

2



# TICOR TITLE INSURANCE

## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

95068827

Raquel Castellanos, being first duly sworn upon oath, deposes and says:

1. That Magdaleno Castellanos died on January 2, 1981 at East Chicago, Indiana

2. That Magdaleno Castellanos and Raquel Castellanos were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 3 in Block 1 in Liverpool Home Gardens, in the City of Lake Station, as per plat thereof, recorded in Plat Book 23 page 45, in the Office of Recorder of Lake County, Indiana.



3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of ~~(his)~~ (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Raquel Castellanos  
Raquel Castellanos

Subscribed and sworn to before me, a Notary Public, this 6th day of November, 1995.

**FILED**

NOV 9 1995

Paula Barr  
Paula Barrick Notary Public

My Commission expires: **GAMORLICH**  
10-2-97 **AUDITOR LAKE COUNTY**

County of Residence:  
Lake

This Instrument prepared by Raquel Castellanos **000611**

11/09/95  
22  
52

95 NOV 10 AM 9:18  
MARIA FERRER  
RECORDER  
LAKE COUNTY INDIANA

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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

Below for State Office Use

A \_\_\_\_\_

B \_\_\_\_\_

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E \_\_\_\_\_

F \_\_\_\_\_

G \_\_\_\_\_

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INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

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

Local No. 18

TYPE  
OR PRINT  
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PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

PARENTS

DISPOSITION

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CONDITIONS  
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WHICH  
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STARTING  
THE  
UNDERLYING  
CAUSE  
LAST

CAUSE

FUNERAL HOME  
No. 306

LICENSE No. 646  
FUNERAL DIRECTOR'S  
LICENSE No. 2012

EMBALMER'S NAME  
J.J. Krause

FUNERAL DIRECTOR'S  
SIGNATURE  
Donald J. Krause

DECEASED—NAME 1 <u>Magdaleno</u>		MIDDLE <u>Castellanos</u>		LAST <u>Castellanos</u>		SEX <u>male</u>	DATE OF DEATH (MONTH DAY YEAR) <u>1/2/1981</u>
4 <u>mexican</u>		AGE—Last Birthday (Yr.) 5a <u>64</u>	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (Mo. Day Yr.) <u>7/22/1916</u>	COUNTY OF DEATH 7. <u>Lake</u>	
7a <u>East Chicago</u>		7c <u>St. Catherine's Hospital</u>				7d <u>inpatient</u>	
STATE OF BIRTH <u>Mexico</u>		CITIZEN OF WHAT COUNTRY <u>Mexico</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>		SURVIVING SPOUSE (If wife, give maiden name) <u>Raquel L. Lara</u>	
SOCIAL SECURITY NUMBER <u>332-32-1565</u>		USUAL OCCUPATION (Give kind of work done during year of death, if different from present occupation) <u>Pilot</u>		KIND OF BUSINESS OR INDUSTRY <u>US Steel Co.</u>		12. <u>No</u>	
13 <u>Indiana</u>		15b <u>Lake</u>		15c <u>Lake Station</u>		14b <u>US Steel Co.</u>	
15a <u>2732 Arizona</u>		15d <u>Mexican</u>		16a <u>YES</u>		15f <u>Yes</u>	
16 <u>Tiburcio</u>		17 <u>Emilia Cardenas</u>		18a <u>Raquel L. Castellanos</u>		18b <u>2732 Arizona St.</u>	
18c <u>Calvary Cemetery</u>		18d <u>Portage</u>		18e <u>IN</u>		18f <u>46342</u>	
19 <u>1/5/1981</u>		20a <u>Rees Funeral Home, Inc.</u>		20b <u>600 W. Ridge Rd.</u>		20c <u>Hobart, IN</u>	
21a <u>M. J. Jacobs, M.D.</u>		21b <u>1/5/81</u>		21c <u>4:30 P.M.</u>		22a <u>E. A. Caspagnia, M.D.</u>	
22b <u>Septicemia</u>		22c <u>Pneumonia</u>		22d <u>Acute Myeloid Leukemia</u>		23 <u>1-9-80</u>	
24 <u>No</u>		25 <u>No</u>		26 <u>No</u>		27 <u>No</u>	

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No



FILED  
1078  
1078  
SAM ORLICH  
AUDITOR LAKE COUNTY

000612