



Maria Carmen Figueroa de Nunez      10834 S. Avenue O, Chicago, IL 60617  
Elizabeth Dvojacki                      505 E. 139<sup>th</sup> Street, Hammond, IN 46327

8. That the individuals entitled to the decedent's interest in the Real Estate as a result of the decedent's death are the decedent's heirs at law as provided under the laws of intestate succession, namely:

Maria Carmen Figueroa (wife)      3836 Towle Avenue, Hammond, IN 46327  
Froylan Figueroa                      11008 S. Avenue O, Chicago, IL 60617  
Felipe Figueroa                        4404 S. Baltimore, Hammond, IN 46327  
Federico Figueroa                      6601 Kansas Avenue, Hammond, IN 46323  
Maria Carmen Figueroa de Nunez    10834 S. Avenue O, Chicago, IL 60617  
Elizabeth Dvojacki                      505 E. 139<sup>th</sup> Street, Hammond, IN 46327

9. That the gross value of the estate of the decedent, Honorato Figueroa, as determined for the purposes 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.

10. That the decedent's estate was not subject to Indiana Inheritance Tax.

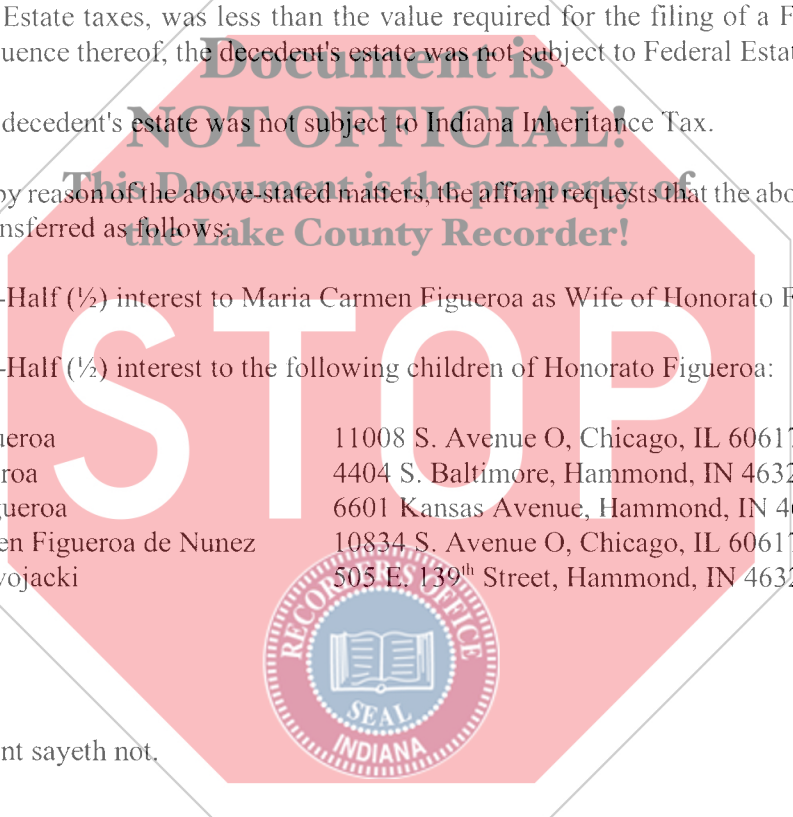
11. That by reason of the above-stated matters, the affiant requests that the above-listed property be transferred as follows:

One-Half (½) interest to Maria Carmen Figueroa as Wife of Honorato Figueroa

One-Half (½) interest to the following children of Honorato Figueroa:

Froylan Figueroa                      11008 S. Avenue O, Chicago, IL 60617  
Felipe Figueroa                        4404 S. Baltimore, Hammond, IN 46327  
Federico Figueroa                      6601 Kansas Avenue, Hammond, IN 46323  
Maria Carmen Figueroa de Nunez    10834 S. Avenue O, Chicago, IL 60617  
Elizabeth Dvojacki                      505 E. 139<sup>th</sup> Street, Hammond, IN 46327

Further affiant sayeth not.



Dated: March 19<sup>th</sup>, 2008

Maria Carmen Figueroa  
Maria Carmen Figueroa

STATE OF INDIANA)  
) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County and State, this 19<sup>th</sup> day of March, 2008, personally appeared Maria Carmen Figueroa who stated that the facts contained in the foregoing Affidavit are true and correct and acknowledged the execution of the above and foregoing Affidavit.

WITNESS my hand and Notarial Seal.

