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hold for  
Stewart Title Services  
of Northwest Indiana  
8695 Broadway  
Merrillville, IN 46410

2002 060313

2002 JUL -5 AM 11:42

MORRIS W. CARTER  
RECORDER

#024500873 M

STATE OF INDIANA  
COUNTY OF Lake

**SURVIVORSHIP AFFIDAVIT**

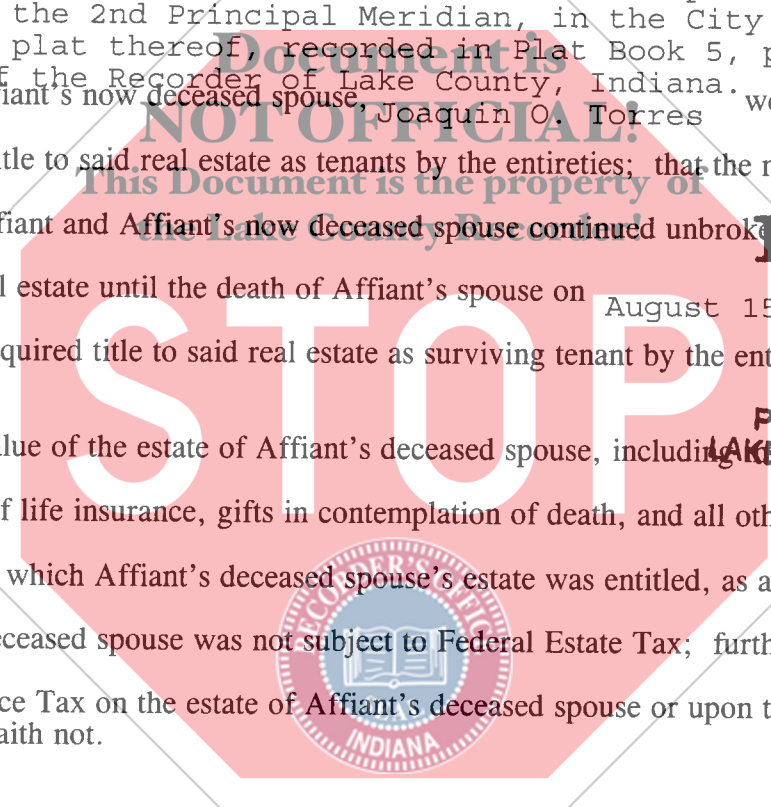
Gisela Torres

(hereinafter referred to as "Affiant"), being first duly sworn

upon oath, deposes and says:

That Affiant is the owner in fee simple of the following described real estate, located in Lake County, State of Indiana, described as follows, to wit:

Lot 37 and the South 1/2 of Lot 38 in Block 1 in Resubdivision of Part of the Northwest 1/4 of Section 29, Township 37 North, Range 9 West of the 2nd Principal Meridian, in the City of East Chicago, as per plat thereof, recorded in Plat Book 5, page 3 in the Office of the Recorder of Lake County, Indiana. and that Affiant and Affiant's now deceased spouse, Joaquin O. Torres were husband and wife at the time they acquired title to said real estate as tenants by the entireties; that the marital relationship which existed between said Affiant and Affiant's now deceased spouse continued unbroken from the time that they acquired title to said real estate until the death of Affiant's spouse on August 15, 2002 at which time Affiant acquired title to said real estate as surviving tenant by the entirety.



**FILED**  
JUL 5 2002

**PETER BENJAMIN**  
**LAKE COUNTY AUDITOR**

That the gross value of the estate of Affiant's deceased spouse, including property, the proceeds of life insurance, gifts in contemplation of death, and all other assets, did not exceed the exemption to which Affiant's deceased spouse's estate was entitled, as a consequence of which the estate of Affiant's deceased spouse was not subject to Federal Estate Tax; further, that there is not unpaid Indiana Inheritance Tax on the estate of Affiant's deceased spouse or upon the said real estate. Further Affiant saith not.

*Gisela Torres*  
Gisela Torres

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 27TH day of June, 2002

My Commission Expires  
01-26-08

**JANICE L. MADDOX**  
NOTARY PUBLIC, Lake County, Indiana  
My Commission Expires January 26, 2008  
Resident of Lake County, Indiana

Signature *Janice L. Maddox*  
Janice L. Maddox  
Residing in Lake County, IN  
County, Indiana.

