

2.


TICOR TITLE INSURANCE

93073968

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Mary Ramos, being first duly
sworn upon oath, deposes and says:

1. That Rafael Lopez Ramos died on
December 26, 1995 at Merrillville, Indiana
2. That Rafael Lopez Ramos and Mary Ramos
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:

Lot 7 in Block "B" in Park Manor 4th Subdivision in the City of Gary, as per
plat thereof, recorded in Plat Book 16 page 27, in the Office of the Recorder
of Lake County, Indiana.

Key No. 46-333-7

**This Document is the property of
the Lake County Recorder!**

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.

Mary Ramos
Mary Ramos

Subscribed and sworn to before me, a Notary Public, this 1st day of
September, 1998.

FILED

SEP 17 1998

Shannon Stienner
Shannon Stienner Notary Public

My Commission expires: SAM ORLICH
NOTARY LAKE COUNTY
2-16-99

County of Residence:
Lake

001199

This Instrument prepared by Mary Ramos

Ticor Title recorded this document as an
accommodation. Ticor did not examine the
document or the title of the real estate
affected.

Ticor-M.O.

①

222100-98-22 ①

TICOR TITLE INSURANCE
Crown Point, Indiana

STATE OF INDIANA
LAKE COUNTY
RECORDERS OFFICE

11.00
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* ATTENTION ESTÁTE: The Social Security # is being requested by this state's agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2969-95

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Rafael L. Ramos		2 SEX Male	3a TIME OF DEATH 11:47p	3b DATE OF DEATH (Month Day, Yr) December 26, 1995	
4 SOCIAL SECURITY NUMBER 313-12-6308	5a AGE—Last Birthday (Year) 72	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) Apr. 16, 1923	
7 BIRTHPLACE (City and State or Foreign Country) Morelia, Mexico	8a WAS DECEDENT A US VETERAN? Yes				
8b YEAR LAST SERVED IN US ARMED FORCES? 1946	8c PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9a FACILITY NAME (If not institution give street and number) MethodistSouthlake Campus		9b CITY TOWN OR LOCATION OF DEATH Merrillville		9c COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Mary Sancipriano	12a DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life Do not use retired) Steelworker		12b KIND OF BUSINESS/INDUSTRY U.S. Steel Co.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary	13d STREET AND NUMBER 3641 Adams St.		
13e ZIP CODE 46408	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc) Mexican	16 RACE—American Indian Black White etc (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) Caetano Lopez			
19 MOTHER'S NAME (First Middle, Maiden Surname) Beatriz Romero		20a INFORMANT'S NAME (Type/Print) Mary S. Ramos			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3641 Adams St. Gary, Ind. 46408		20c Relationship Wife			
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) December 30, 1995 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, Ind.	
22a EMBALMER'S NAME Anthony S. Rendina Jr.		22b EMBALMER'S LICENSE NO. FD01010402		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b LICENSE NUMBER (of Licensee) FD01010402		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, IN 46408	
26 PART I: THIS CERTIFICATE IS VALID AS A TRULY AND CORRECT STATEMENT OF THE FACTS 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. CHECK ONE FIELD WITH THE CAUSE OF DEATH.					
IMMEDIATE CAUSE OF DEATH (Disease or condition resulting in death) Pulmonary Embolism					
DUE TO (OR AS A CONSEQUENCE OF) Deep Venous Thrombosis					
CONDITIONS IF ANY WHICH GIVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST Septicemia					
PART II: Other significant conditions contributing to death but not previously stated in Part I S/p bilateral knee replacement					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a WAS AN AUTOPSY PERFORMED? (Yes or no)		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
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>William J...</i>			
29c MEDICAL LICENSE NO. 1026067		29d DATE SIGNED (Month Day, Year) 1-2-96			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Raymond L. Billent MD 5190 Broadway Merrillville IN 46410					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. ...</i>				32 DATE FILED (Month Day, Year) January 3, 1996	
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 001200
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.			

NOT OFFICIAL
This Document is the Property of the State of Indiana
the Indiana Department of Health

FILED

SEP 17 1998

SAM ORLICH
CLERK LAKE COUNTY

2