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RECORDATION REQUESTED BY:
1ST NATIONAL BANK OF ILLINOIS
3256 RIDGE ROAD
LANSING, IL 60438

WHEN RECORDED MAIL TO:
1ST NATIONAL BANK OF ILLINOIS
3256 RIDGE ROAD
LANSING, IL 60438

2006 088192

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 OCT 10 AM 9:33

MICHAEL A. BROWN
RECORDER

FOR RECORDER'S USE ONLY

AFFIDAVIT RE: DECEASED JOINT TENANT

ROBERT GOMEZ, being duly sworn and for the purpose of inducing the Cook County Recorder of Deeds to record this affidavit, states;

1. That ROBERT GOMEZ resides at 3150 RIDGE RD, HIGHLAND IN 46322.
2. That ROBERT GOMEZ was acquainted with PATRICIA C.GOMEZ, who died on 07/07/2004, as evidenced by the attached certified copy of the death certificate.
3. That the said decedent was one of the owners of land described as follows:

LEGAL DESCRIPTION

The east 25 feet of lot 4 and 5 in block 1, in Ridgewood addition to Highland as shown in plat book 20, page 24, in Lake County, Indiana.

Property Tax Identification Number: 16-27-0138-0005

Common Address: 3150 RIDGE RD., HIGHLAND IN 46322

4. That said decedent died leaving no last will and testament.
5. That the total value of the estate of said decedent for the State of Illinois Inheritance Tax and Federal Estate Tax purposes does not exceed \$30,000.00

FILED

Rob Gomez
(Affiant's Signature)

OCT 05 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

20234

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CK081346

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35v

INDIVIDUAL ACKNOWLEDGEMENT

STATE OF ILLINOIS)
) ss
COUNTY OF COOK)

On this day before me, the undersigned Notary Public, personally appeared Robert Gomez to me known to be the individual who executed the Decedent Affidavit and acknowledge that he/she signed the Decedent Affidavit as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

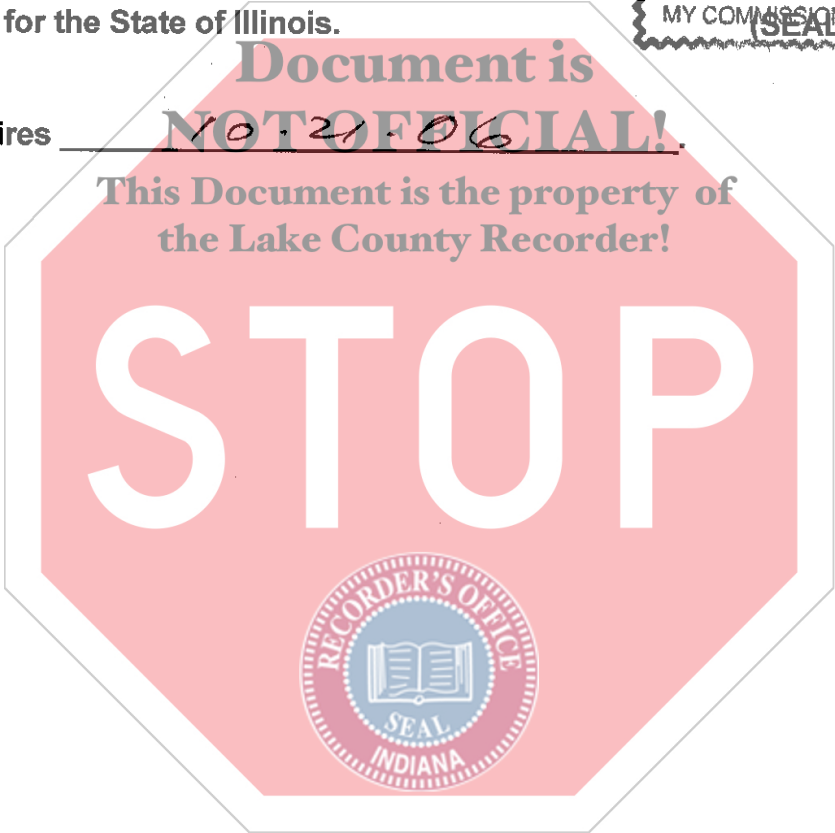
Given under my hand and official seal this 13 day of September, 2005.

By Constance E. Bartlett



Notary Public in and for the State of Illinois.

My Commission expires 10-21-06



This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

130854 TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

FORMANT

DISPOSITION

USE OF PATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) PATRICIA C. GOMEZ		2. SEX Female	3a. TIME OF DEATH 7:40a.m	3b. DATE OF DEATH (Month, Day, Yr.) July 7, 2004	
4. SOCIAL SECURITY NUMBER 303-68-7212	5a. AGE—Last Birthday (Years) 48	5b. UNDER 1 YEAR Months: Days	5c. UNDER 1 DAY Hours: Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Dec. 12, 1955	
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	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) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) VNA Hospice Center		9c. CITY, TOWN, OR LOCATION OF DEATH Valparaiso	9d. COUNTY OF DEATH Porter		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Robert Gomez	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife		12b. KIND OF BUSINESS/INDUSTRY	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Highland	13d. STREET AND NUMBER 3150 Ridge Rd.		
13e. ZIP CODE 46322	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input 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) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) William Williams			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Dorothy Bennett		20a. INFORMANT'S NAME (Type/Print) Robert Gomez			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3150 Ridge Rd. Highland, In 46322		20c. Relationship Husband			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) July 10, 2004 Calumet Park Crematory		21c. LOCATION—City or Town, State Merrillville, Indian	
22a. EMBALMER'S NAME Anthony S. Rendina Jr.		22b. EMBALMER'S LICENSE NO. FD01010402	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b. LICENSE NUMBER (of Licensee) FD01010402	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, In 46408		
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. Ovarian Carcinoma - Stage IV DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):		Approximate Interval Between Onset and Death 1 year 5 months			
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)	
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. 01041301		29d. DATE SIGNED (Month, Day, Year) 7/8/04			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Cheryl Morgan-Inrig 1630 45th St - Munster, IN 46321					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) July 9, 2004			
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. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

