

3

STATE OF INDIANA)
COUNTY OF LAKE)

)SS2002 099982

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2002 NOV -4 AM 10: 03
MORRIS W. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

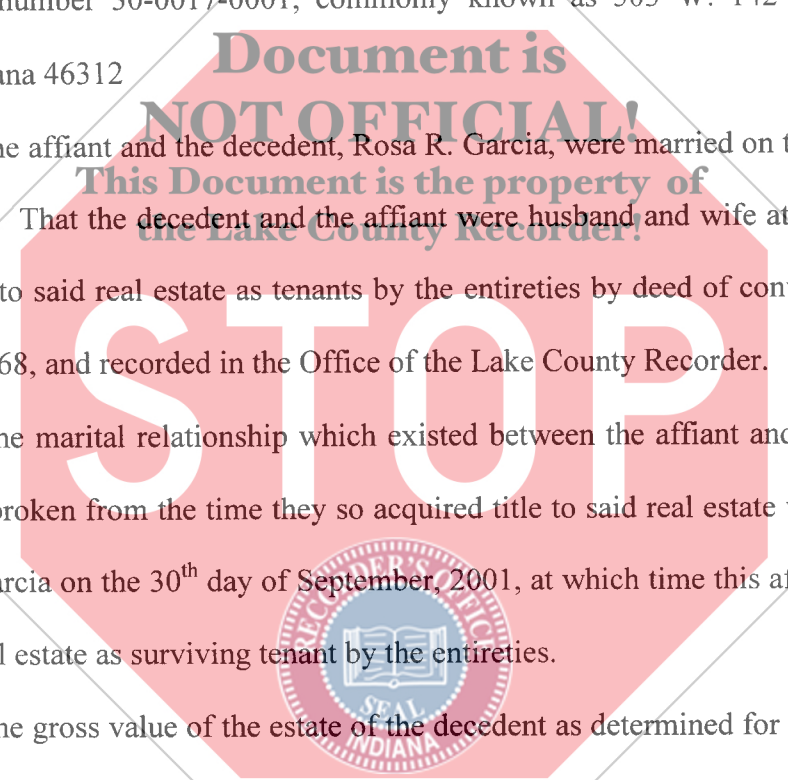
Comes now Zaragoza Garcia, being duly sworn upon his oath, and states as follows:

That affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows: Subdiv. NE. S.29 T.37 R.9 All L.1 Bl. 4, recorded in the office of the Recorder of Lake County, Indiana, key number 30-0017-0001, commonly known as 503 W. 142nd Street, East Chicago, Indiana 46312

That the affiant and the decedent, Rosa R. Garcia, were married on the 29th day of August, 1947. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated October of 1968, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Rosa R. Garcia on the 30th day of September, 2001, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.



ONLY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

NOV 4 2002

00012

ok # 19109
13'
AB

PETER BENJAMIN
AUDITOR

Donnie Randolph
1919 E. Columbus Dr.
E.C., IN 46312 ←

That the decedent's estate was not subject to Indiana Inheritance Taxes.

Zaragoza Garcia
ZARAGOZA GARCIA, Affiant

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said county and state, this 29th day of October, 2002.

Maribel Alvarez
MARIBEL ALVAREZ, Notary Public
Residing in Lake County, Indiana

My Commission Expires:
February 3, 2009



* 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

CERTIFICATE OF DEATH

State No.

Local No. 2197-01

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) Rosa R. Garcia		2 SEX Female	3a TIME OF DEATH 9:50 p.m.	3b DATE OF DEATH (Month, Day, Yr) September 30, 2001	
4 *SOCIAL SECURITY NUMBER 311-28-1749	5a AGE—Last Birthday (Years) 79	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Aug. 26, 1922	
7 BIRTHPLACE (City and State or Foreign Country) Mexico		9a PLACE OF DEATH (Check only one. See instructions)			
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	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) St. Mary Medical Center		9c CITY, TOWN OR LOCATION OF DEATH Hobart	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Zaragoza Garcia	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY Own Home	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION East Chicago		13d STREET AND NUMBER 503 West 142nd Street	
13e ZIP CODE 46312	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input 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.) Mexican	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) -		18 FATHER'S NAME (First, Middle, Last) Cornelio Rivas			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Pascuala Solorio		20a INFORMANT'S NAME (Type/Print) Zaragoza Garcia			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 503 W. 142nd St., East Chicago, IND 46312		20c Relationship Husband			
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) October 4, 2001 Ridgelawn Cemetery		21c LOCATION—City or Town, State Gary, Indiana	
22a EMBALMER'S NAME James H. Fife		22b EMBALMER'S LICENSE NO. FD01010795		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>		24b LICENSE NUMBER (of Licensee) FD01020366		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME, INC. - FH83001512 4201 Indpls. Blvd., East Chicago, IND	
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. Vascular collapse				Approximate Interval Between Onset and Death Unknown	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) Due to arteriosclerotic heart and vascular disease					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. DUE TO (OR AS A CONSEQUENCE OF)					
c. DUE TO (OR AS A CONSEQUENCE OF)					
d. DUE TO (OR AS A CONSEQUENCE OF)					
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) N/A	
29a CERTIFIER (Check only one) Deputy		<input 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 checked="" 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>Helen Sanok</i> PETER BENJAMIN		29c MEDICAL LICENSE NO. N/A	29d DATE SIGNED (Month, Day, Year) October 3, 2001		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (If item 29b is checked, this item is optional) Helen Sanok, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307					
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>			32 DATE FILED (Month, Day, Year) October 3, 2001		
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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 THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT OCT 03 2001
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) 00012			
34g DATE PRONOUNCED DEAD (Month, Day, Year) September 30, 2001		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			