

FOR  
51518841N

# SURVIVORSHIP AFFIDAVIT

STATE OF Indiana } S. S.  
COUNTY OF Lake

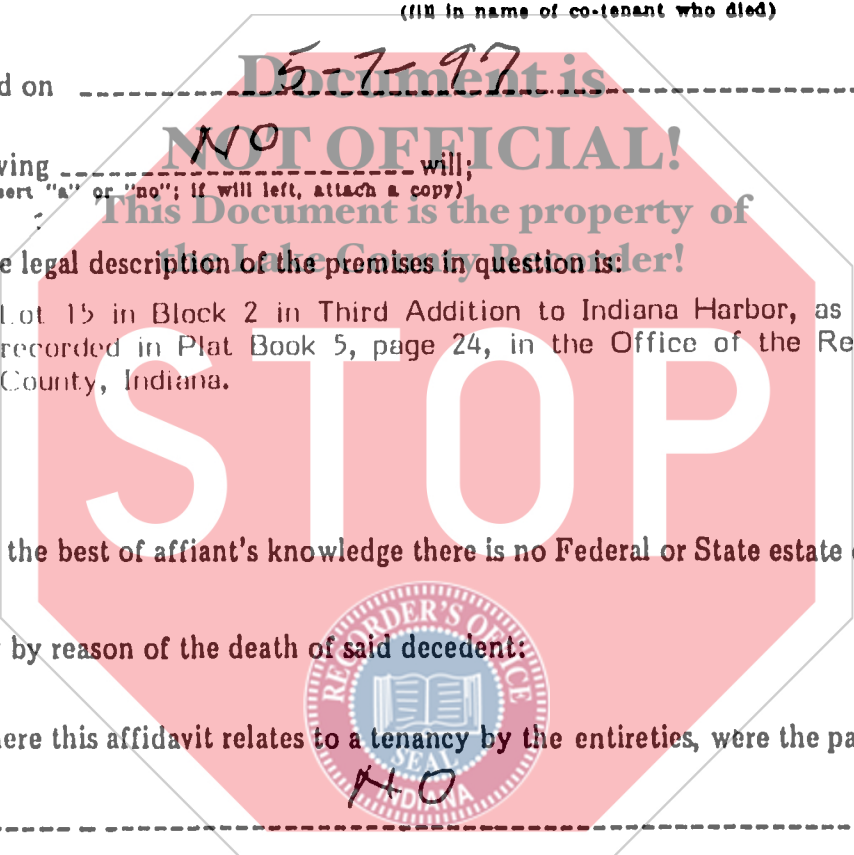
On this 6-5-98 before me personally appeared \_\_\_\_\_  
(insert date)

Sarah Alicea

98069676

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  
Isidro Alicea and Sarah Alicea;
  - Said Isidro Alicea \_\_\_\_\_  
(fill in name of co-tenant who died)  
died on 5-7-97 \_\_\_\_\_  
leaving NO will;  
(insert "a" or "no"; if will left, attach a copy)
  - The legal description of the premises in question is:  
Lot 15 in Block 2 in Third Addition to Indiana Harbor, as per plat thereof,  
recorded in Plat Book 5, page 24, in the Office of the Recorder of Lake  
County, Indiana.
  - To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:
  - Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
NO
- (If answer is "Yes," identify the divorce proceedings: \_\_\_\_\_);
- Affiant's relationship to the deceased was his wife \_\_\_\_\_



Signature: Sarah Alicea  
Sarah Alicea  
Address: 21742 Olive St  
Perris CA 92570.

