

STATE OF INDIANA
LAKE COUNTY
DECEASED JOINT TENANT AFFIDAVIT
FILED FOR RECORD

3 State of Indiana
County of LAKE

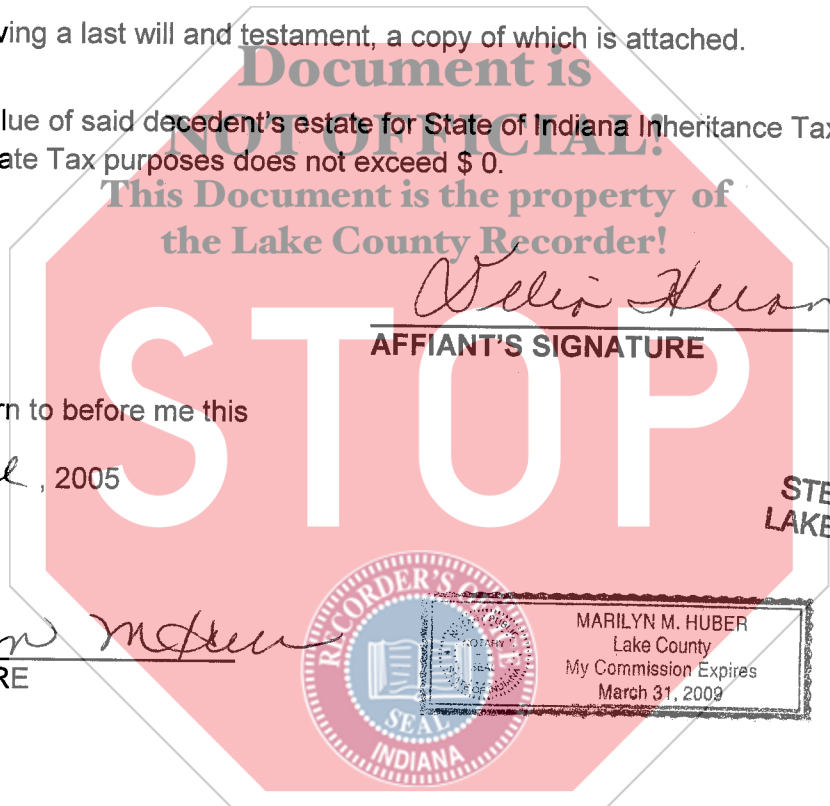
2005 SS 049418

Date: 6/8/05
File: 05000573
2005 JUN 15 PM 1:05

MICHAEL A. DRAWN
RECORDER

DELIA HERNANDEZ, being first duly sworn, for the purpose of inducing Residential Title Services, Inc. to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That he/she resides at: 2003 WEST 82ND AVE. MERRILLVILLE, IN 46410
2. That he/she was acquainted with **RONALD S. HERNANDEZ** who died on 4/2/95 as evidence by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 leaving no will and last testament.
 leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Indiana Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ 0.

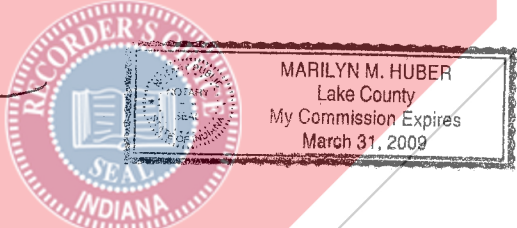


Delia Hernandez
AFFIANT'S SIGNATURE

FILED
JUN 15 2005
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Subscribed and sworn to before me this
8 day of June, 2005

Marilyn M. Huber
NOTARY SIGNATURE



➔ After Recording Return to: DELIA HERNANDEZ, 2003 W. 82ND AVE. MERRILLVILLE, IN 46410
This Document was Prepared By: DELIA HERNANDEZ

C0130714-
chk # 24
5757

INFORMATION: Disclosure of the information we need to pursue our responsibilities voluntarily and there will be no penalty for failure to provide it.

