

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 038202

1528LK04

2004 MAY 10 AM 10:17
HOLD FOR MERIDIAN TITLE CORP

MORRIS W. ...
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Carmen Santos N/K/A Carmen Guzman,
of adult age, being first duly sworn, upon deposes and says:

She is the widow of Ismael A. Santos,
~~That is the~~ deceased, who died on 10/26/81 a resident of Lake County,.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, Indiana, to wit:

The South 43 feet of Lots 1 to 4, both inclusive, in Block 5 in a Subdivision of original Blocks 4, 5, 6, 7 and 9 and Prentiss Avenue of a Subdivision of the North 70.48 acres of the Southwest 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 2, page 70, in the Office of the Recorder of Lake County, Indiana.

Key # 24-30-113-34

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from recorded as ~~Document Number~~ in the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That said decedent (left no will) (left a will in which no attempt was made to dispose of any interest in the Real Estate except to said surviving spouse).

That affiant (knows) (is informed and believes) that the total value of the gross estate of said decedent for federal estate taxes does not equal or exceed the exemption equivalent applicable under federal law, and so, no federal estate tax could be, or is, due.

And further affiant sayeth not.

Carmen Santos Carmen Guzman
Carmen Santos N/K/A
Carmen Guzman

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 4th day of May, 2004.

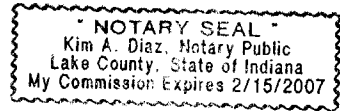
WITNESS my hand and Notarial Seal.

My Commission Expires:

Kim A. Diaz
Signature of Notary Public

Printed Name of Notary Public

Notary Public County and State of Residence



This instrument was prepared by: Carmen Guzman

1528lk04 kd

FILED
MAY 10 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

00053

00057

1200
MT
SS

TYPE OR PRINT
PLAINT WITH
UNFILING INK

TOMAS A
PERMANENT
RECORD
allow for Office Use

Disposition Permit
Issued /
Provisional
Certificate
 Yes No

EMBALMER'S NAME Woodrow Donovan LICENSE No. 5312
FUNERAL DIRECTOR'S SIGNATURE James H. Fife LICENSE No. 0
GENERAL HOME 51

3 wts
18
Local No.

93019692
8-0787

HOLD FOR MERIDIAN TITLE CORP
INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

ATY S. BLENNMAN
Chapel Plaza, N. Complex
7855 Broadway
MEELE IN MERRIA-5584
State No.

DECEASED—NAME ISMAEL AGOSTO SANTOS
 RACE—(a) White (b) Black (c) American Indian (d) Other (Specify) 4 White AGE—(Year) 37 UNDER 1 YEAR MONTHS 5b DAYS 5c HOURS 6 MINS 8-7-1944 DATE OF BIRTH (Mo, Day, Yr) 2 Male SEX 3 Lake COUNTY OF DEATH
 CITY, TOWN OR LOCATION OF DEATH 7a Gary HOSPITAL OR OTHER INSTITUTION—(Name (if not in white, give street and number)) 7c Gary Airport—(Industrial Hwy) 7d — IF HOSP OR INST. INDICATING DEATH OF (Specify Yes or No)
 7b GARY CITIZEN OF WHAT COUNTRY U.S.A. 7e GARY AIRPORT—(Industrial Hwy) 7f MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 7g ASSISTANT CASHIER SURVIVING SPOUSE (If wife, give maiden name) 7h — WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes
 8 Puerto Rico SOCIAL SECURITY NUMBER 304-48-1883 10 Married 11 Carmen S. Agosta KIND OF BUSINESS (Specify) 13 304-48-1883 12 Assistant Cashier 14 National Bank
 13 304-48-1883 RESIDENCE—STATE COUNTY 14a East Chicago 14b East Chicago 15a Indiana 15b Lake 15c East Chicago 15d 507 W. 143rd Street 15e YES NO IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, JAPANESE, PUERTO RICAN, ETC.
 16 Bernardo Santos FATHER—NAME FIRST MIDDLE LAST 17 Juana Agosto Reyes MOTHER—MAIDEN NAME FIRST MIDDLE LAST
 18a Carmen Santos (Wife) 18b 507 W. 143rd Street East Chicago, Indiana 46312 MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
 18b 507 W. 143rd Street East Chicago, Indiana 46312 18c Mount Mercy Cemetery 18d GARY, Indiana 18e GARY, Indiana BIRTHPLACE (Specify)
 19a Burial 19b Mount Mercy Cemetery 19c GARY, Indiana 19d GARY, Indiana 19e GARY, Indiana CEMETERY OR CREMATORY—(FURNERIAL HOME) LOCATION CITY OR TOWN STATE
 20a October 29, 1981 20b FIVE FUNERAL HOME: 4201 Indpls. East Chicago, Ind. DATE MONTH DAY YEAR DATE SIGNED (Mo, Day, Yr) 20c 26 October 81 20d 89.15 a.m. HOUR OF DEATH
 21a Alfred J. Dainko, M.D. NAME OF ATTENDING PHYSICIAN (If not friend) 21b 26 October 81 21c 89.15 a.m. SIGNATURE OF PHYSICIAN
 21d Alfred J. Dainko, M.D. MAILING ADDRESS—PHYSICIAN 21e 26 October 81 21f 89.15 a.m. SIGNATURE OF PHYSICIAN
 21e 915 W. Chicago Avenue East Chicago, Indiana 46312 HEALTH OFFICER'S SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER
 22a HEALTH OFFICER'S SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER
 22b OCT 21 1981
 22c HEALTH OFFICER'S SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER
 22d OCT 21 1981
 23 IMMEDIATE CAUSE (ENTER GIVE DATE CAUSE PER LINE (ON (a), (b), AND (c))
 (a) Sudden Coronary death
 (b) Myocardial infarction
 (c) Myocardial infarction
 24 AUTOPSY (Specify Yes or No) NO

SBH 06-003
REV. 10/77

1538 Key

David M. Waters
ADMINISTRATIVE CLERK

600

Sub. No. S. 29 T. 37 R. 9 N. 60
#30-27-5
Sub. No. S. 29 T. 37 R. 9 N. 60
#30-27-9 #9819
#30-27-15

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
MORTE
WEATHER
STAYING
THE
UNDERLYING
CAUSE LAST
CAUSE

INTERVAL BETWEEN ORDER AND DEATH 1 YR
INTERVAL BETWEEN DEATH AND DEATH 1 YR