THIS INSTRUMENT PREPARED BY: Jacob M. Yonkman, Attorney at Law 1432-45

File Number: 024500873

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MV

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

ENTION ESTATE: The Social Security # is requested by this state agency in order to its status of responsibility. Disclosure is any and there will be no penalty for refusal.

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

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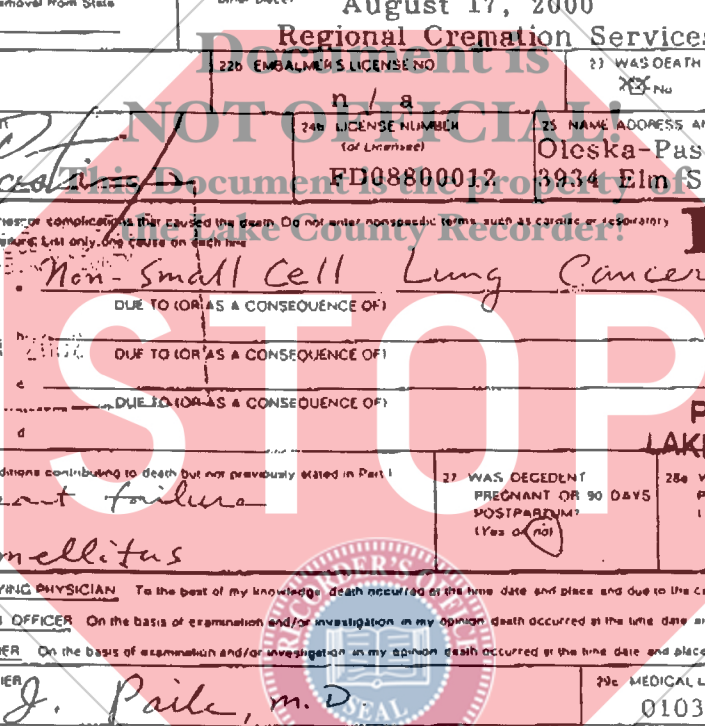
OSITION

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1 DECEASED—NAME (First Middle Last) <b>JOAQUIN O. TORRES</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>4:55 P.M.</b>	3b DATE OF DEATH (Month Day Year) <b>AUGUST 15, 2000</b>	
4 *SOCIAL SECURITY NUMBER <b>304 - 34 - 2993</b>	5a AGE—Last Birthday (Years) <b>68</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>August 18, 1931</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Puerto Rico</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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) <b>THE COMMUNITY HOSPITAL</b>	9c CITY, TOWN OR LOCATION OF DEATH <b>MUNSTER</b>	9d COUNTY OF DEATH <b>LAKE</b>			
10 MARITAL STATUS <b>Married</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b> Gisela Herrera</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Electrician</b>	12b KIND OF BUSINESS/INDUSTRY <b>LTV Steel Company</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>4119 Magoun Avenue</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>Puerto Rican</b>	15 RACE—American Indian Black White etc (Specify) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)	16 FATHER'S NAME (First Middle Last) <b>Zoilo Orellano</b>				
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Montserrat Torres</b>		18 FATHER'S NAME (First Middle Last)			
20a INFORMANT'S NAME (Type/Print) <b>Gisela Torres</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) <b>4119 Magoun Ave., East Chicago, IN 46312</b>		20c Relationship <b>Wife</b>	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" 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>August 17, 2000 Regional Cremation Services</b>		21c LOCATION—City or Town State <b>Munster, Indiana</b>	
22a EMBALMER'S NAME <b>n/a</b>		22b EMBALMER'S LICENSE NO. <b>n/a</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>David J. Paik</i>		24b LICENSE NUMBER (of Licensee) <b>FD08800012</b>	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Oleska-Pastrick Funeral Home FH155 3934 Elm St., East Chicago, IN 46312</b>		
26 PART I Enter the disease, 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>Non-Small Cell Lung Cancer</b> 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 <b>Congestive heart failure Hypertension Diabetes mellitus</b>					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>(no)</b>		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>(no)</b>	
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>J. Paik, M.D.</i>		29c MEDICAL LICENSE NO. <b>01030770</b>	29d DATE SIGNED (Month Day Year) <b>AUGUST 17 2000</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26) (Type/Print) <b>JAY C.L. PAIK, M.D. 200 MONTICELLO DRIVE DYER, INDIANA 46311</b>					
31 HEALTH OFFICER SIGNATURE <i>Alexander A. Hillone M.D.</i>					
32 DATE FILED (Month Day Year) <b>August 21, 2000</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
34a PLACE OF INJURY—At home farm street factory office building etc (Specify)		34e 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			



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