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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Trinidad Herrera, upon his oath, states:

1. That this affidavit is made upon his personal knowledge.
2. That he is the same person who is the owner of and the Joint Tenant with

Isabel Herrera on real estate described as:

Lot 147 in Crescent Lake Unit #3, and Addition to the Town of Merrillville, as per plat thereof, recorded in Plat Book 53, page 62, in the Office of the Recorder of Lake County, Indiana, more commonly known as 4053 73rd Place, Merrillville, IN.

3. That Isabel Herrera is deceased having died on May 15, 2007.

4. That at the time of her death, Trinidad Herrera and Isabel Herrera were husband and wife.

5. That this affidavit is made for the purpose of removing Isabel Herrera's name from the title to the real estate because of his death.

6. Further affiant sayeth not.

I affirm under the penalties for perjury that the foregoing representations are true and correct to the best of my knowledge and belief.

Dated: 6/23/07

Trinidad Herrera
Trinidad Herrera



FILED
JUN 26 2007
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

This instrument was prepared by: William H. Von Willer, Indiana Atty. 968-98, 117-1/2 W. Joliet St., Crown Point, Indiana 46307 (219) 663-6508.

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

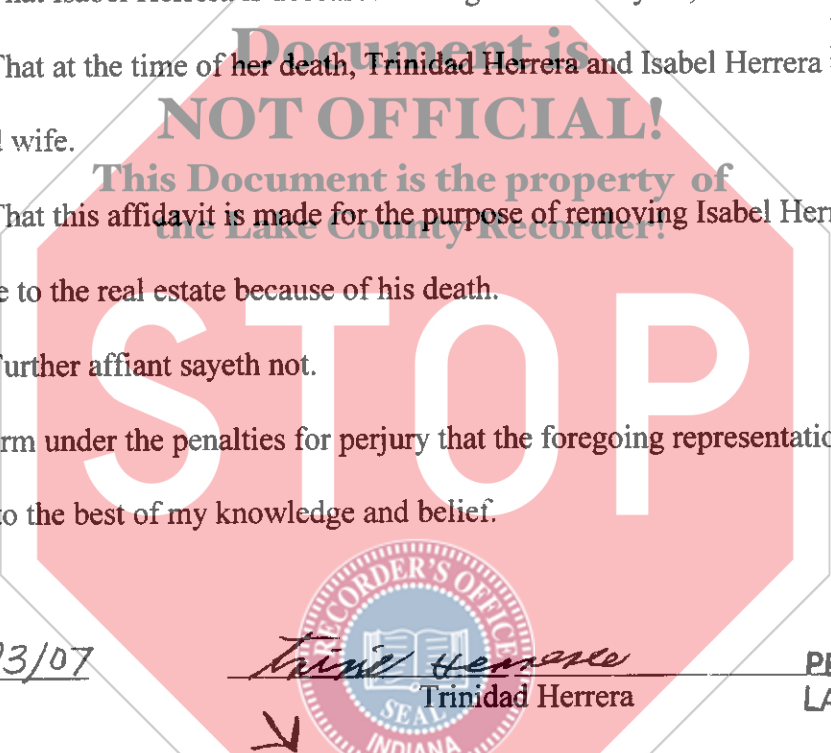
13:00 P.M. 5572

008425

2007 052088

08-15-0503-0023

STATE OF INDIANA
LAKE COUNTY
FILED
JUN 26 PM 2:00
MICHAEL A. ...
RECORDER



ATTENTION STATE: Disclosure of the State we need to pursue our responsibilities voluntarily and there will be no penalty or refusal. Social No. 1013-07

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED - NAME (First, Middle, Last) ISABEL HERRERA		2. SEX Female	3a. TIME OF DEATH 9:22 PM	3b. DATE OF DEATH (Month, Day, Yr.) May 15, 2007
4. SOCIAL SECURITY NUMBER 584-03-0004	5a. AGE - Last Birthday (Years) 60	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) July 6, 1946
7. BIRTHPLACE (City and State or Foreign Country) Vega Baja Puerto Rico		8a. WAS DECEDENT A U.S. VETERAN? No		
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		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"/> Residence <input type="checkbox"/> Other (Specify)		
9a. FACILITY NAME (if not institution, give street and number) St. Anthony Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point		9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Trinidad Herrera	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Machine Operator		12b. KIND OF BUSINESS/INDUSTRY NABISCO
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Merrillville	13d. STREET AND NUMBER 4035 W. 73rd Pl.	
13e. ZIP CODE 46410	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? 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) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9 College (1-4 or 5+)		
18. FATHER'S NAME (First, Middle, Last) Leopoldo Ortiz		19. MOTHER'S NAME (First, Middle, Maiden Surname) Antonia Maldonado		
20a. INFORMANT'S NAME (Type/Print) Trinidad Herrera		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4035 W. 73rd Pl. Merrillville, Indiana 46410		20c. Relationship Husband
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) May 21, 2007 Calumet Park Cemetery		21c. LOCATION - City or Town, State 2305 W. 73rd St. Merrillville, Indiana 46410
22a. EMBALMER'S NAME Woods, Cheryl		22b. EMBALMER'S LICENSE NO. FD20700020	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert A. ...</i>		24b. LICENSE NUMBER (of Licensee) FD20200096	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Calumet Park Funeral Chapel FH10400032 7535 Taft St. Merrillville, Indiana 46410	
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) Conditions, if any, which gave rise to the immediate cause stating the underlying cause last		<p style="text-align: center;">This Document is the property of the Lake County Recorder</p> <p style="text-align: center;">Mysthenia Grav</p> <p style="text-align: center;">STOP</p> <p>THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.</p> <p style="text-align: right;">JUN 18 2007</p>		
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) Yes	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. 01042343A	29d. DATE SIGNED (Month, Day, Year) 5/21/07	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Satish Patel 9108 Columbia Avenue Munster, Indiana 46321				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) May 21, 2007		
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.				

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307



MICHAELA A. BROWN
Recorder

PHONE (219) 755-3730
FAX (219) 755-3257

MEMORANDUM

DISCLAIMER

Document is NOT OFFICIAL!
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It may not meet with State of Indiana Recordation requirements.

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