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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2002 016142

2002 FEB 14 AM 9:39

MORRIS W. CARTER
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now KATHRYN A. GRADOS, being duly sworn upon her oath and states as follows:

- 1. That she is competent, more than 21 years of age and has personal knowledge of the facts contained herein.
- 2. That at the time of his death, Cesar E. Grados, was the owner in fee simple, as a tenant by the entirety with Kathryn A. Grados, of the following described real estate more particularly described as follows:
 - a. Lot 8 in Block 23, 2nd Addition to Indiana Harbor, in the City of East Chicago, as per plat thereof, recorded in Plat Book 5 page 18, in the Office of the Recorder of Lake County, Indiana. Commonly known as 3615 Ivy, East Chicago, IN
 - b. Lot 9 in Block 23, 2nd Addition to Indiana Harbor, in the City of East Chicago, as per plat thereof, recorded in Plat Book 5, Page 18, in the Office of the Recorder of Lake County, Indiana. Commonly known as 3617 Ivy, East Chicago, IN
 - c. Lot 8, Champion Addition to East Chicago, as shown in Plat Book 10, page 30, in Lake County, Indiana. Commonly known as 515 W. 151st Street, East Chicago, IN
 - d. The Westerly Thirty-Seven and One-Half (37 1/2) feet of the Easterly Sixty-Two and One-Half (62 1/2) feet of lot Nineteen (19), Block Two (2), Redivision on Helberg's Oak Ridge Addition to Hammond, as shown in Plat Book 3, Page 23, in Lake County, Indiana; (Tax Key No. 34-64-66)
 - e. Lot 17, Block 1, V.H., Messenger's Subdivision in the City of Hammond, as Shown in Plat Book 2, Page 43, in Lake County, Indiana. (Tax Key No. 35-70-17)
 - f. Lot 29, Block 7, in Michigan Avenue Addition, in the City of East Chicago, Indiana, as per plat thereof, recorded in the Office of the Recorder of Lake County, Indiana. Commonly known as 3912 Melville, East Chicago, IN.

FILED

FEB 13 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

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13-
K.A.
16484

- g. Lot 18, Block 3, Subdivision of Part Lying East of the Chicago, Indiana and Southern Railroad of the North Half of the Northeast Quarter of the Southwest Quarter of Section 4, Township 36 North, Range 9 West of the 2nd Principal Meridian, in the City of Hammond, Lake County, Indiana, as per plat thereof recorded in Plat Book 6, Page 24, in the Office of the Recorder of Lake County, Indiana. Commonly known as 6146 Alexander, Hammond, IN.
- h. Lots 27 and 28 in Block 7, in Michigan Avenue Addition, in the City of East Chicago, Indiana, as Per Plat Thereof, Recorded in the Office of the Recorder of Lake County, Indiana, and commonly known as 3914 Melville Street, East Chicago, Indiana

3. That Cesar E. Grados and Kathryn A. Grados were husband and wife and acquired title as tenants by the entirety to said real estate.

4. That the marital relationship which existed between Cesar E. Grados and Kathryn A. Grados continued unbroken from the time they acquired title to said real estate until the death of Cesar E. Grados on January 19, 2002.

5. That the gross value of the estate of Cesar E. Grados was determined for purpose of Federal Estate Taxes was less than the value required for the filing and her estate was not subject to Federal Estate Tax.

6. That the estate of Cesar E. Grados was not subject to Indiana Inheritance Taxes.

Kathryn Ann Grados
Kathryn A. Grados

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Kathryn A. Grados and acknowledged the execution of the foregoing document. Witness my hand and seal this 4th day of Feb, 2002.

Resident of Lake County

My Commission Expires: 09/08/09

Kathryn S Grudzien Notary Public
KATHRYN S GRUDZIEN

Breslaw, Harris Taylor
200 W. Glen PK Lane
Griffin, A
46319

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

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

CERTIFICATE OF DEATH

State of Indiana Date Issued Jan 22, 2002 Franklin J. ... Hammond Health Commissioner

Local No. 47

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED--NAME (First, Middle, Last) Cesar E. Grados				2. SEX Male	3a. TIME OF DEATH 6:00p	3b. DATE OF DEATH (Month, Day, Yr.) January 19, 2002
4. SOCIAL SECURITY NUMBER 318-38-5585	5a. AGE--Last Birthday (Years) 66	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo, Day, Yr) April 05, 1935		7. BIRTHPLACE (City and State or Foreign Country) Peru South America
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		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) 6146 Alexander				9c. CITY, TOWN, OR LOCATION OF DEATH Hammond		9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Kathryn Mattocks		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor		12b. KIND OF BUSINESS/INDUSTRY Steel
13a. RESIDENCE--STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Hammond		13d. STREET AND NUMBER 6146 Alexander
13e. ZIP CODE 46323	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.) Peruvian		16. RACE--American Indian, Black, White, etc. (Specify) Caucasian	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 13		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 13 College (1-4 or 5+)		
18. FATHER'S NAME (First, Middle, Last) Jose' Grados				19. MOTHER'S NAME (First, Middle, Maiden Surname) Julia Ventura		
20a. INFORMANT'S NAME (Type/Print) Kathryn Grados				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6146 Alexander Hammond, Indiana 46323		20c. Relationship Wife
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) January 24, 2002 Chapel Lawn Memorial Gardens		21c. LOCATION--City or Town, State Schererville, Indiana
22a. EMBALMER'S NAME Jeffery N. Sachs				22b. EMBALMER'S LICENSE NO. FD29800086		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 Licensee) FD08700086		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Chapel Lawn Funeral Home, 8178 Cline Avenue, Schererville, Indiana, 46375
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Advanced Heart/neck strains all cause DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ DUE TO (OR AS A CONSEQUENCE OF): Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last 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, 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>[Signature]</i>				29c. MEDICAL LICENSE NO. 29782		29d. DATE SIGNED (Month, Day, Year) 1. 21. 02
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26)(Type/Print) M.Y. ALI, M.D. 1630 45th Avenue Munster Indiana 46321						
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>					32. DATE FILED (Month, Day, Year) January 22, 2002	
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	
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)		34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc.				