

# TICOR TITLE INSURANCE

## AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

JOE BARBER (son), being first duly  
sworn upon oath, deposes and says: AKA JOHN GARCIA

1. That JUAN GARCIA (Step Father) died on  
AUG 20, 19 86, 19 86 at OUR LADY OF MERCY.

2. That JUAN GARCIA and BENNY GARCIA  
were duly and legally married at the time they acquired title as husband and  
wife to the following described real estate: \*\*held title as husband  
wife

3736 Burr St GARY IN  
This Document is the property of  
the Lake County Recorder!

Key # 49-40-53  
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 of the assets of said decedent which would be includable 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.



Joe Barber  
SEP 25 2000

Subscribed and sworn to before me, a Notary Public, this 23rd September, 19 2000  
RESEA BENJAMIN  
LAKE COUNTY AUDITOR

My Commission expires:  
12-07-2000  
County of Residence:  
LAKE

Cecelia Szeplakay  
Notary Public  
Cecelia Szeplakay  
Notary Public, State of Indiana  
Lake County  
My Commission Exp. 12/07/2000

01553

This Instrument prepared by JOE BARBER

*Return People's book*

11.00  
EP  
71

920004467

TICOR TITLE INSURANCE  
Crown Point, Indiana

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MORRIS  
RECORDERS  
OFFICE  
SEP 25 2000

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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
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- 12 \_\_\_\_\_

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

AUG 19 1986

Edgar Gleim

1617

LICENSE No.

FUNERAL DIRECTOR'S SIGNATURE

LICENSE No. 94

FUNERAL HOME No. 750

Local No. 2420-86

## INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

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

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

1. DECEASED—NAME FIRST: <u>Juan</u> MIDDLE: _____ LAST: <u>Garcia</u>		SEX: <u>2 Male</u>	DATE OF DEATH (MONTH, DAY, YEAR): <u>3 Aug, 17, 1986</u>
2. RACE: <u>4 Spanish</u>	AGE—Last Birthday (Mo./Yr.): <u>5a. 74</u>	DATE OF BIRTH (Mo./Day/Year): <u>6 Jun 24, 1912</u>	COUNTY OF DEATH: <u>7a. Lake</u>
3. CITY, TOWN OR LOCATION OF DEATH: <u>7b. Dyer</u>		HOSPITAL OR OTHER INSTITUTION—Name (if not on other page street and number): <u>7c. Our Lady of Mercy</u>	
4. STATE OF BIRTH (if not in U.S.A. name country): <u>8 Texas</u>		CITIZEN OF WHAT COUNTRY: <u>9 U.S.A.</u>	
5. SOCIAL SECURITY NUMBER: <u>13. 312-09-8705</u>		6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>10 Married</u>	
7. USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. RESIDENCE—STATE: <u>15a. Indiana</u> COUNTY: <u>15b. Lake</u>		8. SURVIVING SPOUSE (if wife give maiden name): <u>11. Benny Perez</u>	
9. STREET AND NUMBER: <u>15c. 3136 Burr St.</u>		12. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): <u>14a. Welder</u>	
10. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <u>15d. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></u>		13. KIND OF BUSINESS OR INDUSTRY: <u>14b. Steel Co.</u>	
11. FATHER—NAME FIRST MIDDLE LAST: <u>16 Unavailable</u>		14. IS RESIDENCE ON A FARM? <u>15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></u>	
12. MOTHER—MAIDEN NAME FIRST MIDDLE LAST: <u>17 Unavailable</u>		15. INSIDE CITY LIMITS (SPECIFY YES OR NO): <u>15f. Yes</u>	
13. INFORMANT—NAME (Type or Print) RELATIONSHIP: <u>18a. Benny Garcia WIFE</u>		16. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): <u>18b. 3136 Burr St. Gary, Indiana</u>	
14. BURIAL, CREMATION, REMOVAL, OTHER (Specify): <u>19a. Burial</u>		17. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION (CITY OR TOWN, STATE): <u>19b. Catholic Cemetery 19c. Laredo, Texas</u>	
15. DATE (MONTH, DAY, YEAR): <u>20a. Aug. 20, 1986</u>		18. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): <u>20b. Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana</u>	
16. NAME OF ATTENDING PHYSICIAN (Type or Print): <u>21a. CONRADO P. CASTOR, M.D.</u>		19. DATE SIGNED (Mo./Day/Year): <u>21b. 8/19/86</u>	
17. MAILING ADDRESS—PHYSICIAN: <u>21c. 9250 ...</u>		20. HOUR OF DEATH: <u>21c. 11:15 A M</u>	
18. HEALTH OFFICER—SIGNATURE: _____		21. DATE RECEIVED BY LOCAL HEALTH OFFICER: <u>22b. 8-19-86</u>	
19. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) PART I (a) <u>Acute cardio respiratory arrest.</u>		22. INTERVAL BETWEEN DEATH AND DEATH	
(b) <u>congestive heart failure</u>		23. INTERVAL BETWEEN DEATH AND DEATH	
(c) <u>atherosclerotic heart disease</u>		24. INTERVAL BETWEEN DEATH AND DEATH	
20. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) (b) (c) <u>Chronic obstructive lung disease</u>		25. AUTOPSY (Specify Yes or No): <u>24. no</u>	