MARCO A. MOLINA  
NOTARY PUBLIC STATE OF INDIANA  
PORTER COUNTY  
MY COMMISSION EXP. AUG. 7, 2010

Document is  
**NOT OFFICIAL!**

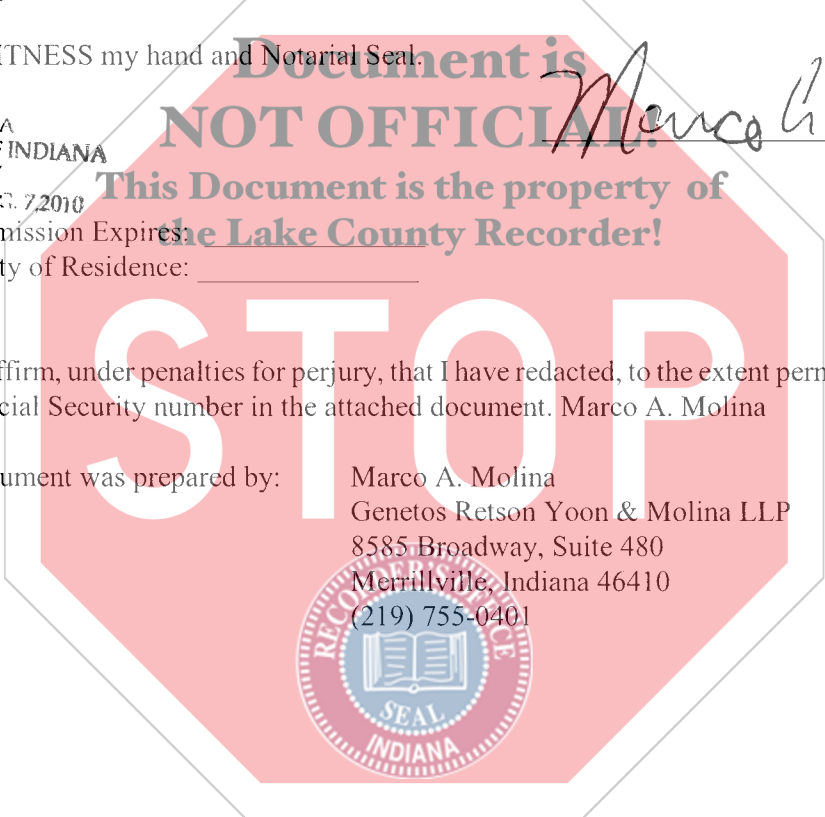
Marco A. Molina  
, Notary Public

**This Document is the property of  
the Lake County Recorder!**

My Commission Expires: \_\_\_\_\_  
My County of Residence: \_\_\_\_\_

I affirm, under penalties for perjury, that I have redacted, to the extent permitted by law, each Social Security number in the attached document. Marco A. Molina

This instrument was prepared by: Marco A. Molina  
Genetos Retson Yoon & Molina LLP  
8585 Broadway, Suite 480  
Merrillville, Indiana 46410  
(219) 755-0401



\* 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.

EXHIBIT "A" INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT

Date issued March 6, 2007 Hammond Health Commissioner

Local No. 13b

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (HONORATO S. FIGUEROA), SEX (Male), TIME OF DEATH (6:43P M), DATE OF DEATH (February 28, 2007), SOCIAL SECURITY NUMBER (553-06-0730), AGE (75), DATE OF BIRTH (Jan. 16, 1932), BIRTHPLACE (Mexico), FACILITY NAME (St. Margaret Mercy Healthcare Center), CITY (Hammond), COUNTY (Lake), MARRITAL STATUS (Married), SURVIVING SPOUSE (Maria Ramirez), DECEASED'S USUAL OCCUPATION (Farming), RESIDENCE (Indiana, Lake, Hammond), ZIP CODE (46327), RACE (White), DECEASED'S EDUCATION (Elementary/Secondary), FATHER'S NAME (Timoteo Figueroa), MOTHER'S NAME (Lucrecia Soto), INFORMANT'S NAME (Maria Figueroa), MAILING ADDRESS (3836 S. Towle Ave.; Hammond, IN 46327), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (March 5, 2007, Holy Cross Cemetery, Calumet City, Illinois), EMBALMER'S NAME (James F. Betkowski), SIGNATURE OF FUNERAL DIRECTOR (James F. Betkowski), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Elmwood Chapel FHD#19900052, 11300 W. 97th Lane; St. John, IN 46373), IMMEDIATE CAUSE (Pulmonary fibrosis, Cardiac arrhythmias, Pneumonia), CERTIFIER (Nareesh K. Upadhyay, M.D.), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Nareesh Upadhyay, 5500 Hoban Ave Suite 1E, Hammond, IN 46320), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER