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Citizens  
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497137 mg

### Chicago Title Insurance Company

### SURVIVORSHIP AFFIDAVIT

On this 6/1/98 before me personally appeared Maria Estela Montalvo  
(insert date)

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is owner; (state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Jesus Montalvo Jr and Maria Estela Montalvo;
- Said Jesus Montalvo Jr. (fill in name of co-tenant who died)  
died on 7-10-90  
leaving no will;  
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:  
L42, Parcel one of Prairie Pk, Unit #5, Sub division in the city of E.C., and as shown PB 38, P 8 in Lake County, Indiana

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid.

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUN 09 1998

SAM ORLICH  
AUDITOR LAKE COUNTY

1300  
131m  
CT  
~~000774~~  
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Chicago Title Insurance Company

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

..... n/a .....

(If answer is "Yes," identify the divorce proceedings:

.....);

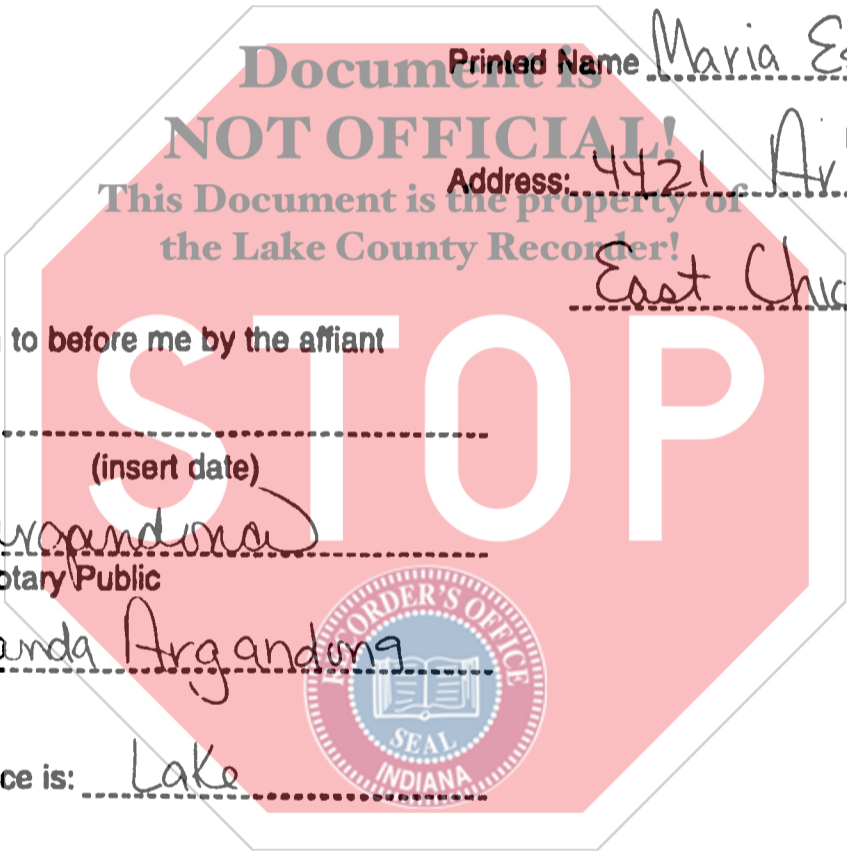
8. Affiant's relationship to the deceased was wife.....

Signature: Maria Estela Montalvo

Printed Name Maria Estela Montalvo

Address: 4421 Arbutus Lane

East Chicago In 46312



Subscribed and sworn to before me by the affiant

this 6/1/98.....

(insert date)

Polanda Argandona  
Notary Public

Printed Name Polanda Argandona.....

My County of Residence is: Lake.....

In the State of Indiana.....

My Commission Expires 2/24/2001.....

This instrument prepared by Maria Estela Montalvo.....

# INDIANA STATE BOARD OF HEALTH

## CERTIFICATE OF DEATH

Local No. 186

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First Middle Last) <b>JESUS MONTALVO, Jr.</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Year) <b>JULY 10, 1990</b>
4 SOCIAL SECURITY NUMBER <b>XXX 275-32-8173</b>	5a AGE—Last Birthday (Years) <b>53</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>APRIL 28, 1937</b>
8a WAS DECEDENT A U.S. VETERAN? <b>NO</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>NONE</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>EAGLE PASS, TEXAS</b>		
9a FACILITY NAME (If not institution, give street and number) <b>ST. CATHERINE HOSPITAL</b>		9c CITY TOWN OR LOCATION OF DEATH <b>EAST CHICAGO</b>		9d COUNTY OF DEATH <b>LAKE</b>

DECEDENT

10 MARITAL STATUS (Specify) <b>MARRIED</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>MARIA ESTELA VERGARA</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>INSTRUMENT SERVICE TECHNICIAN</b>	12b KIND OF BUSINESS/INDUSTRY <b>STEEL MFG. CO</b>
13a RESIDENCE—STATE <b>INDIANA</b>	13b COUNTY <b>LAKE</b>	13c CITY TOWN OR LOCATION <b>EAST CHICAGO</b>	13d STREET AND NUMBER <b>4421 ARBUTUS LANE</b>

ARENTS

13e ZIP CODE <b>46312</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>MEXICAN</b>	16 RACE—American Indian, Black, White, etc. (Specify) <b>WHITE</b>	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <b>N/A</b> College (1-4 or 5+) <b>N/A</b>
18 FATHER'S NAME (First Middle Last) <b>JESUS MONTALVO</b>			19 MOTHER'S NAME (First Middle Maiden Surname) <b>ISABEL SUAREZ</b>		

FORMANT

20a INFORMANT'S NAME (Type, Print) <b>MARIA ESTELA MONTALVO</b>	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4421 ARBUTUS LANE, EAST CHICAGO, IN 46312</b>	20c Relationship <b>WIFE</b>
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POSITION

21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donator <input type="checkbox"/> Other (Specify)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>JULY 14, 1990 ST. JOHN CEMETERY</b>	21c LOCATION—City or Town, State <b>HAMMOND, INDIANA</b>
22a EMBALMER'S NAME <b>RAYMOND PRUSIECKI</b>	22b EMBALMER'S LICENSE NO. <b>FDU 1039517</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

USE OF  
ATH

24a SIGNATURE OF FUNERAL DIRECTOR <i>Raymond Prusiecki</i>	24b LICENSE NUMBER (of Licensee) <b>FDU1039517</b>	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>PRUSIECKI FUNERAL, FDH3001562 P.O. BOX J, EAST CHICAGO, IND. 46312</b>
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26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Cardio-Respiratory Arrest

b. Disseminated Septicemia

c. Septic Shock

Conditions if any which gave rise to the immediate cause, stating the underlying cause last

d. Uncontrolled Diabetes w/ ketoacidosis

RTIFIER

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

*Diante, M.D.*

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
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ALTH  
FICER

29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER 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) as stated <input type="checkbox"/> CORONER 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) and manner as stated	29b SIGNATURE AND TITLE OF CERTIFIER <i>J. Raykovick, MD</i>	29c MEDICAL LICENSE NO.	29d DATE SIGNED (Month, Day, Year)
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RONER  
E ONLY

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26) (Type, Print)				
31 HEALTH OFFICER'S SIGNATURE <i>J. Raykovick, MD</i>		32 DATE FILED (Month, Day, Year) <b>7/12/1990</b>		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			34f LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		