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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 040675

2007 MAY 18 AM 9:00

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Key No.: 25-44-0254-0041
RECORDER

SMALL ESTATE AFFIDAVIT

1. JULIO CARDONA, SR., deceased ("Decedent") died on September 15, 1993, domiciled in Lake County, Indiana.

2. Forty five (45) days have elapsed since the death of the Decedent.

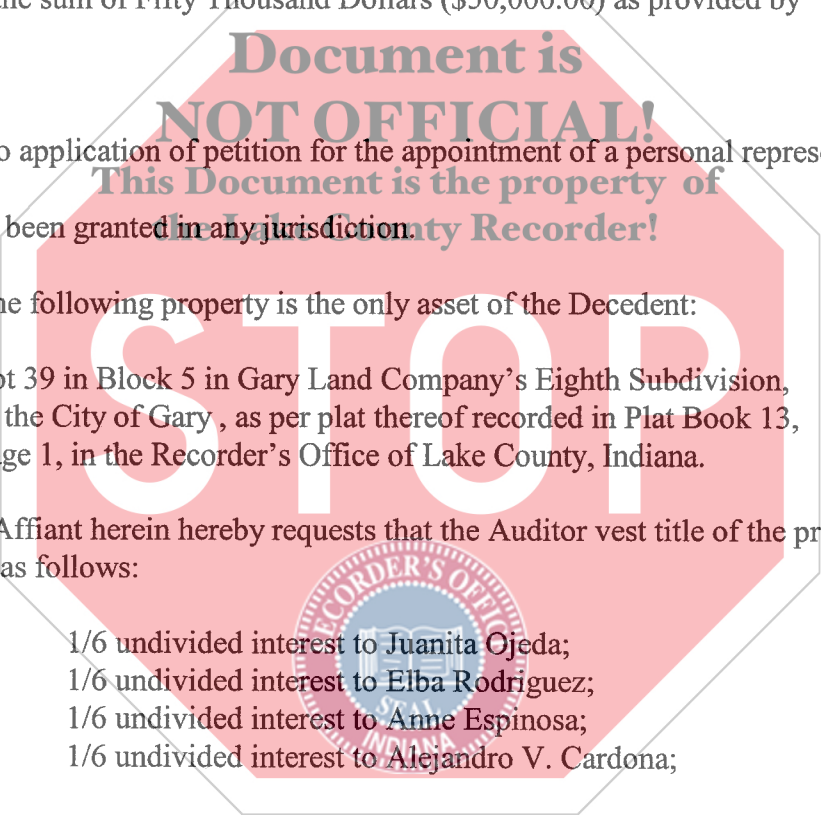
3. The value of the Decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000.00) as provided by I.C. § 29-1-8-1.

4. No application of petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

5. The following property is the only asset of the Decedent:
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.

WHEREFORE, Affiant herein hereby requests that the Auditor vest title of the property to Decedent's heirs as follows:

- 1/6 undivided interest to Juanita Ojeda;
- 1/6 undivided interest to Elba Rodriguez;
- 1/6 undivided interest to Anne Espinosa;
- 1/6 undivided interest to Alejandro V. Cardona;



DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAY 18 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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1/6 undivided interest to Jose E. Cardona;
1/6 undivided interest to Julio Cardona, Jr.

As Tenants in Common.

Dated this 1st day of May, 2007.

