

2000

2000-043727
2000 043727

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
TICOR TITLE INSURANCE

MORRIS W. CARTER
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

ADELINA V. ABREGO, being first duly
sworn upon oath, deposes and says:

1. That MANUEL B. ABREGO died on
November 27, 1997 at East Chicago Indiana

2. That ADELINA V. ABREGO and MANUEL B. ABREGO
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:

Block 28
THE SOUTH 17- 1/2 FEET OF LOT 7 AND THE NORTH 22-1/2 FEET OF LOT 8/, CALUMET
ADDITION TO EAST CHICAGO, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 8 PAGE 32, IN
THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Key 30-220-8

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 available 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.

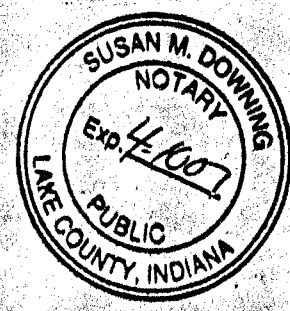
Further affiant sayeth not.

FILED
2000

**PETER BENJAMIN
LAKE COUNTY AUDITOR**

Adelina V. Abrego
ADELINA V. ABREGO

Subscribed and sworn to before me, a Notary Public, this 30TH day of
AUGUST, 1999.



Susan M. Downing
Notary Public
SUSAN M. DOWNING

My Commission expires:
4-10-07

County of Residence:
LAKE

01514

This Instrument prepared by ADELINA V. ABREGO

1100
E.P.
T

99205775
TICOR TITLE INSURANCE
Crown Point Indiana

* ATTENTION (STATE: The Social Security # is being requested by this state 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

Local No. 287

State No. _____

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Manuel B. Abrego				2. SEX Male		3a. TIME OF DEATH 12:50pm		3b. DATE OF DEATH (Month, Day, Yr) November 27, 1997				
4. SOCIAL SECURITY NUMBER 456-24-3204 A		5a. AGE—Last Birthday (Years) 72		5b. UNDER 1 YEAR Month Days		5c. UNDER 1 DAY Hours Minute		6. DATE OF BIRTH (Mo, Day, Yr) June 10, 1925		7. BIRTHPLACE (City and State or Foreign Country) San Benito, Texas		
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) St. Catherine Hospital						9c. CITY, TOWN OR LOCATION OF DEATH East Chicago			9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Adelina Villarreal		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Hooker/Craneman				12b. KIND OF BUSINESS/INDUSTRY Inland Steel Co.				
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION East Chicago			13d. STREET AND NUMBER 4913 Euclid Avenue					
13e. ZIP CODE 46312		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		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 (0-12) 12 College (1-4 or 5+) -		
18. FATHER'S NAME (First, Middle, Last) Apolinar Abrego						19. MOTHER'S NAME (First, Middle, Maiden Surname) Cruz Cruz Bueno						
20a. INFORMANT'S NAME (Type/Print) Adelina Abrego				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4913 Euclid Ave., East Chicago, IND 46312				20c. Relationship Wife				
21a. METHOD OF DISPOSITION <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 1, 1997 Ridgelawn Cemetery				21c. LOCATION—City or Town, State Gary, Indiana				
22a. EMBALMER'S NAME James H. Fife				22b. EMBALMER'S LICENSE NO. FD01010795				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John B. Fife</i>				24b. LICENSE NUMBER (of Licensee) FD01020366		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 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. Advanced Transitional Cell cancer bladder										Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Advanced Transitional Cell cancer bladder DUE TO (OR AS A CONSEQUENCE OF)												
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. DUE TO (OR AS A CONSEQUENCE OF)												
c. DUE TO (OR AS A CONSEQUENCE OF)												
d. DUE TO (OR AS A CONSEQUENCE OF)												
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.						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) -		
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>M. Madryn</i>				29c. MEDICAL LICENSE NO. 29782		29d. DATE SIGNED (Month, Day, Year) 12-1-97		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. M.Y. Ali, M.D. - 9116 Columbia Ave., Munster, Indiana 46321												
31. HEALTH OFFICER'S SIGNATURE <i>Timothy Parkovick</i>										32. DATE FILED (Month, Day, Year) 12-1-97		
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				
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)						34d. 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) # yes, specify driver, passenger, pedestrian, etc.								

DECEASED
 PARENTS
 INFORMANT
 DISPOSITION
 CAUSE OF DEATH
 TICOR TITLE INSURANCE
 Crown Point, Indiana
 CERTIFIER
 HEALTH OFFICER

9920575 - Robinson
 This document is the property of the Lake County Recorder