

ESTATE AFFIDAVIT

RE: FA- 8407

Address: 4624 West 7th Avenue  
Gary, Indiana

93022622

Legal Description:

Lot 15 in Block 16, in New Brunswick Addition to Gary, Lake County, Indiana, as per plat thereof, recorded in Plat Book 14, page 16, in the office of the recorder of Lake County Indiana

FILED

APR 08 1993

*Anna M. Anton*  
AUDITOR LAKE COUNTY

PETITION TO:  
ESTATE OF JAMES M. CO.  
2200 COMMERCIAL DR. SUITE 1  
CROWN POINT, IN 46307

Julia Garza, Affiant, states that:  
a/k/a Julia C Garza

1. Diego Garza, deceased, died on the 11 day of Nov, 1987;

2. Affiant is: XX the surviving spouse of the deceased;  
       the Personal Representative/Executor-trix of the estate of the deceased;

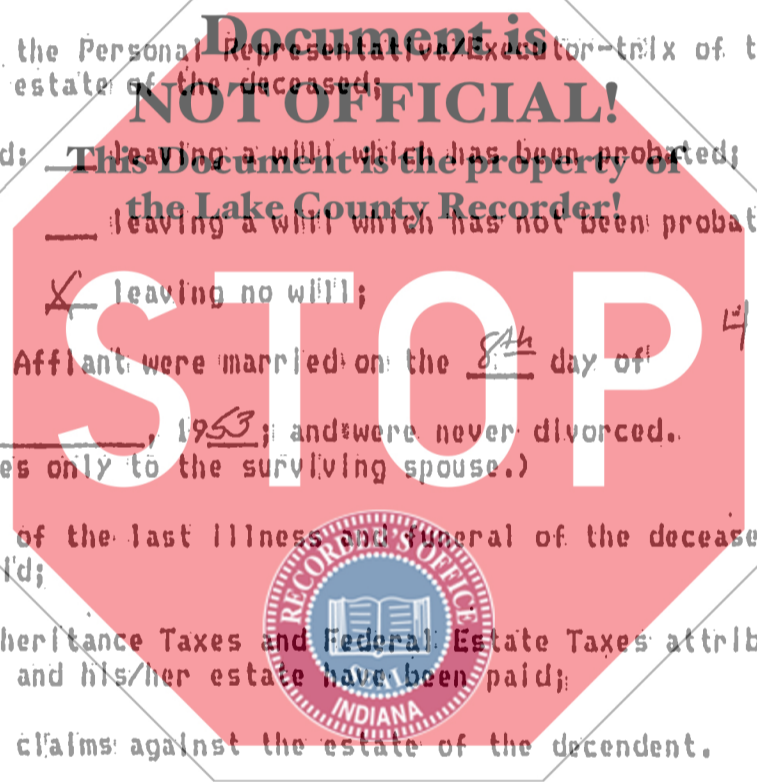
3. The deceased died:        leaving a will which has been probated;  
       leaving a will which has not been probated;  
X leaving no will;

4. The deceased and Affiant were married on the 8th day of August, 1953; and were never divorced.  
(This item applies only to the surviving spouse.)

5. X All expenses of the last illness and funeral of the deceased have been paid;

6. X All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. X There are no claims against the estate of the decedent.



APR 12 2 43 PM '93  
SARAH HUGHES  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED IN RECORD

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

April 6, 1993  
Date

*Julia C. Garza*  
Signature of Affiant

Julia Garza a/k/a Julia C. Garza  
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 6th day of April, 1993

Andrea A. Widlowski  
Printed Name of Notary

*Andrea A. Widlowski*  
Signature of Notary

My Commission expires: 9-17-93

My County of Residence is: Lake

Prepared By: Julia Garza

10378 A 800  
fa

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

This is to certify that this is a true and correct copy of the Death certificate of Diego Garza as appears in the Vital Statistics records of the City of McAllen, Hidalgo County, Texas. Given under my hand and seal of office this date: November 16, 1987

By: Jane M. Lugo Deputy Registrar

1. NAME OF DECEASED (Type or print) <b>Diego Garza</b>			2 SEX <b>Male</b>	3 DATE OF DEATH <b>Found 11-11-87</b>
4 RACE <b>White</b>	5a WAS THE DECEDENT OF SPANISH ORIGIN? <b>Yes</b>	5b IF YES, SPECIFY MEXICAN, CUDAN, PUERTO RICAN, ETC. <b>Mexican</b>	6 DATE OF BIRTH <b>11-13-18</b>	7 AGE (In years last birthday) <b>68</b>
8a. PLACE OF DEATH - COUNTY <b>Hidalgo</b>		8b. CITY OR TOWN (If outside city limits, give precinct no.) <b>McAllen</b>	8c. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>2505 Upas</b>	
9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10 BIRTHPLACE (State or foreign country) <b>Mexico</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>NO</b>	13 SURVIVING SPOUSE (If wife, give maiden name) <b>Julia Costello</b>
14 SOCIAL SECURITY NO. <b>467-18-4433</b>	15a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel Mill</b>		15b KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
16a RESIDENCE - STATE <b>Texas</b>	16b. COUNTY <b>Hidalgo</b>	16c. CITY OR TOWN (If outside city limits, show rural) <b>McAllen</b>	16d STREET ADDRESS (If rural, give location) <b>2505 Upas</b>	16e INSIDE CITY LIMITS? <b>Yes</b>
17. FATHER'S NAME <b>Antonio Garza</b>		18 MOTHER'S MAIDEN NAME <b>Josefa de Hoyos</b>		19 SIGNATURE OF INFORMANT <i>Jose P. Garza</i>
CAUSE OF DEATH	IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), (c)) <b>Apparent Natural Cause</b>			Interval between onset and death
	(a) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
PART II	OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			21: AUTOPSY? <b>No</b>
22a: ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	22b. DATE OF INJURY (Mo., Day, Yr.)	22c. HOUR OF INJURY	22d. DESCRIBE HOW INJURY OCCURRED <b>Auditor Lake County</b>	
22e. INJURY AT WORK (Specify yes or no)	22f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		22g. LOCATION	STREET OR R.F.D. NO. CITY OR TOWN STATE
CERTIFIER To be completed by CERTIFYING PHYSICIAN only	23a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)			24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)
	23b. DATE SIGNED (Mo., Day, Yr.)	23c. HOUR OF DEATH		24b. DATE SIGNED (Mo., Day, Yr.)
	23d. NAME OF ATTENDING PHYSICIAN (Type or print)			24c. HOUR OF DEATH
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		25b. DATE <b>11-14-87</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Valley Memorial Gardens</b>	
25d. LOCATION (City, town, or county) (State) <b>McAllen Texas</b>		26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Raul Elizondo</i>		
27a. REGISTRAR'S FILE NO.	27b. DATE REC'D BY LOCAL REGISTRAR <b>NOV 16 1987</b>	27c. SIGNATURE OF LOCAL REGISTRAR		

