

STATE OF INDIANA)

COUNTY OF LAKE)

California

San Diego

SS: 2000 028571

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 APR 27 PM 12:35

AFFIDAVIT PURSUANT TO INDIANA CODE 29-1-8-1
NOBELS W. CARTER
RECORDER

MANUEL VEGA, of 853 Bel Esprit Circle, San Marcos, CA 92069,
being first duly sworn upon his oath, says as follows:

1. That the Affiant herein, MANUAL VEGA, is the surviving brother and heir of JESUS ROBERT VEGA, who died intestate on the 18th day of January, 1994.

2. That the value of the gross probate estate, wherever located, less liens and encumbrances, does not exceed Fifteen Thousand Dollars (\$15,000.00).

3. That more than forty-five (45) days have elapsed since the death of said decedent and no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, decedent's probate assets being insufficient to require administration or the appointment of a personal representative.

4. That the sole asset of decedent's probate estate and the date of death value is:

Real estate located at 2117-2119 Sherman Street, Hammond, Lake County, Indiana, said real estate being legally described as follows:

Lots 32 and 33, Block 3, Steel Car Works Addition to the City of Hammond, Lake County, Indiana.
(Key Nos.: 36-147-31 and 32)

Date of Death Value: \$4,000.00

5. That the total value of decedent's probate assets is insufficient to cover decedent's funeral expense of \$6,759.00 at Virgil Huber Funeral Home, real estate taxes paid to date and all other miscellaneous debts totaling about One Thousand Eight Hundred (\$1,800.00), all of which sums have been paid in full by Affiant, the claimant herein.

6. That Affiant, MANUEL VEGA, is entitled to have good title to the real estate listed in Paragraph 4 and be allowed to transfer and convey said real estate for value, to partially reimburse him for the expenses MANUEL VEGA paid on behalf of decedent pursuant to I.C. 29-1-14-9.

7. That Affiant, MANUEL VEGA, is the sole surviving brother of decedent, decedent was never married, decedent was childless, and decedent was preceded in death by both of his parents.

FILED

APR 27 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

14-
am
1630
cash

8. That decedent, JESUS ROBERT VEGA, was at the time of his death, a bona fide resident and domiciled at 2119 Sherman Street, Hammond, Lake County, Indiana.

9. That all of Decedent's debts were paid by Affiant, MANUEL VEGA.

10. That the estate of JESUS ROBERT VEGA, did not exceed Six Hundred Thousand Dollars (\$600,000.00) and was not subject to Federal Estate Tax.

FURTHER AFFIANT SAYETH NOT.

~~Document is~~ *Manuel Vega - 641800*
MANUEL VEGA, Affiant
NOT OFFICIAL!

STATE OF CALIFORNIA

COUNTY OF SAN DIEGO

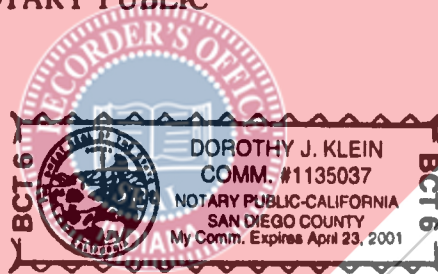
) This Document is the property of
) SS: the Lake County Recorder!

SUBSCRIBED and SWORN to before me, a Notary Public, in and for said County and State, this 18th day of April, 2000.

My Commission Expires:

4-23-01

Dorothy J. Klein
NOTARY PUBLIC



INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT

Local No. 62

CERTIFICATE OF DEATH

April 4, 2000
Date Issued
Grandma's name
Hammond Health Commission

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER I.C. 16-1-193

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) Jesus Robert Vega		2 SEX Male	3a TIME OF DEATH 11:45 AM	3b DATE OF DEATH (Month Day Yr) January 18, 1994
4 SOCIAL SECURITY NUMBER 311-03-6828		5a AGE—Last Birthday (Years) 75	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo Day Yr) NOV 6, 1918		7 BIRTHPLACE (City and State or Foreign Country) Mexico		
8a WAS DECEDENT A US VETERAN? Yes	8b YEAR LAST SERVED IN US ARMED FORCES? 1945	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not institution give street and number) 2119 Sherman		9c CITY TOWN OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Never Married		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) Coke oven heater operator	
12b KIND OF BUSINESS/INDUSTRY Steel Manuf.				
13a RESIDENCE—STATE Indiana		13b COUNTY Lake	13c CITY TOWN OR LOCATION Hammond	
13d STREET AND NUMBER 2119 Sherman				
13e ZIP CODE 46320	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? (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) 12 College (14 or 16+)		
18 FATHER'S NAME (First Middle Last) Frederico Vega		19 MOTHER'S NAME (First Middle Maiden Surname) Marcella Ramirez		
20a INFORMANT'S NAME (Type/Print) Manuel Vega		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 933 DALE CT., SAN MARCOS, CALIFORNIA 92069		20c Relationship Brother
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) JAN 21, 1994 St Joseph Cemetery		21c LOCATION—City or Town, State Hammond, Indiana
22a EMBALMERS NAME George J. Johnson		22b EMBALMERS LICENSE NO. FD08900006		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Charles Schump</i>		24b LICENSE NUMBER (of Licensee) 1006049		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 3002869 Virgil Huber Funeral Home 7051 Kennedy, Hammond, IN 46323
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. Vascular collapse DUE TO (OR AS A CONSEQUENCE OF) Due to arteriosclerotic heart and vascular disease DUE TO (OR AS A CONSEQUENCE OF) FILED				Approximate Interval Between Onset and Death Unknown
PART II Other significant conditions: Conditions contributing to death but not previously stated on Part I APR 27 2000				27 WAS DECEDENT PREGNANT OR 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) N/A
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN PETER BENJAMIN LAKE COUNTY AUDITOR <input type="checkbox"/> HEALTH OFFICER <input checked="" type="checkbox"/> CORONER				
29b SIGNATURE AND TITLE OF CERTIFIER <i>Dr. Thomas R. Philpot</i>		29c MEDICAL LICENSE NO. 502 B		29d DATE SIGNED (Month Day Year) January 19, 1994
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Thomas R. Philpot, D.P.M., Coroner, 2293 North Main St., Crown Point, Indiana 46307				
31 HEALTH OFFICER'S SIGNATURE <i>Grandma's name</i>				32 DATE FILED (Month Day Year) JANUARY 24, 1994
33 MANNER OF DEATH <input checked="" 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		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) January 18, 1994		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian, etc		

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