4703 TORRENCE AVENUE, HAMMOND, IN 46327

STATE OF INDIANA
2002 108635
FILED FOR RECORD
2002 NOV 26 AM 9:17
MORRIS W. CARTER
RECORDER

SURVIVORSHIP AFFIDAVIT

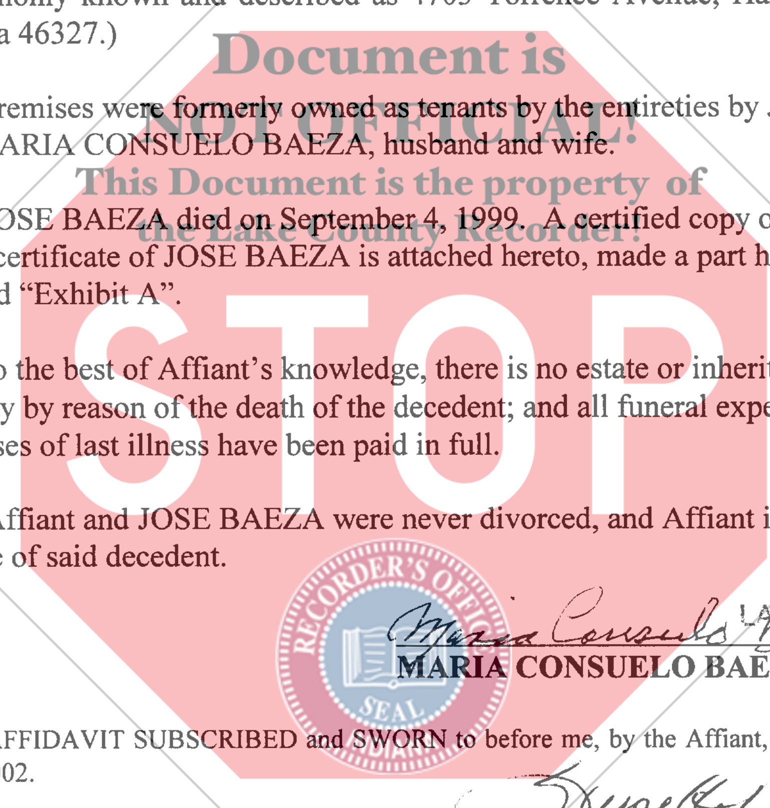
STATE OF INDIANA)
)SS:
COUNTY OF Lake)

On this 13th day of November, 2002, before me personally appeared **MARIA CONSUELO BAEZA**, to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 4703 Torrence Avenue, Hammond, Indiana 46327.

2. Affiant is the owner of the following described property:

   Lot 68, Frank S. Betz Second Addition, in the City of Hammond, Lake County, Indiana, per plat thereof recorded in the Office of the Recorder of Lake County, Indiana.
   (Commonly known and described as 4703 Torrence Avenue, Hammond, Indiana 46327.)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3. Said premises were formerly owned as tenants by the entireties by JOSE BAEZA and MARIA CONSUELO BAEZA, husband and wife.

4. Said JOSE BAEZA died on September 4, 1999. A certified copy of the death certificate of JOSE BAEZA is attached hereto, made a part hereof, and marked "Exhibit A".

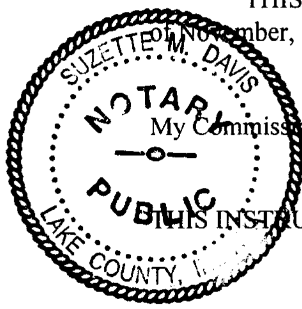
5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of the decedent; and all funeral expenses and expenses of last illness have been paid in full.

6. That Affiant and JOSE BAEZA were never divorced, and Affiant is the surviving spouse of said decedent.

FILED
NOV 21 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR

Maria Consuelo Baeza
MARIA CONSUELO BAEZA

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 13 day of November, 2002.



Notary Public

My Commission Expires: 6-13-07   Resident of LAKE County, Indiana

My Commission Expires 6/13/07

001736

THIS INSTRUMENT PREPARED BY: THOMAS L. KIRSCH, Attorney at Law
131 Ridge Road, Munster, In 46321
(219) 836-1384 / Attorney No. 5224-45

ck#19598
12 pb

* 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.

Local No. 706

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

Sept. 7, 1999 — Date Issued — [signature] Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Jose Baeza
2. SEX	Male
3a. TIME OF DEATH	1:20 AM
3b. DATE OF DEATH (Month, Day, Yr)	September 4, 1999
4. *SOCIAL SECURITY NUMBER	303-36-4593
5a. AGE—Last Birthday (Years)	72
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	Feb. 7, 1927
7. BIRTHPLACE (City and State or Foreign Country)	Mexico
8a. WAS DECEDENT A U.S. VETERAN?	NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	N/A
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number)	St. Margaret Mercy Hospital North
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)	Consuelo Del Horno
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Steel worker
12b. KIND OF BUSINESS/INDUSTRY	Inland Steel
13a. RESIDENCE—STATE	IN
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Hammond
13d. STREET AND NUMBER	4703 Torrence Ave.
13e. ZIP CODE	46327
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? ☐ No ☒ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	Mexican
16. RACE—American Indian, Black, White, etc. (Specify)	Hispanic
17. DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12): 8; College (1-4 or 5+): 0

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Manuel Baeza
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Ygnacla Willegas

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Consuelo Baeza
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	4703 Torrence Ave. Hammond, IN 46320
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	September 8, 1999 St. John Cemetery
21c. LOCATION—City or Town, State	Hammond, IN
22a. EMBALMER'S NAME	John Noble
22b. EMBALMER'S LICENSE NO.	9000031
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	9000031
25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	Burns-Kish Funeral Home 30004968 8415 Calumet Ave. Munster, IN 463

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CAUSE OF DEATH

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Seve Coronary artery disease

DUE TO (OR AS A CONSEQUENCE OF)

b.

DUE TO (OR AS A CONSEQUENCE OF)

c.

DUE TO (OR AS A CONSEQUENCE OF)

d.

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: End stage Renal disease

Field	Entry
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	N/A
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

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.

☐ 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.

☐ 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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	A. Kheirbek
29c. MEDICAL LICENSE NO.	1030716
29d. DATE SIGNED (Month, Day, Year)	9/5/99 (Sept.)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	A. Kheirbek M.D. 5454 Hohman Avenue Hammond, Indiana 46320

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Franklin J. Sremuda
32. DATE FILED (Month, Day, Year)	September 7, 1999

FILED

Field	Entry
33. MANNER OF DEATH	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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, etc.	

NOV 2 1 2002

PETER BENJAMIN LAKE COUNTY AUDITOR

SDH06-004 State Form 10110 (R5/1-99)