

4

State of Indiana)

County of Lake

(200) ^{SS} 009435

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2001 FEB -9 AM 9: 37
MURRIS W. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now JUANA VELASQUEZ, being duly sworn upon her oath and states as follows:

1. That she and Lorenzo Velasquez and a/k/a Lorenzo H. Velasquez were husband and wife and he owned the following described real estate located in Lake County, Indiana, which is more particularly described as follows:

FILED

AUG 25 2006

Lot 12 in Block 1, as marked and laid down on the recorded plat of Polonia Realty Company's First Addition to Gary, Lake County, Indiana Key # 46-378-12

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2. That Lorenzo Velasquez died intestate on April 16, 2000, while domiciled in Gary, Lake County, Indiana.

3. That the gross value of the estate of Lorenzo Velasquez as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax nor was his estate subject to Indiana Inheritance Tax.

4. That no petition for the appointment of a personal representative of his estate is pending or has been granted.

5. That more than forty-five (45) days have elapsed since the death of this decedent.

6. That it appears that the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by I.C. 29-1-4-1, the costs and expenses of administration and reasonable expenses.

7. That the affiant is unaware, and has conducted a reasonably diligent search into the same of any creditors of the estate.

Document is being re-recorded to
add notary acknowledgement

00593

620061046 - CHO

Chicago Title Insurance Company

016567

2006 075068

2006 AUG 28 AM 11:27

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

STOP

RECORDER'S OFFICE
LAKE COUNTY
INDIANA

FILED

PETER BENJAMIN
LAKE COUNTY AUDITOR

#18
ET
CS

Chicago Title Insurance Company

8. That the individual entitled to the real estate as a result of decedent's death is the affiant as provided under the laws of intestate succession in the Indiana Probate Code, namely: Juana Velasquez, wife of the decedent, 3385 Maryland Street, Gary, Indiana 46409.

9. That affidavit is made for the purpose of inducing the above name holder of decedent's property to turn the property over to this affiant as provided by law.

Juana Velasquez
JUANA VELASQUEZ

I affirm, under the penalties for perjury, that the above and forgoing representations are true to the best of my knowledge and belief.

Dated this 11th day of October, 2000.

Document is
NOT OFFICIAL
Juana Velasquez
JUANA VELASQUEZ

This instrument was prepared by Rudolph Val Dawson 4431-45,
Attorney at Law, 1820 E. 142nd St., East Chicago, Indiana 46312

STOP



* 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

Local No. 00 0310

State No.

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

| | | | | | |
|---|--|---|--|--|-----------------------------------|
| 1. DECEASED—NAME (First, Middle, Last) Lorenzo A. Velasquez Jr. | | 2. SEX male | 3a. TIME OF DEATH 9:43A M | 3b. DATE OF DEATH (Month, Day, Yr) April 16, 2000 | |
| 4. *SOCIAL SECURITY NUMBER 451-52-4244 | 5a. AGE—Last Birthday (Years) 63 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo, Day, Yr) May 21, 1936 | |
| 7. BIRTHPLACE (City and State or Foreign Country) Yokum Texas | 8a. WAS DECEDENT A U.S. VETERAN? no | | | | |
| 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? none | | 8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | | |
| 9a. FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake | | 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) Juanita Mejia | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) mechanic | | 12b. KIND OF BUSINESS/INDUSTRY steel mill | |
| 13a. RESIDENCE—STATE Indiana | 13b. COUNTY Lake | 13c. CITY, TOWN, OR LOCATION Gary | 13d. STREET AND NUMBER 3385 Maryland | | |
| 13e. ZIP CODE 46409 | 13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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.) | 16. RACE—American Indian, Black, White, etc. (Specify) white | |
| 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) N/A College (1-4 or 5+) N/A | | 18. FATHER'S NAME (First, Middle, Last) Lorenzo Velasquez | | | |
| 19. MOTHER'S NAME (First, Middle, Maiden Surname) Candelaria Aranda | | 20a. INFORMANT'S NAME (Type/Print) Juanita Velasquez | | | |
| 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3385 Maryland St. Gary In. 46409 | | 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) April 20, 2000 Ridgelawn Cemetery | | 21c. LOCATION—City or Town, State Gary In. | |
| 22a. EMBALMER'S NAME HENRY BLAKE | | 22b. EMBALMER'S LICENSE NO. FD01019406 | | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | | 24b. LICENSE NUMBER (of Licensee) FD01022431 | | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Prusiecki Funeral Home P.O. Box 6 E. Chicago In. 46312FDH3001562 | |
| 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Regenerative Anemia DUE TO (OR AS A CONSEQUENCE OF) b. Metastatic Carcinoma 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) NO | | |
| 29a. 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. | | | | | |
| 29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> | | 29c. MEDICAL LICENSE NO. 01027943 | | 29d. DATE SIGNED (Month, Day, Year) 4/20/00 | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) A. [Signature] | | | | | |
| 31. HEALTH OFFICER'S SIGNATURE AND TITLE <i>[Signature]</i> | | | | 32. DATE FILED (Month, Day, Year) APR 24 2000 | |
| 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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. DATE PRONOUNCED DEAD (Month, Day, Year) | | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. no | | | |

Subscribed and sworn to before me by the affiant

this 2-28-06
(insert date)

Angela D. Millet
Notary Public

Printed Name Angela B. Millet

My County of Residence is: Lake

In the State of Indiana

My Commission Expires November 29, 2008



This instrument prepared by Juana Velasquez

