

92009227

Maria T Chavez
649 Stewart Ct
Whiting In
46394-1461

STATE OF INDIANA)
COUNTY OF LAKE)SS:

AFFIDAVIT OF SURVIVORSHIP

Comes now **MARIA T. CHAVEZ**, being duly sworn upon her oath and states as follows:

That **VICTOR CHAVEZ, A/K/A VICTORIANO CHAVEZ, AND MARIA T. CHAVEZ**, Husband and Wife, were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The East 38 feet of Lot 11, Block 5, forsythe Water Gardens, in the City of Hammond, as shown in Plat Book 14, Page 19, Lake County, Indiana. Key No: 33-142-16.

Commonly known as 649 Stewart Court, Hammond (Whiting, P.O.) Indiana.

That the decedent, **VICTOR CHAVEZ A/K/A VICTORIANO CHAVEZ** and **MARIA T. CHAVEZ**, were husband and wife at the time they acquired title, as tenants by the entireties.

That the marital relationship, which existed between this affiant and **VICTOR CHAVEZ, A/K/A VICTORIANO CHAVEZ**, her Husband, continued unbroken from the time they so acquired title to said real estate until the death of **VICTOR CHAVEZ A/K/A VICTORIANO CHAVEZ** on the 8th day of June, 1987, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, **VICTOR CHAVEZ a/k/a VICTORIANO CHAVEZ**, as determined for the purpose of Federal Estate Taxes and State Inheritance Tax was less than the value required for the filing and the decedent's estate was not subject to Tax.

Maria T Chavez
MARIA T. CHAVEZ

Subscribed and sworn to before me a Notary Public this 12 Day of February, 1992.

MY COMMISSION EXPIRES:

6/25/92

David R. Schneider
DAVID R. SCHNEIDER
NOTARY PUBLIC-LAKE COUNTY RES.

This Instrument Prepared By: **DAVID R. SCHNEIDER**, Attorney at Law, 3527 Ridge Road, Highland, Indiana 46322, (219) 838-7690.

FILED

FEB 13 1992

Anna N. Antos
AUDITOR LAKE COUNTY

00695

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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. 201

FUNERAL HOME
No. FDE3007267

FUNERAL DIRECTOR'S
LICENSE No. FDE1040744

EMBALMER'S NAME Martin J. Gabor

FUNERAL DIRECTOR'S
SIGNATURE Martin J. Gabor

TYPE OR PRINT
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH
GAVE
RISE TO
IMMEDIATE
CAUSE
LEADING TO
THE
IMMEDIATE
CAUSE LIST

CAUSE

DECLAISED NAME 1 <u>VICTORIANO CHAVEZ</u>		SEX 2 <u>Male</u>	DATE OF DEATH (MONTH DAY YEAR) 3 <u>June 8, 1987</u>
HAIR 4 <u>Male</u>	AGE - LAST BIRTHDAY (YEAR) 5a <u>74</u>	UNDER 1 YEAR 5b	UNDER 1 DAY 5c
DATE OF BIRTH (YEAR MONTH DAY) 6 <u>11/08/1913</u>		COUNTY OF DEATH 7a <u>Lake</u>	
CITY, TOWN OR LOCATION OF DEATH 7b <u>East Chicago</u>		HOSPITAL OR OTHER INSTITUTION (Name if not a part of the street name) 7c <u>St. Catherino Hospital</u>	IF HOSP OR INST. WAS AN OCA OR I-ops. Am. Hospital (Specify) 7d <u>Inpatient</u>
STATE OF BIRTH (if not in U.S.A. name country) 8 <u>Mexico</u>	CITIZEN OF WHAT COUNTRY 9 <u>U.S.A.</u>	MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) 10 <u>Married</u>	SURVIVING SPOUSE (if wife give maiden name) 11 <u>Maria Escalante</u>
SOCIAL SECURITY NUMBER 13 <u>466-54-5981</u>		USUAL OCCUPATION (Specify month and days during most of working life from 11-12) 14 <u>State Worker (Retired)</u>	KIND OF BUSINESS OR INDUSTRY 14b <u>Inland Steel Co.</u>
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 15a <u>Indiana</u>	COUNTY 15b <u>Lake</u>	CITY, TOWN OR LOCATION 15c <u>East Chicago</u>	IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15e <u>4113 Buttercup Street</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f <u>Yes</u>	
19 DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>Mexican</u>			
FATHER - NAME 16 <u>Jose Maria Chavez</u>		MOTHER - MAIDEN NAME 17 <u>Nativida Vasquez</u>	
INFORMANT - NAME (Type or Print) 18a <u>Mrs. Linda Herrera</u>		MAILING ADDRESS 18b <u>649 Stewart Court, Whiting, Indiana 46394</u>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <u>Burial</u>		CEMETERY OR CREMATORY - FUNERAL HOME 19b <u>St. Joseph Cemetery</u>	LOCATION 19c <u>Hammond, Indiana</u>
DATE (MONTH DAY YEAR) 20a <u>June 13, 1987</u>	FUNERAL HOME - NAME AND ADDRESS 20b <u>Baran & Son, Inc., 1235-119th St., Whiting, Ind.</u>	(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>46394</u>	
To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. 21a (Signature) <u>Edward L. C. Broomes</u>		DATE SIGNED (Mo., Day, Yr.) 21b <u>June 11, 1987</u>	HOUR OF DEATH 21c <u>9:00 P.M.</u>
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d <u>Edward L. C. Broomes, M.D.</u>			
MAILING ADDRESS - PHYSICIAN 21e <u>2400 Broadway, East Chicago, Indiana 46312</u>			
HEALTHY OFFICER - SIGNATURE 22a <u>E. A. Campagnolo</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <u>6-12-87</u>	
PART I (a) IMMEDIATE CAUSE (ENTER CAUSE PER LINE FOR (a) AND (b)) <u>Ex sanguinum</u>		Interval between onset and death	
(b) DUE TO OR AS A CONSEQUENCE OF <u>Esophageal Varices; Gastric erosions;</u>		Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF <u>Cirrhosis of liver</u>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not listed in cause given in PART I (a))		AUTOPSY (Specify Yes or No) 24 <u>No</u>	

00697

Below for State Office Use

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Disposition Permit Issued / /

Provisional Certificate
 Yes No

Key # 33-142-16
Forsyth Water Gardens
338FF 4.11 BUS

FEB 13 1987

AUDITOR Lake County

LICENSE No. FDE1040744

EMBALMER'S NAME Martin J. Gabor

FUNERAL DIRECTOR'S
SIGNATURE Martin J. Gabor