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FILED FOR RECORD

AFFIDAVIT OF HEIRSHIP
2000 060306

2000 AUG 21 AM 11:00

MORRIS W. CARTER
RECORDER

AFFIDAVIT OF HEIRSHIP

JOAQUIN G. SANDOVAL, being first duly sworn deposes and states as follow:

1. That he is the paternal nephew of the decedent **ERMELINDA G. MURILLO**, who died on November 14, 1997. (a copy of the death certificate is attached hereto)

2. That the decedent's parents were **MODESTO GONZALES** and **MARIA GONZALES**.

That one child was born to the parties, namely:
ERMELINDA GONZALES, the decedent.

3. That **MODESTO GONZALES** and **MARIA GONZALES**, had no other children and did not adopt any children.

4. That **MODESTO GONZALES** predeceased **MARIA GONZALES** by a number of years.

5. That **MARIA GONZALES**, married **ISIDORE SANDOVAL** and that 2 children were born to the parties and none were adopted by them, and neither one had any other children.

The children were:

- a. **GUADALUPE SANDOVAL**- the father of the affuant.
- b. **AVALINA SANDOVAL**

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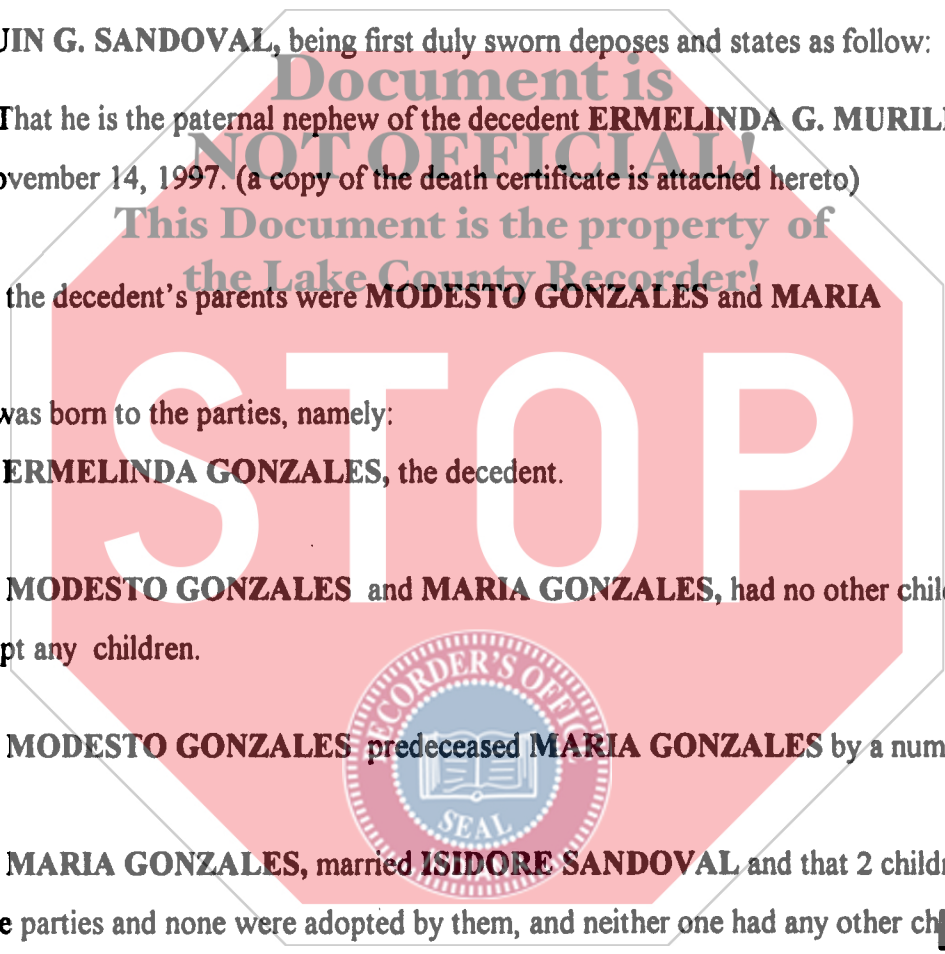
PETER BENJAMIN
LAKE COUNTY AUDITOR

6. That **AVALINA SANDOVAL** predeceased the decedent without issue and never adopted any children.

7. That **GUADALUPE SANDOVAL**, was married once to **VICTORIA**

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13:00
E.P.
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KALINOWSKI, and that one child was born to the parties:

a. **JOAQUIM G. SANDOVAL**, the affuant.

and no other children were born to either of them and they did not adopt any children.

