

93014055

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

On this February _____, 1993, before me personally appeared _____
ELOISA GIL to me personally known, who being

duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is owner
(state interest of affiant: "owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Jesus C. Gil and Eloise M. Gil a/k/a Eloisa Gil;

4. Said Jesus C. Gil who died on June 28, 1981, leaving a will; ^(unavailable) (attach a copy of Will, if applicable);

5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$40,000 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;

6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No
(If "yes", identify the divorce proceedings: _____)

7. Affiant's relationship to the deceased was wife
RE!
Sunnyside add.
Lot 17, Block 5



FILED

FEB 26 1993

Carol M. Untch
AUDITOR LAKE COUNTY

SIGNATURE Eloisa M. Gil
ELOISA GIL
Address: 4018 Catalpa Street
East Chicago, IN 46312

Key # 30-569-17

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this 11th day of February, 1993.

Carolyn A. Swanson
CAROLYN A. SWANSON, Notary Public

STATE OF INDIANA / S.S. NO.
LAKE COUNTY
FILED FOR RECORD
MAR 4 8 59 AM '93
SAMUEL OLLIVER
RECORDER

My Commission Expires: 6-12-96
County of Residence: Lake

This instrument prepared by: Terrence M. Rubino of RUBINO & JONES
622 Ridge Road, Munster, IN 46321

8150

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

Below for State Office Use

A _____
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Disposition Permit Issued / /
Provisional Certificate
 Yes No

EMBALMER'S NAME **FRANK DELNIK** LICENSE No. **3203**
FUNERAL DIRECTOR'S SIGNATURE *Frank Delnik* LICENSE No. **1543**
FUNERAL HOME SIGNATURE *W. C. Vozzack* LICENSE No. **1556**

Local No. **320**

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

1 DECEASED - NAME JESUS C GIL		SEX male	DATE OF DEATH (MONTH DAY YEAR) SUN. JUNE 28, 1981
2 RACE White	AGE (Last Birthday) 55	DATE OF BIRTH (Mo Day Yr) MARCH 16, 1926	COUNTY OF DEATH LAKE
3 DECEASED 7a EAST CHICAGO IND. STATE OF BIRTH (If not in U.S. & name country) INDIANA		7b ST. CATHERINE HOSPITAL HOSPITAL OR OTHER INSTITUTION (Name and complete address) INPATIENT IF HOSP OR INST. (Specify room, hospital, etc.)	
8 SOCIAL SECURITY NUMBER 460-32-8661		9 MARRIED (If with name of wife or husband) ELOISA HONGARAZ MARRIED (If with name of wife or husband) Yes WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes	
10 USUAL RESIDENCE (Where decedent lived if death occurred in institution, city, residence before admission) 10a INDIANA 10b LAKE 10c EAST CHICAGO INDIANA 46312		11 KIND OF BUSINESS OR INDUSTRY 11a Helper 11b KROPP FORGE CO. CHICAGO ILL.	
12 12a 4018 CATALPA ST EAST CHICAGO INDIANA 46312 STREET AND NUMBER		13 13a <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO IS DECEASED EVER ON A FARM? 13b	
14 14a <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AMERICAN-MEXICAN IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		15 FATHER - NAME (First Middle Last) JOSE GIL	
16 16a ELOISA GIL INFORMANT - NAME (Type or print)		17 MOTHER - MAIDEN NAME (First Middle Last) FELISITAS COSAZRES	
18 18a BURIAL BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19 CEMETERY OR CREMATORY - FUNERAL HOME 19a ELMWOOD CEMETERY 19b HAMMOND INDIANA	
20 20a WED. JULY 1, 1981 DATE (Month Day Year)		21 FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No. City or Town State ZIP) PROSTECKI FUNERAL HOME P.O. BOX J EAST CHICAGO IND. 46312	
22 22a <i>[Signature]</i> NAME OF ATTENDING PHYSICIAN (Type or Print)		23 DATE SIGNED (Mo Day Yr) 6/29/81	
24 24a G. A. DIMA (M.D.) MAILING ADDRESS - PHYSICIAN		25 HOUR OF DEATH 6:27/81	
26 26a <i>[Signature]</i> HEALTH OFFICER - SIGNATURE		27 LOCAL HEALTH OFFICER 6-29-81	
28 28a HEPATIC FAILURE IMMEDIATE CAUSE		29 INTERVAL BETWEEN ONSET AND DEATH	
29 29a Chronic liver dis - DUE TO OR AS A CONSEQUENCE OF		30 INTERVAL BETWEEN ONSET AND DEATH	
30 30a Cirrhosis DUE TO OR AS A CONSEQUENCE OF		31 INTERVAL BETWEEN ONSET AND DEATH	
31 31a _____ OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)		32 AUTOPSY (Specify, Yes or No)	

30-569-17, Anniversary 17, 8/17/85

2/26/93

SI 11 08 003
REV 10 77

Rubin + Jones 622 Ridge Road Munster 46321

FILED
FEB-26-1993
Anna N. Anton
AUDITOR LAKE COUNTY

01419

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