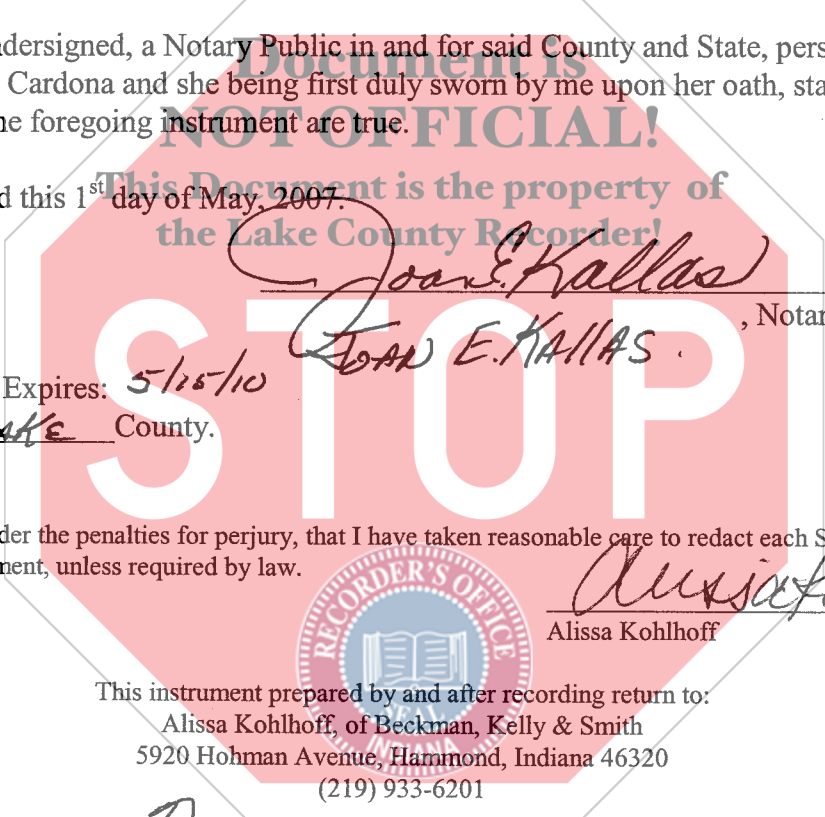
Jose A. Cardona Jr.

JOSE A. CARDONA

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Jose A. Cardona and she being first duly sworn by me upon her oath, states that the facts alleged in the foregoing instrument are true.

Signed and sealed this 1st day of May, 2007.



Joan E. Kallas

JOAN E. KALLAS, Notary Public

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

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) 933-6201



INDIANA STATE DEPARTMENT OF HEALTH

Local No. 93-0706

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER
USE ONLY

1. DECEASED—NAME (First, Middle, Last) JULIO CARDONA SR.		2. SEX Male	3a. TIME OF DEATH 9:40p_M	3b. DATE OF DEATH (Month, Day, Yr) Sept. 15, 1993	
4. SOCIAL SECURITY NUMBER 303-32-1684	5a. AGE—Last Birthday (Years) 82	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Jan. 9, 1911	
7. BIRTHPLACE (City and State or Foreign Country) Mayaguez, Puerto Rico		8a. WAS DECEDENT A U.S. VETERAN? No			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? None		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake Campus		9c. CITY, TOWN, OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Widow	11. SURVIVING SPOUSE (If wife, give maiden name) None	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Labor		12b. KIND OF BUSINESS/INDUSTRY U.S. Steel	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 260 Harrison Street	
13e. ZIP CODE 46402	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g. ON A FARM? <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.) Puerto Rican	16. RACE—American Indian, Black, White, etc. (Specify) Hispanic	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th. Grade College (1-4 or 5+) _____		18. FATHER'S NAME (First, Middle, Last) Unknown			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Cruz Cardona		20a. INFORMANT'S NAME (Type/Print) Elaba Rodriguez			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2863 Shawnee St., Portage, Ind.		20c. Relationship Daughter			
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) Sept. 18, 1993/ Calvery Cem.		21c. LOCATION—City or Town, State Portage, Indiana	
22a. EMBALMER'S NAME Celeste P. Kaufman		22b. EMBALMER'S LICENSE NO. FDE: 1033626	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Celeste P. Kaufman</i>		24b. LICENSE NUMBER (of Licensee) FDH: 3002411	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kaufman Funeral Home, Inc. 421 West 5th. Ave., Gary, Ind. FDH: 300241		
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 5-10 min					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Cardiogenic Arrest</i> DUE TO (OR AS A CONSEQUENCE OF)					
b. <i>Sudden Coronary Heart Failure</i> 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) N/A		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A		
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"/> 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. 01038025	29d. DATE SIGNED (Month, Day, Year) 9/20/93	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. A. Yaniz, M.D., 5490 Broadway, Merrillville, Indiana 46410					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) SEP. 22 1993	
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.			