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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 MAY 18 AM 9:00

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Key No.: 25-44-0254-0041

SURVIVORSHIP AFFIDAVIT

I, Jose A. Cardona, being first duly sworn, state:

1. Affiant states that he is the grandson of Julio Cardona, Sr. (now deceased) and Ana Cardona.

2. At the time of her death, August 30, 1992, Ana Cardona and Julio Cardona, Sr. were husband and wife and the owners of the following described real estate located in Lake County, Indiana:

Lot 39 in Block 5 in Gary Land Company's Eighth Subdivision, in the City of Gary, as per plat thereof recorded in Plat Book 13, page 1, in the Recorder's Office of Lake County, Indiana.

Commonly known as: 260 Harrison Street, Gary, Indiana.

3. At the time of her death, Ana Cardona and Julio Cardona, Sr. were not divorced and were living together as husband and wife.

4. Affiant further states that no Federal Estate Tax or Indiana Inheritance Tax was due from the Estate of Ana Cardona.

5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in Julia Cardona, Sr., and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

FILED

MAY 18 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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Dated: May 1, 2007

Jose A. Cardona Jr.
JOSE A. CARDONA

Before me the undersigned, a Notary Public in and for said County and State, personally appeared JOSE A. CARDONA and he being first duly sworn by me upon his oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 1 day of May, 2007.

My Commission Expires: 5/15/10
A Resident of LAKE County.

Joan E. Kallas
JOAN E. KALLAS, Notary Public

I, affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Alissa Kohlhoff
Alissa Kohlhoff

This instrument prepared by and after recording return to:
Alissa Kohlhoff, of Beckman, Kelly & Smith, 5920 Hohman Avenue, Hammond, Indiana 46320 (219) 933-6200

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3cc

INDIANA STATE BOARD OF HEALTH

Local No. 92-0623 — CERTIFICATE OF DEATH — State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Ana Cardona	Female	4:12a.m	August 30,1992

4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
303-32-1684	77			Sept. 20,1914	Las Maria, Puerto Rico

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
No	None	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Methodist Hospital Northlake Campus	Gary	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	Julio I. Cardona	Housewife	Homemaker

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Gary	260 Harrison Street

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46402	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	Puerto Rican	Hispanic	4th Grade	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Nasario Cardona	Andrea Valentine

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
julio I. Cardona	260 Harrison Street, Gary, Ind. 46402	Husband

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____	September 2,1992 / Calvary	Portage, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Celeste P. Kaufman	FDE: 1033626	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Celeste P. Kaufman	FDH: 3002411	Kaufman Funeral Home, Inc. FDH:3002411 421 W. 5th. Ave., Gary, Indiana 46402

CAUSE OF DEATH

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.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Cardiac arrest — DUE TO (OR AS A CONSEQUENCE OF):

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

b. Cardiomyopathy — DUE TO (OR AS A CONSEQUENCE OF):

c. Coronary artery disease — DUE TO (OR AS A CONSEQUENCE OF):

d.

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

cerebrovascular accident

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	N/A

CERTIFIER

29a. CERTIFIER (Check only one)

☑ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
Harish Shah	0103547	9-9-92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Dr. Harish Shah, M.D., 209 E. 86th Court, Merrillville, In. 46410 (219)769-9020

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Debra K. Foster, M.D., MPH/at	SEP. 10 1992

CORONER USE ONLY

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1