Subscribed and sworn to before me by the affiant

**FILED**

this June 5, 1998  
(insert date)

Janice L. Maddox  
Notary Public

JUL 01

My Commission Expires 1-26-08

**SAM ORLICH**  
**AUDITOR LAKE COUNTY**

000160

Resident of Lake County, IN

This instrument prepared by Sarah Alicea

1 of 4

OK # 1200  
100309

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
 USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
 VB-11 (REV. 11/90)

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) ISIDRO 2. MIDDLE - 3. LAST (FAMILY) ALICEA

4. DATE OF BIRTH MM/DD/CCYY 05/13/1939 5. AGE YRS. 57 6. SEX M 7. DATE OF DEATH MM/DD/CCYY 05/07/1997 8. HOUR 0530

9. STATE OF BIRTH PUERTO RICO 10. SOCIAL SECURITY NO. 313-36-2779 11. MILITARY SERVICE YES NO 12. MARITAL STATUS MAR 13. EDUCATION—YEARS COMPLETED 11

14. RACE White 15. HISPANIC—SPECIFY YES NO Puerto Rican 16. USUAL EMPLOYER Union Tank

17. OCCUPATION Welder 18. KIND OF BUSINESS Welding 19. YEARS IN OCCUPATION 25

20. RESIDENCE—STREET AND NUMBER OR LOCATION 21742 Olive St.

21. CITY Perris 22. COUNTY Riverside 23. ZIP CODE 92570 24. YRS IN COUNTY 8 25. STATE OR FOREIGN COUNTRY CA

26. NAME, RELATIONSHIP Sarah Alicea, Spouse 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 21742 Olive St., Perris, CA. 92570

28. NAME OF SURVIVING SPOUSE Sarah 29. MIDDLE - 30. LAST (MAIDEN NAME) Medina

31. NAME OF FATHER—FIRST Flor 32. MIDDLE - 33. LAST Alicea 34. BIRTH STATE Puerto Rico

35. NAME OF MOTHER—FIRST Valentina 36. MIDDLE - 37. LAST (MAIDEN) Lugo 38. BIRTH STATE Puerto Rico

39. DATE MM/DD/CCYY 05/13/1997 40. PLACE OF FINAL DISPOSITION Green Acres Memorial Park-11715 Cedar, Bloomington, CA. 92316

41. TYPE OF DISPOSITION(S) BU 42. SIGNATURE OF EMBALMER *gnald Crawford* 43. LICENSE NO. 7568

44. NAME OF FUNERAL DIRECTOR Ingold Chapel 45. LICENSE NO. FD821 46. SIGNATURE OF LOCAL REGISTRAR *R. E. Powell M.D.* 47. DATE MM/DD/CCYY 05/09/1997

101. PLACE OF DEATH Residence 102. IF HOSPITAL, SPECIFY ONE: IP ER/OP DOA 103. FACILITY OTHER THAN HOSPITAL: CONV. HOSP. RES. CARE OTHER 104. COUNTY Riverside

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 21742 Olive St. 106. CITY Perris

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

IMMEDIATE CAUSE (A) Hepatic encephalopathy Mos. 108. DEATH REPORTED TO CORONER YES NO 97R2428

CAUSE OF DEATH DUE TO (B) Parenchymal liver disease Yrs. 109. SPOUSE PERFORMED YES NO

DUE TO (C) Etiology unknown Unk. 110. AUTOPSY PERFORMED YES NO

DUE TO (D) 111. USED IN DETERMINING CAUSE YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Carcinoma of brain

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE MM/DD/CCYY MM/DD/CCYY 115. SIGNATURE AND TITLE OF CERTIFIER 116. LICENSE NO. 117. DATE MM/DD/CCYY

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP

119. MANNER OF DEATH: NATURAL SUICIDE HOMICIDE ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED

120. INJURY AT WORK YES NO 121. INJURY DATE MM/DD/CCYY 122. HOUR 123. PLACE OF INJURY

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE MM/DD/CCYY 05/08/1997 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Robert E. Powell, Deputy Coroner

STATE REGISTRAR 719846 FAX AUTH. CENSUS TRACT 42900

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS  
COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

*R. E. Powell M.D.*  
Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA

DATE ISSUED 05/23/1997

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

