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STATE OF INDIANA
LAKE COUNTY
FILED

STATE OF INDIANA)
COUNTY OF LAKE

2000 SS: 060430

2000 AUG 22 AM 9:26

MORRIS W. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Esther Pino, being duly sworn upon her oath, and states as follows:

That the affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot Two Hundred Fifteen (215), in Meadows First Addition, Unit 1, to the Town of Highland, Lake County, Indiana.

Commonly known as: 9148 Wildwood Dr., Highland, IN 46322

That the affiant and the decedent, Manuel Pino, were married on the 1st day of May, 1954. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated the 13th day of January, 1969, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Manuel Pino on the 4th day of April, 2000, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, Manuel Pino, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was not subject to Indiana Inheritance Tax.

Esther Pino PETER BENJAMIN
ESTHER PINO, Affiant LAKE COUNTY AUDITOR

I affirm, under the penalties for perjury, that the foregoing representations are true.

Esther Pino
ESTHER PINO

FILED

AUG 21 2000

Return to: GARY K. MATTHEWS, ATTY
142 Rimback, Hammond, IN 46320

01370

31455
11.00
AM

* 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

Local No. 0887-00

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Manuel Pino		2 SEX Male	3a. TIME OF DEATH 4:15P M	3b. DATE OF DEATH (Month, Day, Yr) April 4, 2000
4. SOCIAL SECURITY NUMBER 354-22-8989	5a. AGE—Last Birthday (Year) 67	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Aug. 21, 1932
7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N.A.	9a. PLACE OF DEATH (Check only one - See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA 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) Community Hospital	9c. CITY, TOWN OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Esther Klec	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Carrier	12b. KIND OF BUSINESS/INDUSTRY Manufacturing	
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Highland	13d. STREET AND NUMBER 9148 Wildwood Dr.	
13e. ZIP CODE 46322	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input 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.) Spanish	16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (1-4 or 5+) 12 2-		18. FATHER'S NAME (First, Middle, Last) Serpico Pino		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Paulina Perlita		20a. INFORMANT'S NAME (Type/Print) Esther Pino		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9148 Wildwood Dr. Highland, IN 46322		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 8, 2000 Chapel Lawn Memorial Gardens	21c. LOCATION—City or Town, State Schererville, IN	
22a. EMBALMER'S NAME John T. Noble	22b. EMBALMER'S LICENSE NO. 9000031	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR Thomas J. Burns	24b. LICENSE NUMBER (of Licensee) 1045184	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN (For Hultgren F.H./Wheaton, IL)		
26 PART I: Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms such as epidemic or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) x SUBARACNOIDAL HEMORRHAGE DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last 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) ---
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 X [Signature]		29c. MEDICAL LICENSE NO. X 01051356	29d. DATE SIGNED (Month, Day, Year) April 12, 2000
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Dr. Gropper 9003 Calumet Ave #501 Munster, IN 46321				
31. HEALTH OFFICER'S SIGNATURE Alexander Williams MD				
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 BY WORK (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED APR 12 2000
34a. 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) Alexander Williams MD LAKE COUNTY HEALTH COMMISSIONER		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		