

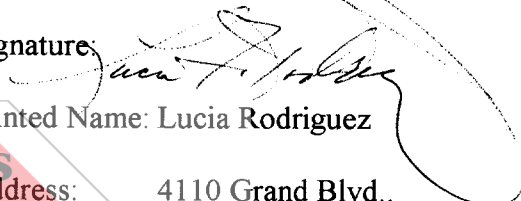
SURVIVORSHIP AFFIDAVIT

On this 29<sup>TH</sup> day of April, 2002 before me personally appeared Lucia Rodriguez to me personally known who being duly sworn on oath did say that:

1. Lucia Rodriguez resides at 4110 Grand Blvd., East Chicago, IN..
2. Affiants are the owners of 3933 Catalpa, East Chicago, IN.  
Said premises was formerly owned by Maria Luz Chavez.  
Said Maria Luz Chavez died intestate on March 3, 2001.  
The legal description of the premises in question is:  
Lot 17, in Block ten (10), 2<sup>nd</sup> Addition to Indiana arbor in the City of East Chicago, as shown in Plat Book 5, page 18, in the Recorder's Office of Lake County, Indiana.  
There is no Federal Estate of State inheritance tax liability by reason of the death of said decedent.  
Affiant was the child of the deceased at the time of her death.

2002 APR - 1 11:59:40 AM  
LAKE COUNTY RECORDER'S OFFICE

Signature:



Printed Name: Lucia Rodriguez

Address: 4110 Grand Blvd., East Chicago, IN

2002 040635

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder

Subscribed and sworn to before me by the affiant this day of 29 of 2002.

Printed Name

My County of Residence is:

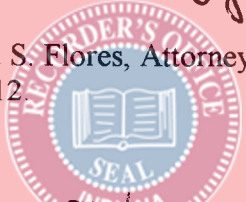
lake  
Indiana  
3-25-2008

In the State of

My Commission Expires:

Frank Maravilla  
Notary Public  
Lake County, Ind.  
My Comm. Exp. 3/25/2008

This instrument prepared by Fred S. Flores, Attorney at Law, 2109 Broadway, PO Box 3656, East Chicago, Indiana 46312.



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

MAY 01 2002

PETER BENJAMIN  
LAKE COUNTY AUDITOR

000036

12  
N.T.  
2372

\* 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

Local No. 55

CERTIFICATE OF DEATH

State No. ....

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) <b>Maria Luz Chavez</b>				2 SEX <b>Female</b>		3a. TIME OF DEATH <b>4:17p M</b>		3b. DATE OF DEATH (Month, Day, Yr) <b>March 3, 2001</b>									
4. *SOCIAL SECURITY NUMBER <b>304-64-9260</b>		5a. AGE—Last Birthday (Years) <b>76</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) <b>March 14, 1924</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Mexico</b>							
8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> 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) <b>4110 Grand Boulevard</b>						9c. CITY, TOWN, OR LOCATION OF DEATH <b>East Chicago</b>			9d. COUNTY OF DEATH <b>Lake</b>								
10. MARITAL STATUS (Specify) <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>				12b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>									
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>East Chicago</b>			13d. STREET AND NUMBER <b>4110 Grand Boulevard</b>										
13e. ZIP CODE <b>46312</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>Mexican</b>		16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>3</b> College (1-4 or 5+) <b>-</b>							
18. FATHER'S NAME (First, Middle, Last) <b>Alejandro Fernandez</b>						19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mercedes Fernandez</b>											
20a. INFORMANT'S NAME (Type/Print) <b>Lucia F. Rodriguez</b>						20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4110 Grand Blvd., East Chicago, IND 46312</b>				20c. Relationship <b>Daughter</b>							
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) <b>March 6, 2001 Elmwood Cemetery</b>				21c. LOCATION—City or Town, State <b>Hammond, Indiana</b>									
22a. EMBALMER'S NAME <b>James H. Fife</b>				22b. EMBALMER'S LICENSE NO. <b>FD01010795</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes											
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>				24b. LICENSE NUMBER (of Licensee) <b>FD01020366</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>FIFE FUNERAL HOME, INC. - FH83001512 4201 Indpls. Blvd., East Chicago, IND</b>											
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. <b>a. END STAGE ISCHEMIC CARDIOMYOPATHY DUE TO (OR AS A CONSEQUENCE OF) b. ARTEROSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF) c. MYODYSPLASTIC SYNDROME DUE TO (OR AS A CONSEQUENCE OF) d. CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>										Approximate Interval Between Onset and Death							
PART II. Other significant conditions - Conditions contributing to death but not previously stated.										28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N/A</b>					
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, the 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) as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Peter Benjamin</i> <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>										29c. MEDICAL LICENSE NO. <b>1036074918</b>		29d. DATE SIGNED (Month, Day, Year) <b>March 5, 2001</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. R. Oganwu - 80 River Oaks Drive, Calumet City, Illinois 60409</b>										31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) <b>MARCH 5, 2001</b>			
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 <b>000035</b>									
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)													
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.													