SURVIVORSHIP AFFIDAVIT

On this Arday 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. 3. Said premises was formerly owned by Maria Luz Chavez. 4. Said Maria Luz Chavez died intestate on March 3, 2001. 3. The legal description of the premises in question is: Lot 17, in Block ten (10), 2 nd 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. 6. 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
Affiant was the child of the deceased at the time of her death
Signature and Indian
Printed Name: Lucia Rodriguez
Document is 4110 Grand Blvd
Printed Name: Lucia Rodriguez Document is Address: 4110 Grand Blvd East Chicago, IN
This Document is the annualty of
Subsortied and sworn to before me by the affiant this day of 2002.
Printed Name
My County of Residence is: Prank/Maravilla Notary Public
In the State of Way Comm. Exp. 3/25/2008
My Commission Expires: 7 700
This instrument prepared by Fred S. Flores, Attorney at Law, 2109 Broadway, PO Box
3656, East Chicago, Indiana 46312.
SEAL
DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER
MAY 0 1 2002
PETER BENJAMIN (100038
LAKE COUNTY AUDITOR

2372

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

		SERIES ARE CONFIDENTIAL	PER IC 16-37-1-10								
TYPE/PRIN	T DECEASED-NAME (First.	Middle: Last)			2 SEX		3a. TIME OF DE	ATH 3b. [DATE OF DEA	TH (Monet Day, Yr)	
IN		Luz Chavez			Fem	ale	4:17p	. М:	arch	3, 2001	
PERMANEN	T 4. *SOCIAL SECURITY NUMBER	Sa. AGE—Last Birthday (Years)	56 UNDER 1 YEAR	Sc UNDER 1			RTH (Mo. Day, Yr)	7 BIRTH	PLACE (City	and State or Foreign Coun	entru)
BLACK INK	(304-64-926	50 76	Months Days	Hours N	Ainutes Ma	rch	14, 1924	1	xico		,,
	8a. WAS DECEDENT	86. YEAR LAST SERVED IN	 	J.,			EATH (Check only o				
	A U.S. VETERAN?	U.S. ARMED FORCES?	HOSPITAL. Inpa	tient		1	☐ Nursing Homi				
	No	N/A	☐ FB//	Outpatient DO	١	OTHER	Nursing Home	e ∐ Other	(Specify)		
DECEDENT	9b. FACILITY NAME (If not instit	ution, give street and number)	2 2.17			VN. OR LOC	CATION OF DEATH	94.6	COUNTY OF	DEATH	
DECEDENT	4110 Gran	nd Boulevard					cago	~		DEATH	
	10. MARITAL STATUS	11. SURVIVING SPOUSE		12- DECEDENT					Lake		
	(Specify) Widowed	(If wife, give maiden name)		done during	most of work	ing life. Do i	N (Give kind of wor	* 126. KI	IND OF BUSIN	NESS/INDUSTRY	
	13a. RESIDENCE—STATE	N/A	 		omema				Own I	Home	
	4		13c. CITY, TOWN, OR			13	S STREET AND N	UMBER			
	Indiana	Lake	East C	hicago			4110 3	Frand	Bou1	evard	
	136 ZIP CODE 13f. INSIDE CI	TY LIMITS 14 CITIZEN OF WHAT COUNTRY	15. WAS DECEDENT OF HISPANIC				American Indian.			ENT'S EDUCATION	
	13g. ON A FAI		⁽² □ No XIX. Mexican, Puerto R		cify Cuben. j	Black, (Spaci	White, etc.			ighest grade completed)	
	46312 XNo	177 C 3	Mexic		l			1	r/Secondary (0-12) College (1-4 or	5+)
DADENTO	18 FATHER'S NAME (First, Middle	3 100	1 HEATE				ite		3		
PARENTS	1	dro Fernande	\ <i>G</i>	[]	9. MOTHERS		irst Middle, Meiden		_		
	20e. INFORMANT'S NAME (Type,						cedes F				
INFORMANT							ute Number. City or			20c. Relationship	
	Lucia F. R		4110 0	Frand Bl	vd.,E	ast C	Chicago,	IND 46	5312	Daughter	•
	21a METHOD OF DISPOSITION		21b. DATE AND PLACE	OF DISPOSITION	(Name of cer	metery, cren	natory, or	21c LOCATI	ON-City or 1	Town. State	
	Burial Cremation	Removal from State	other place) M	arch 6,	200	1	1				
	Donation Other (Speci	fy)	E	lmwood	Ceme	ter	7	Hami	mond.	Indiana	
DISPOSITION	22a. EMBALMER'S NAME:		226 EMBALMER'S		6		AS DEATH REPOR			Indiana	
	James H.	Fife		10795	.5		Ŋ No ☐ Ye		ONEN		
	248. SIGNATURE OF FUNERAL DI	RECTOR TO		ENSE NUMBER	25	NAME A	DDRESS, AND LICE	1107 1111 107			
	1110	1 10	I Of L	f Licensee)							
	Jakn F.	Fife	- F	DO 1 0 2 0 :	266	4201	FUNERAL	HOME,	INC.	- FH830015	12
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	arrest, shock, or	es, injuries, or complications that cau heart failure. List only one cause on	sed the death. Do not enter	nonspecific terms.	such as card	liac or respi	ratory			Approximate	
	arrest, shock, or	heart failure. List only one cause on	sed the deeth. Do not entereach line.	y Reco	ruei		ratory			Interval Betwe	Den
1	arrest, shock, or IMMEDIATE CAUSE (Final disease or condition	heart failure. List only one cause on	STAGE 1	SCHEN	ruei		ratory -DIOMY C				Den
CAUSE OF	IMMEDIATE CAUSE (Final	heart failure. List only one cause on	STA GE R AS A CONSEQUENCE HD D C L	SCHEN	MIC	CAR	-DIOMY C	PATA	L Y _	Interval Betwe Onset and Dea	Den
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