

2908 State St
Lake Station, In
46405

SURVIVORSHIP AFFIDAVIT

STATE OF: INDIANA
COUNTY OF: LAKE) SS:

On this SEPT. 11, 1995 Before me personally appeared ANN RODRIGUEZ

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 ANN RODRIGUEZ
(state interest of affiant in the above premises as owner)
- 3. Said premises described as follows: LOT TWO (2) AND LOT THREE (3) IN BLOCK SIXTEEN (16) IN WOODS DEEP RIVER SUBDIVISION SAID SUBDIVISION BEING A PART OF SECTION TWENTY-FOUR (24), TOWNSHIP THIRTY SIX (36) NORTH, RANGE EIGHT (8) WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, AS RECORDED IN PLAT BOOK 22, PAGE 705-710 IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

4. Said premises were formerly owned as joint tenants or as tenants by entireties by MIKE RODRIGUEZ and Ann Rodriguez

5. Said MIKE RODRIGUEZ is the property of the Lake County Recorder!
(fill in name of co-tenant who died)
died on MAY 14 1981
leaving NO will;
(insert "a" or "no" if a will has been left; attach a copy)

6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by entireties, individual ownerships of both real and personal property, and insurance does not exceed sum of \$ 30,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedent;

7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? NO
(If answer is YES, identify the dissolution proceedings.)

8. Affiant's relationship to the deceased was WIFE

Signature: Ann Rodriguez
Address: 2908 STATE ST.

State of Indiana)
County of Porter)

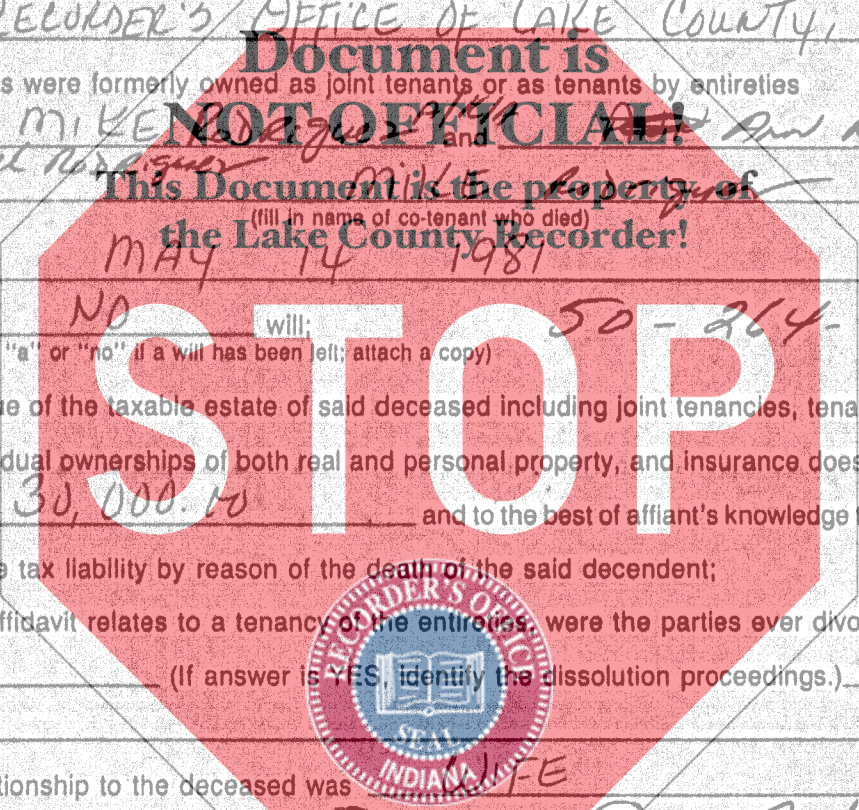
Before me, the undersigned, a Notary Public in and for said County and State, this SEP. 11 95 personally appeared ANN RODRIGUEZ

and acknowledged the execution of the foregoing Affidavit.

John R. Gore
Notary Public
Resident of LAKE County
My Commission expires: 10/5/96

Prepared by: Ann Rodriguez

001479



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

RECORDER
MARGARET COLEMAN
SEP 22 AM 9:54

FILED
SEP 22 1995
SAM ORLICH
AUDITOR LAKE COUNTY

17 21 Pd

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

0-50-268-3

644303

Lloyds Upp River xue in a d r s u m

Local No. 985-81

State No. 1

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

Below for State Office Use

FUNERAL HOME
No. 306

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
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

DECEASED—NAME Michael (Mike) Rodriguez		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) May 14, 1981
RACE White	AGE 67	DATE OF BIRTH (MO., DAY, YEAR) 9-29-1913	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Hobart		HOSPITAL OR OTHER INSTITUTION St. Mary Medical Center	IF HOSP OR INST OP-4 or the Institution (County) Inpatient
STATE OF BIRTH Mexico	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SURVIVING SPOUSE (if wife, give maiden name) Ann Graff
SOCIAL SECURITY NUMBER 312-05-4571	USUAL OCCUPATION Foreman	KIND OF BUSINESS OR INDUSTRY U.S. Steel	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Lake Station	
STREET AND NUMBER 2908	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	
IS DECEASED OF SPANISH DESCENT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES SPECIFY MEXICAN, CUBAN, MEXICAN, ETC. Mexican		
FATHER—NAME Phillip Rodriguez (Dec.)	MOTHER—MAIDEN NAME Mica Ruiz (Dec.)		
INFORMANT—NAME (Type or print) Ann Rodriguez (Wife)	RELATIONSHIP (Wife)	MAILING ADDRESS 2908 State St., Lake Station, IN 46705	CITY OR TOWN Lake Station
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY—FURNERAL HOME Calvary Cemetery	LOCATION Portage, IN	
DATE (MONTH, DAY, YEAR) May 18, 1981	FURNAL HOME—NAME AND ADDRESS Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart	STREET OR R.F.D. NO., CITY OR TOWN, STATE IN 46342	
21a. Signature [Signature]	21b. Date Signed 5/18/81	21c. HOUR OF DEATH 11:00 p	
21d. NAME OF ATTENDING PHYSICIAN (Type or Print) [Signature]	21e. MAILING ADDRESS—PHYSICIAN Rees Funeral Home, Inc. Medical Arts Building 1400 S. Main Pkx Avenue Hobart, Indiana 46342	21f. HEALTH OFFICE—SIGNATURE [Signature]	21g. DATE RECEIVED BY LOCAL HEALTH OFFICER 5-27-81
PART I Cause of Death Myocardial Infarction Coronary Arteriosclerosis Hypertension		PART II Cause of Death Abdominal Aneurysm Basal Obstruction Aneurysm, Hypertension, Aorta	

THIS COPY IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH AND SHOULD BE FILED IN THE LAKE COUNTY HEALTH DEPT. MAY 28 1981

EMBALMER'S NAME: Krauser, Jerry
FURNERAL DIRECTORS: Krauser, Jerry
FURNERAL HOME: Krauser, Jerry
SIGNATURE: Krauser, Jerry
FURNERAL HOME NO. 306

SBH 06-003
REV. 10/77



WILLIAM BIELSKI
RECORDER
SEP 18 10 28 AM '81
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

400