INDIANA STATE DEPARTMENT OF HEALTH

File No. 078595

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER I.C. 16-1-19-3

TYPE/PRINT IN PERMANENT INK

IDENT

IDENT

IDENT

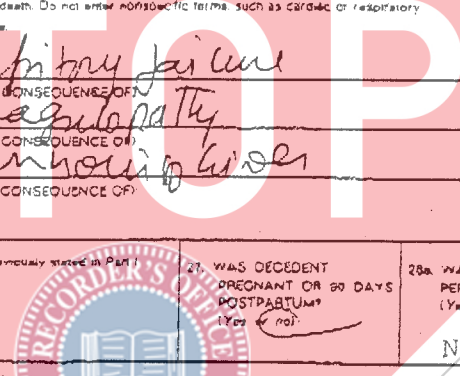
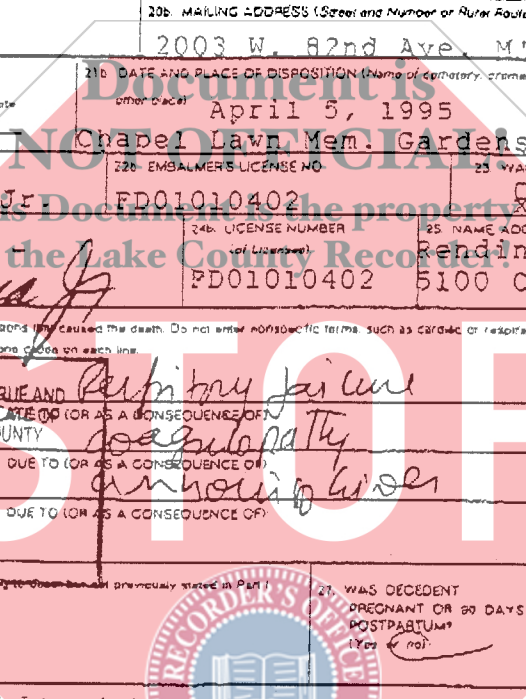
IDENT

IDENT

IDENT

IDENT

1. DECEASED—NAME (First, Middle, Last) Ronald S. Hernandez		2. SEX Male	3a. TIME OF DEATH 10:24a	3b. DATE OF DEATH (Month, Day, Year) April 2, 1995	
4. SOCIAL SECURITY NUMBER 310-68-2769	5a. AGE—Last Birthday (Years) 38	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Sept. 30, 1956	
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1981	9. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> <u>Deacon</u> <input type="checkbox"/> EA/Outroom <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
10. FACILITY NAME (If not institution, give street and number) Methodist Southlake Campus		11. CITY, TOWN OR LOCATION OF DEATH Merrillville	12. COUNTY OF DEATH Lake		
13. MARITAL STATUS (Specify) Married	14. SURVIVING SPOUSE (If wife, give maiden name) Delia Perez	15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Corp. Asset. Mgr.		16. KIND OF BUSINESS/INDUSTRY Liquid Carbonic Gas	
17a. RESIDENCE—STATE Indiana	17b. COUNTY Lake	17c. CITY, TOWN OR LOCATION Merrillville	17d. STREET AND NUMBER 2003 W. 82nd Ave.		
18a. ZIP CODE 46410	18b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	18c. CITIZEN OF WHAT COUNTRY? USA	18d. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Mexican	18e. RACE—American Indian, Black, White, etc. (Specify) White	
19. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary; Secondary (0-12) <u>12</u> College (1-4 or 5 +)		19. FATHER'S NAME (First, Middle, Last) Paul Hernandez			
20. MOTHER'S NAME (First, Middle, Maiden Surname) Dolores Abevta		20a. INFORMANT'S NAME (Type/Print) Delia Hernandez			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2003 W. 82nd Ave. Merrillville, INd 46410		20c. Relationship Wife			
21. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21a. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 5, 1995 Chapel Lawn Mem. Gardens		21b. LOCATION—City or Town, State Schererville, Indiana	
22. EMBALMER'S NAME Anthony S. Rendina Jr		22a. EMBALMER'S LICENSE NO. FD01010402	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24. SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr</i>		24a. LICENSE NUMBER FD01010402	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home PH83007819 5100 Cleveland St. Gary, In 46408		
26. PART I: Enter the diseases, injuries, or combinations that caused the death. Do not enter nonspecific terms such as cardiac or respiratory failure, stroke, or head injury. List only one cause on each line. IMMEDIATE CAUSE: <u>Peripartum hemorrhage</u> COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT Conditions, if any, which gave rise to the immediate cause: <u>coagulopathy</u> Stating the underlying cause last: <u>amniotic embolism</u> JUN 04 2001 PART II: Enter significant conditions contributing to death but not previously stated in PART I.					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <u>no</u>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <u>no</u>		
29. 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.					
29a. SIGNATURE AND TITLE OF CERTIFIER JK Ranga Rao		29b. MEDICAL LICENSE NO. 01038987	29c. DATE SIGNED (Month, Day, Year) 4-5-95		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ranga Kota M.D. 5825 Broadway, Merrillville, Indiana 46410					
31. HEALTH OFFICER'S SIGNATURE <i>Aspariello, Williams</i>			32. DATE FILED (Month, Day, Year) April 6, 1995		
33. MANNER OF DEATH <input 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
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. ... YOUNG ... (In, Day, Year) No. 7614 P. 13		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify other passenger, pedestrian, etc. Jun. 6. 2005 2:05PM			





Residential Title Services, Inc.



Legal Description

LOT 4, LINCOLN HEIGHTS, AS SHOWN IN PLAT BOOK 33, PAGE 64, IN LAKE COUNTY, INDIANA.

Parcel ID Number: **08-15-0329-0004**

Commonly known as: **2003 WEST 82ND AVENUE
MERRILLVILLE, IN 46410**

