

3

STATE OF INDIANA
COUNTY LAKE 2004 042620

LAKE COUNTY
FILED FOR RECORD
AFFIDAVIT OF SURVIVING SPOUSE
OR JOINT SURVIVOR

2004 MAY 21 11:11 AM
5137397

CARMEN G. ESCOBEDO
deposes and says as follows:

MORE being first duly sworn,
RECORDED

- 1) That MANUEL Z. ESCOBEDO and CARMEN G ESCOBEDO
are joint owners of property under a duly recorded survivorship or tenancy by entireties deed.
- 2) That the property is known as 601 MATTHEWS ST. GARY
Street and City
LAKE County, State of INDIANA and also known as Permanent
Parcel Number 25-46-0081-0024 on the records of the County Auditor. The original
Survivorship Deed is recorded in the records of the LAKE County Recorder
in Volume 14, Page 16.

I have included the descriptive information requested below and have attached a full legal
description as an attachment hereto. # 25-46-0081-0024

"SEE EXHIBIT "A" ATTACHED"

3) That MANUEL Z. ESCOBEDO died on or about JUNE 23
~~XX~~ 1998, at 6:19 AM

4) That by virtue of the death of the party listed in Item #3 above,
CARMEN G. ESCOBEDO is the fee simple owner of the above described
property and requests that this fact be reflected on the land and tax records of the county.

Witness

Carmen G. Escobedo
Affiant

Witness

Affiant

STATE OF Indiana
COUNTY OF LAKE

First American Equity Loan Services, Inc.
151 N. Delaware Street # 1700
Indianapolis IN 46204-2518
(317)637-6277

Sworn to before me and subscribed in my presence this 4th day of MAY
20 04

Amelia Carrillo
Notary Public

My Commission Expires: 11-07-07

Document Prepared By: VICTORIA TRAVIS

FILED

MAY 21 2004

001854

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

14-
MV
FAE
#1307

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. **98-0458**

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

47114
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) MANUEL Z. ESCOBEDO		2. SEX Male	3a. TIME OF DEATH 6:19 a.m.	3b. DATE OF DEATH (Month, Day, Yr) June 23, 1998	
4. SOCIAL SECURITY NUMBER 304-32-9717	5a. AGE—Last Birthday (Years) 73	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Nov. 21, 1924	
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: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Residence		
9b. FACILITY NAME (If not institution, give street and number) 601 Mathews St.		9c. CITY, TOWN, OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Carmen Gill	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Brickmason	12b. KIND OF BUSINESS/INDUSTRY Inland Steel Co.		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Gary	13d. STREET AND NUMBER 601 Mathews St.		
13e. ZIP CODE 46406	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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) 12 College (1-4 or 5 +)		18. FATHER'S NAME (First, Middle, Last) Ramon Escobedo			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Antonia Vavala		20a. INFORMANT'S NAME (Type/Print) Carmen Escobedo			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 601 Mathews St., Gary, Ind 46406		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) June 25, 1998 Elmwood Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana	
22a. EMBALMER'S NAME Anthony S. Rendina Jr.		22b. EMBALMER'S LICENSE NO. FD01010402	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b. LICENSE NUMBER (of License) FD01010402	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, In46408		
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Vascular collapse		Approximate Interval Between Onset and Death Unknown	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. Due to arteriosclerotic heart and vascular disease			
		c. _____			
		d. _____			
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) No		
29a. CERTIFIER (Check only one) <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"/> DEPUTY 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>Donna Melyon</i> Deputy		29c. MEDICAL LICENSE NO. N/A	29d. DATE SIGNED (Month, Day, Year) June 24, 1998		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307					
31. HEALTH OFFICER'S SIGNATURE <i>Donna Melyon</i>			32. DATE FILED (Month, Day, Year) JUN 24 1998		
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no) No	34d. DESCRIBE HOW INJURY OCCURRED
		34a. 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) June 23, 1998		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No			

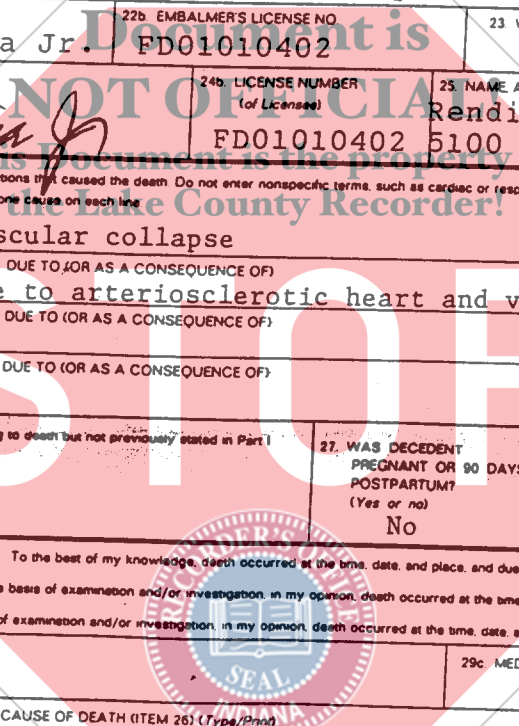


EXHIBIT A

THE FOLLOWING DESCRIBED REAL ESTATE IN LAKE COUNTY, IN THE STATE OF INDIANA, TO-WIT:

LOT 24 AND THE NORTH 14 FEET OF LOT 23, IN BLOCK 14, IN NEW BRUNSWICK ADDITION TO GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 14, PAGE 16, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Permanent Parcel Number: 25-46-0081-0024
MANUEL Z. ESCOBEDO AND CARMEN G. ESCOBEDO, HUSBAND AND WIFE

601 MATTHEWS STREET, GARY IN 46406
Loan Reference Number : 20491237
First American Order No: 5137397
Identifier: ELS