8. That the decedent was married once and that was to **ELBIDIO MURILLO**, one child was born to the parties, **THERESA** who died sometime in the 1940's without issue. That no other children were born to either of the parties and that they did not adopt any children.

9. That based on the foregoing the only heir of the decedent is **JOAQUIM G. SANDOVAL**.

10. That the decedent owned a certain parcel of real estate commonly known as 3819 Parish Street, in East Chicago, Indiana, legally described as follows:

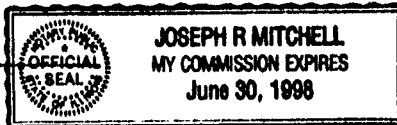
Lot 10, Block 20, Second Addition to Indiana Harbor, in the City of East Chicago, as shown in plat book 5, page 18, in Lake County Indiana.

11. That there is no inheritance tax owed to the State of Indiana and the internal Revenue Service.

12. That there are no creditors of **ERMELINDA G. MURILLO**.

SUBSCRIBED and SWORN TO
before me this 20th day
of MARCH, 1998.


NOTARY PUBLIC



JOSEPH R. MITCHELL-22726
3501 E. 106TH STREET
SUITE # 205
CHICAGO, IL. 60617
(312) 734-5062

ATTENTION ESTATE: 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

State No.

Local No. 2384-97

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 10-1-10-3

205374
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) ERMELINDA MURILLO		2. SEX Female	3a. TIME OF DEATH 10:13 a.	3b. DATE OF DEATH (Month, Day, Yr) NOV 14, 1997
4. SOCIAL SECURITY NUMBER 310-22-8676	5a. AGE—Last Birthday (Years) 77	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr) MAR 8, 1920
7. BIRTHPLACE (City and State or Foreign Country) Kansas City, KS	8a. WAS DECEDENT A U.S. VETERAN? NO		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE	
9a. FACILITY NAME (If not institution, give street and number) ST. Marys Medical Center		9b. CITY, TOWN OR LOCATION OF DEATH HOBART		9c. 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) Stock woman		12b. KIND OF BUSINESS/INDUSTRY Steelmill
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION East Chicago	13d. STREET AND NUMBER 3819 Parrish Ave	
13e. ZIP CODE 46312	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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) N/A College (1-4 or 5+) N/A		18. FATHER'S NAME (First, Middle, Last) Modesto gonzales		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Maria Gonzales			20. INFORMANT'S NAME (Type/Print) Antoinette Labarge	
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1109 N Oakwood Dr. Griffith, IN 46319		20c. Relationship Friend		
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) NOV 19, 1997 Elmwood Cemetery		21c. LOCATION—City or Town, State Hammond, IN.
22a. EMBALMER'S NAME HENRY BLAKE		22b. EMBALMER'S LICENSE NO. FDO 1019406		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of License) FDO 1022431		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Prusiecki funeral HOME P.O. BOX J FHO 3001562 East Chicago, IN
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. Myocardial infarction DUE TO (OR AS A CONSEQUENCE OF) _____ DUE TO (OR AS A CONSEQUENCE OF) _____ DUE TO (OR AS A CONSEQUENCE OF) _____				Approximate Interval Between Onset and Death
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) 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 stated to the best of my knowledge as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> AUG 21 2000 07027933		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) S.A. JESSEL, M.D. 2640 HAMSTROM RD. PORTAGE LAKE COUNTY, IN 46368		31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> DATE FILED (Month, Day, Year) November 18, 1997		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 01405		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		



Official Stamp

2000 060306 - 07

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Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name Joseph R. Mitchell
Address 3501 E. 106th St
City St Zip Chicago IL 60647
Telephone 773-734-5062
Signature Printed Joseph R. Mitchell
Signature Written [Handwritten Signature]
Date of Signature 21 Aug 00
Check Number _____
Check Amount _____

cash 28.00

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials _____