FILED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD SEP 22 1998

98 SEP 22 PM 1:28 SAM ORLICH
MORRIS W. CARTER RECORDER LAKE COUNTY

98075057

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS :
COUNTY OF LAKE,)

SALVADOR MIRELES residing at 4302 Olcott Avenue, East Chicago, Lake County, Indiana, upon his affirmation says:

1. That he is the adult son of PEDRO G. MIRELES and MARIA MIRELES who were duly and legally married on February 15, 1954, and who thereafter continuously lived and cohabited together as husband and wife until the said PEDRO G. MIRELES died intestate on the 25th day of June, 1994.

2. That during the course of their marriage the said PEDRO G. MIRELES and MARIA MIRELES acquired the fee simple title as tenants by the entireties to the following described real estate situated in Lake County, Indiana, to-wit:

Lot 1 in Block 7 in Resubdivision of part of the West 1317.5 feet of the Northeast 1/4 of Section 29, Township 37 North, Range 9 West of the 2nd Principal Meridian, in the City of East Chicago, as per plat thereof, recorded in Plat Book 5, page 2, in the Office of the Recorder of Lake County, Indiana, commonly known as 4302 Olcott Avenue, East Chicago, Indiana. (Key # 30-23-1)
and they held title as such on the date of death of PEDRO G. MIRELES aforesaid.

3. That the total value of the taxable estate of PEDRO G. MIRELES on the date of his death did not exceed $1,000.00, and to the best of your affiant's knowledge, information and belief there was not Federal Estate Tax nor Indiana Inheritance Tax liability by reason of the death of said decedent.

4. That he makes this affidavit for the purpose of establishing of record the death of PEDRO G. MIRELES and that upon his death, MARIA MIRELES became the sole owner of the above described real estate as the surviving wife of an estate held as tenants by the entireties.

FURTHER AFFIANT SAYETH NOT.

Salvador Mireles
SALVADOR MIRELES

SUBSCRIBED and SWORN to before me, a Notary Public, this 21st day of ~~July~~ September, 1998.

My Commission Expires:

Victoria Vegter
VICTORIA VEGTER, Notary Public
Resident of Porter County

12-23-99

Prepared by Attorney Roy Dakich, 100 E. 90th Drive, Merrillville, IN 46410

11.00
BS
LB

001542

TENTION ESTATE: Disclosure of the
f we need to pursue our responsibilities
oluntary and there will be no penalty for
ısal.*

cal No. 1435-94

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

(PE/PRINT IN RMANENT LACK INK

CEDENT

RENTS

ORMANT

SPOSITION

USE OF ATH

ERTIFIER

ALTH FICER

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr)
Pedro G. Mireles	Male	5:10 pm	June 25, 1994

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
310-32-2983	64			March 4,1930	Mexico

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
No	-	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
The Community Hospital	Munster	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	Maria Robles	Bridge Operator	L.T.V. Steel Co.

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	East Chicago	4302 Olcott Avenue

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5 +)
46312	☐ No ☒ Yes	☒ No ☐ Yes	MEXICO U.S.A.	Mexican	White	5	-

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
~~Narciso~~ JESUS Mireles ~~Vasquez~~	~~Jesus Adame~~ CARMEN GONZALEZ

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Maria Mireles	4302 Olcott Ave.,E.Chgo,IND 46312	Wife

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	June 28, 1994 Ridgelawn Cemetery	Gary, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
James H. Fife	FD01010795	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
John B. Fife	FD01020366	FIFE FUNERAL HOME - FH83001512 4201 Indpls.Blvd.,E.Chgo,IND

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. Chronic Renal Failure	10 years.
DUE TO (OR AS A CONSEQUENCE OF)	b. Severe Coronary Artery Disease	10 years.
DUE TO (OR AS A CONSEQUENCE OF)	c. Congestive Heart Failure	5 years
DUE TO (OR AS A CONSEQUENCE OF)	d.	

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

I CERTIFY THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE WITH THE LAKE COUNTY HEALTH DEPT

SEP 22 1998

SEP 22 1998

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

Alexander S. Williams, III 7/28
LAKE COUNTY HEALTH COMMISSIONER

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)
No	No	-

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
✓ A Gandhi	✓ 0102987	June 28, 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Arvind Gandhi, M.D. - 9122 Columbia Avenue, Munster, Indiana 46321

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Alexander S. Williams, III	June 30, 1994

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

001543

SDH08-004 State Form 10110 (R4/3-93) Deathcer/PD 1

25×