SMALL ESTATE AFFIDAVIT

I, Alberto H. Vasquez, being first duly sworn upon my oath do hereby affirm and state as follows:

1. I am the son of Zulema G. Vasquez who died, domiciled in the State of Indiana, on March 22, 1999.

2. The value of the gross probate estate, wherever located (less liens and incumbrances), does not exceed twenty five thousand dollars ($25,000.00).

3. That more than forty five (45) days have lapsed since the death of the decedent.

4. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction; and

5. I will personally assume responsibility for disbursements of assets of the decedent.

9906881 7

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
99 AUG 17 PM 2:50
MICHAEL A. BROWN
RECORDER

ALBERTO H. VASQUEZ

Before me, the undersigned, a Notary Public in and for said county and state, personally appeared, Alberto H. Vasquez, and his being first duly sworn by me upon his oath, says that the facts alleged in the foregoing Small Estate Affidavit are true.

Signed and sealed this 2 day of August, 1999.

Kathleen Oppedisano, Notary Public

My Commission Expires: 11/16/99

My County of Residence: Lake

FILED

AUG 17 1999

00260

PETER BENJAMIN
LAKE COUNTY AUDITOR

1200 sw CJ

378 A W. 550 N. Valpo 46383 ←

10cc

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

Local No. 99-0239

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED-NAME (First Middle Last): ZULEMA G. VASQUEZ
2. SEX: Female
3a. TIME OF DEATH: 11:05PM
3b. DATE OF DEATH (Month Day Yr): March 22, 1999
4. SOCIAL SECURITY NUMBER: 307-60-2257
5a. AGE - Last Birthday (Years): 74
5b. UNDER 1 YEAR (Months Days)
5c. UNDER 1 DAY (Hours Minutes)
6. DATE OF BIRTH (Mo Day Yr): November 27, 1924
7. BIRTHPLACE (City and State or Foreign Country): Tampico, Mexico
8a. WAS DECEDENT A U.S. VETERAN? No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES: N/A
9a. PLACE OF DEATH (Check only one. See Instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 650 Martin Luther King Drive
9c. CITY TOWN OR LOCATION OF DEATH: Gary
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE - STATE: Indiana
13b. COUNTY: Lake
13c. CITY TOWN OR LOCATION: Gary
13d. STREET AND NUMBER: 650 Martin Luther King Drive
13e. ZIP CODE: 46402
13f. INSIDE CITY LIMITS ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☐ No ☒ 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 (0-12): 11; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Pedro Garza Gomez
19. MOTHER'S NAME (First, Middle, Maiden Surname): Juanita Juan Gomez

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Alberto H. Vasquez
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 378 A West 550 North, Valparaiso, IN 46385
20c. Relationship: Son

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Donation ☐ Cremation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): March 26, 1999 Calumet Park Cemetery
21c. LOCATION - City or Town State: Merrillville, Indiana
22a. EMBALMER'S NAME: James J. Krause
22b. EMBALMER'S LICENSE NO.: FD01006463
23. WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: James J. Krause
24b. LICENSE NUMBER (of Licensee): FD01006463
25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342

CAUSE OF DEATH

26. PART I. Enter the disease 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiorespiratory Arrest — Approximate Interval Between Onset and Death: minutes
DUE TO (OR AS A CONSEQUENCE OF): b. Bronchial asthma — yrs
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

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

FILED AUG 17 1999 PETER BENJAMIN LAKE COUNTY AUDITOR

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

27. WAS DECEDENT PREGNANT OR IN 90 DAYS POSTPARTUM? (Yes or no): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

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: 01033371
29d. DATE SIGNED (Month Day Year): 3-25-99

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print): Michael Kovacich MD, 8777 Broadway, Merrillville, IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE:
32. DATE FILED (Month Day Year): MAR 26 1999

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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): 00261
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.