RECORDER

Subscribed and sworn to before me, the undersign Notary Public, this 3<sup>rd</sup> day of March, 1986.

My Commission Expires:

12-7-88

Margaret A. Vitkus  
NOTARY PUBLIC  
MARGARET A. VITKUS  
A resident of Lake County, Indiana.

Prepared by: I. Alexander Woloshansky  
Attorney at Law  
506 E. 86th Ave.  
Merrillville, IN 46410  
(219) 769-3333

FILED

MAR 21 1986

ALEXANDER  
ATTORNEY LAKE COUNTY

877 5.80

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

*Dr. Daniel D. Thomas, M.D.*

*GUL 17 1984*

HAMMOND HEALTH COMMISSIONER  
LICENSE No. 1061

EMBALMER'S NAME # 33-244-101  
John Alexander

FUNERAL HOME  
No. 286  
FUNERAL DIRECTOR'S  
LICENSE No. 2497  
FUNERAL DIRECTOR'S  
LICENSE No. 1061  
FUNERAL DIRECTOR'S  
SIGNATURE

Local No. 503

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

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

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS WHICH GAVE RISE TO NAME/DATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME FIRST MIDDLE LAST <b>MELITON DELGADO</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>July 16, 1984</b>
RACE—(as of White, Black, American Indian, etc.) (Specify) <b>White</b>	AGE—Last Birthday (Yrs.) <b>39</b>	UNDER 1 YEAR MOB DATE <b>4/1/45</b>	UNDER 1 DAY HOURS MIN <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Hammond</b>		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) <b>3254 Kenwood</b>	IF HOSP. OR INST. (Name, DCA, Op/Emr. No., Department) (Specify) <b>7d</b>
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 wife, give maiden name) <b>Elizabeth Hampton</b>
SOCIAL SECURITY NUMBER <b>304-48-2219</b>		USUAL OCCUPATION (Give kind of work done during most of working life, when it started) <b>Panel Operator</b>	KIND OF BUSINESS OR INDUSTRY <b>Steel</b>
RESIDENCE—STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Hammond</b>	IS RESIDENCE ON A FARM? <b>NO</b>
STREET AND NUMBER <b>3254 Kenwood Ave.</b>		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>YES</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
FATHER—NAME FIRST MIDDLE LAST <b>German Delgado</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Paula Navarro</b>	
INFORMANT—NAME RELATIONSHIP <b>Elizabeth Delgado, wife</b>		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>3254 Kenwood St., Hammond, Indiana 46323</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME <b>Cementerio Municipal</b>	LOCATION CITY OR TOWN STATE <b>Zuacua Nuevo Leon Mexico</b>
DATE (MONTH, DAY, YEAR) <b>July 21, 1984</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>V. Huber Funeral Home, 7051 Kennedy, Hammond, IN 46323</b>	
On the basis of examination and/or investigation, in the person's death occurred at the time, date and place and due to the essential stated. <i>Daniel D. Thomas, M.D., by [Signature]</i>		DATE SIGNED (Mo., Day, Yr.) <b>7/17/84</b>	HOUR OF DEATH <b>M</b>
21a. Signature		PRONOUNCED DEAD (Mo., Day, Yr.) <b>7/16/84</b>	PRONOUNCED DEAD (Mo., Day, Yr.) <b>3:18 A.M.</b>
NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>JUL 17 1984</b>	
HEALTH OFFICER—SIGNATURE <i>Dr. Daniel D. Thomas, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>JUL 17 1984</b>	
IMMEDIATE CAUSE (PART I) <b>(a) Intracranial hemorrhages at base of brain, due to</b>		Interval between onset and death <b>Undetermined</b>	
DUE TO, OR AS A CONSEQUENCE OF <b>(b) laceration of cervical spine, due to gunshot wound.</b>		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF <b>(c) Cerebellar tonsillar herniation; Laceration of lung with</b>		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a)) <b>hemothorax, due to gunshot wound</b>		AUTOPS? (Specify Yes or No) <b>Yes</b>	
ACC. SUICIDE MOM. UNDET. OR PENDING INVERT. (Specify) <b>Homicide</b>	DATE OF INJURY (Mo., Day, Yr.) <b>7/16/84</b>	HOUR OF INJURY <b>M</b>	DESCRIBE HOW INJURY OCCURRED <b>Gunshot wounds</b>
INJURY AT WORK (Specify Yes or No) <b>No</b>	PLACE OF INJURY—(As home, farm, street, factory, office building, etc.) (Specify) <b>Home</b>	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE <b>3254 Kenwood, Hammond, IN.</b>	

878

DEATH OCCURRED IN INSTITUTION HANDBOOK (GARDING COMPLETION RESIDENCE FILE)  
MAR 17 1986

Disposition Permit Issued  
Provisional Certificate  
 Yes  No