

STATE OF INDIANA  
LAKE COUNTY  
FILED  
**SURVIVORSHIP AFFIDAVIT**

2000 01 2354

2000 MAR 22 AM 9:00

Alejandro Gonzales, being first duly sworn, states upon his oath as follows:

1. That he and Maria Gonzalez were married in MONTEREY, CALIFORNIA and remained married until the time of the death of Maria Gonzalez.

2. That the said Maria Gonzalez died on the 29<sup>th</sup> day of February, 1984 while a resident of East Chicago, Lake County, Indiana and that a copy of her Death Certificate is attached hereto and made a part hereof.

3. That no estate was opened as a result of the death of Maria Gonzalez and that no federal estate tax or Indiana Inheritance Tax is due as a result of her death.

4. That the purpose of this Affidavit is to provide for the transfer of title of the following described real estate into the name of Alejandro Gonzalez as the surviving tenant by the entirety:

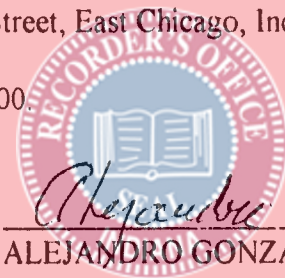
*Lot No. 3, in Block No. 6, in the Sunnyside Addition to East Chicago, as per plat thereof, recorded in Plat Book 15, Page 1, in the Office of the Recorder of Lake County, Indiana.*

Commonly known as: 4013 Catalpa Street, East Chicago, Indiana 46312

Dated this 13<sup>th</sup> day of March, 2000

**FILED**

MAR 21 2000



PETER BENJAMIN  
LAKE COUNTY AUDITOR

ALEJANDRO GONZALEZ

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE     )

CTIC Has made an accomodation recording of the instrument. We Have made no examination of the instrument or the land affected.

Before me, a Notary Public, personally appeared Alejandro Gonzalez, and acknowledged the execution of the foregoing Affidavit.

Witness my hand and Notarial Seal this 13<sup>th</sup> day of March, 2000.

*Diana Lopez-Colon*  
Notary Public

My Commission Expires: 4-26-2008  
DIANA LOPEZ-COLON  
Notary Public, State of Indiana  
County of Lake

Prepared by: Joseph E. Costanza, Attorney at Law, 20 West 64<sup>th</sup> Ave., Suite 238, East Chicago, IN 46312.

*12.00  
me  
C*

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

EMBALMER'S NAME: Woodrow Donovan  
LICENSE No. 5313  
FUNERAL DIRECTOR'S SIGNATURE: James H. Fife

FUNERAL HOME No. 151  
FUNERAL DIRECTOR'S LICENSE No. 8

Local No. 433-84

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.D.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1. <b>MARIA GONZALEZ</b>			SEX 2. <b>Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>February 29, 1984</b>
RACE—(a) White, Black, American Indian, etc. (Specify) 4. <b>White</b>	AGE—Last Birthday (Yrs.) 5a. <b>55</b>	UNDER 1 YEAR MOS. DAYS HOURS MINS 5b. _____	DATE OF BIRTH (Mo. Day, Yr.) 6. <b>12-12-1928</b>	COUNTY OF DEATH 7. <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH 7b. <b>Munster</b>	HOSPITAL OR OTHER INSTITUTION—(Name of inst. in entire form, street and number) 7c. <b>Community Hospital</b>		IF HOSP OR INST. indicate DOA, DP, Emer, Am, Impassant (Specify) 7d. <b>Inpatient</b>	
STATE OF BIRTH (If not in U.S. & more country) 8. <b>Mexico</b>	CITIZEN OF WHAT COUNTRY 9. <b>Mexico</b>	MARRIED NEVER MARRIED 10. <b>Married</b>	SURVIVING SP-USE (If wife give maiden name) 11. <b>Alejandro Gonzalez</b>	
SOCIAL SECURITY NUMBER 13. <b>312-76-4568</b>		USUAL OCCUPATION (Give kind of work done during most or working life even if retired) 14a. <b>Housewife</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>None</b>	
RESIDENCE—STATE 15a. <b>Indiana</b>	COUNTY 15b. <b>Lake</b>	CITY, TOWN OR LOCATION 15c. <b>East Chicago</b>		
STREET AND NUMBER 15d. <b>4013 Catalpa Street</b>		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. <b>Yes</b>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>Mexican</b>				
FATHER—NAME FIRST MIDDLE LAST 16. <b>Unknown</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. <b>Unknown</b>		
INFORMANT—NAME (Type or print) RELATIONSHIP 18a. <b>Alejandro Gonzalez, Husband</b>		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. <b>4013 Catalpa St. East Chicago, Indiana 46312</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Cremation</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b. <b>Oakland Memory Ianes</b>	LOCATION CITY OR TOWN STATE 19c. <b>Dolton, Illinois</b>	
DATE MONTH DAY YEAR 20. <b>March 3, 1984</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 21. <b>PIFE FUNERAL HOME, INC. 4201 Indpls. E. Chicago, Ind.</b>		
To the best of the informant's knowledge, death occurred at the time, date and place and due to the causes stated. 21a. Signature: <i>Marco A. Lona</i>		DATE SIGNED (Mo. Day, Yr.) 21b. <b>3-3-84</b>	HOUR OF DEATH 21c. <b>5:45 p.m.</b>	
NAME OF ATTENDING PHYSICIAN (Type or print) 21c. <b>Marco A. Lona, M.D.</b>		MAILING ADDRESS—PHYSICIAN 21d. <b>730 Seberger Drive Munster, Indiana</b>		
HEALTH OFFICER—SIGNATURE 22a. <i>James H. Fife</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <b>MAR 21 2000</b>		
IMMEDIATE CAUSE 23. <b>Cardiac Arrest</b>		INTERVAL BETWEEN ONSET AND DEATH		
DUE TO OR AS A CONSEQUENCE OF 24. <b>Coronary Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH		
DUE TO OR AS A CONSEQUENCE OF 25. <b>Diabetes Mellitus</b>		INTERVAL BETWEEN ONSET AND DEATH		
OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a), (b), or (c)) 26. <b>Renal Insufficiency</b>		AUTOPSY (Specify Yes or No) 24. <b>No</b>		