

915319

*Asia D Rivera*  
525 W Chgo Ave  
E Chgo, In.

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

FILED

APR 30 1987

*Anna M. Antos*  
AUDITOR LAKE COUNTY

AFFIDAVIT OF SURVIVORSHIP

Comes now Angel Torres, being duly sworn upon his oath and states as follows:

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

Lot 10, in Block 57, as marked and laid down on the recorded plat of Indiana Harbor, in the City of East Chicago, Lake County, Indiana, as the same appears of record in Plat Book 5, Page 9, in the Recorder's Office of Lake County, Indiana.

Commonly known as: 3619 Hemlock Street.

#30-289-1516  
MAY 7 9 49 AM '87  
RECORDED  
RICHARD J. STICK

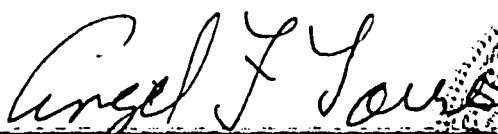
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

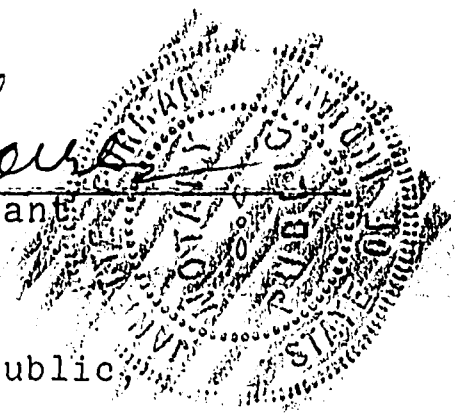
That the affiant and the decedent were married on the 21st day of September, 1973. That the decedent, Maria Torres, and Angel Torres were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between this affiant and Maria Torres, his wife, continued unbroken from the time they so acquired title to said real estate until the death of Maria Torres, his wife, on the 27th day of February, 1987, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.


*700/19*

That the gross value of the estate of the decedent,  
Maria Torres, as determined for the purpose of Federal  
Estate Taxes, was less than the value required for the filing  
and the decedent's estate was not subject to Federal Estate  
Tax.

  
\_\_\_\_\_  
Angel Torres, Affiant



Subscribed and sworn to before me, a notary public,  
this 24th day of April, 1987.

  
\_\_\_\_\_  
Notary Public  
Janette Furman

My Commission Expires:

December 17, 1989

JANETTE FURMAN  
NOTARY PUBLIC STATE OF INDIANA  
LAKE COUNTY  
MY COMMISSION EXP. DEC. 17, 1989

THIS INSTRUMENT PREPARED BY ITSIA D. RIVERA

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 \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
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- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

APR 30 1987

LICENSE No. 1606

EMBALMER'S NAME: Carl J. Mannone, Sr.

FUNERAL DIRECTOR'S SIGNATURE: *Carl J. Mannone Sr.*  
 FUNERAL HOME: *Funeral Home*  
 LICENSE No. 1606

Local No. 75

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

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

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

1517

DECEASED - NAME 1 <b>Maria T Torres</b>			SEX 2 <b>Female</b>	DATE OF DEATH MONTH DAY YEAR 3 <b>February 27, 1987</b>	
RACE - (e.g. White, Black, American Indian, etc.) 4 <b>White</b>	AGE Last birthday 5a <b>59</b>	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH MONTH DAY YEAR 6 <b>Aug 29, 1927</b>	COUNTY OF DEATH 7a <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH 7b <b>East Chicago</b>		HOSPITAL OR OTHER INSTITUTION - Name if applicable 7c <b>St. Catherine Hospital</b>		IF HOSP OR INST. specify DOA (e.g. Enter "Inpatient") 7d <b>Inpatient</b>	
STATE OF BIRTH (if not in U.S. name country) 8 <b>Mexico</b>	CITIZEN OF WHAT COUNTRY 9 <b>USA</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 <b>Married</b>	SURVIVING SPOUSE (if not give maiden name) 11 <b>Angel Torres</b>		12 <b>No</b>
SOCIAL SECURITY NUMBER 13 <b>339-42-1965</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a <b>Cook</b>		KIND OF BUSINESS OR INDUSTRY 14b <b>Restaurant</b>	
RESIDENCE - STATE 15a <b>Indiana</b>	COUNTY 15b <b>Lake</b>	CITY, TOWN OR LOCATION 15c <b>East Chicago</b>		15d <b>3619 Hemlock</b>	15e RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
15f <b>Yes</b>		15g <b>NO</b>		15h <b>Yes</b>	
15i IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15j <b>YES</b> <input checked="" type="checkbox"/> <b>Mexican</b>					
FATHER - NAME FIRST MIDDLE LAST 16 <b>Juan Torres</b>		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17			
INFORMANT - NAME (Type or print) RELATIONSHIP 18 <b>Angel Torres - Husband</b>		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b <b>3619 Hemlock East Chicago Indiana 46312</b>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>Burial</b>		CEMETERY OR CREMATORY - FUNERAL HOME 19b <b>Ridgelawn Cemetery</b>		LOCATION CITY OR TOWN STATE 19c <b>Gary Indiana</b>	
DATE (MONTH DAY YEAR) 20a <b>March 3, 1987</b>		FUNERAL HOME NAME AND ADDRESS (If not same as 19b, give name, city or town, state, zip) 20b <b>C.J. Mannone and Sons Funeral Home 3438 Fir Street East Chicago, Indiana 46312</b>			
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. 21a <i>[Signature]</i>			DATE SIGNED (MO DAY YEAR) 21b <b>3/3/87</b>	HOUR OF DEATH 21c <b>7:45 P.M.</b>	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d <b>MY Ali, M.D.</b>					
MAILING ADDRESS - PHYSICIAN 21e <b>9116 Columbia Avenue Hammond, Indiana</b>					
HEALTH OFFICER - SIGNATURE 22a <b>E.A. Campagna, M.D.</b>				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>3-5-87</b>	
PART I IMMEDIATE CAUSE (a) <b>Advanced metastatic carcinoma of Thyroid</b>		(b) <b>due to OR AS A CONSEQUENCE OF</b>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		(c) <b>due to OR AS A CONSEQUENCE OF</b>		Interval between onset and death	
24 <b>No</b>				AUTOPSY (Specify Yes or No)	