## 2008 020062



STATE OF INDIANA	)
	) SS
COUNTY OF LAKE	)

#### AFFIDAVIT OF HEIRSHIP

Maria Carmen Figueroa, being first duly sworn, states:

1. She is a resident of Lake County, Indiana residing at 3836 Towle Avenue, Hammond, IN.

- 2. She is the widow of Honorato Figueroa. (Deceased).
- 3. Honorato Figueroa died, intestate, a resident of Lake County, Indiana, on February, 28, 2007 and was at the time of his death married to Maria Carmen Figueroa. A copy of decedent's death certificate is attached hereto as Exhibit A.
  - 4. That forty-five (45) days have elapsed since the death of the decedent.
- 5. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated as the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sums as provided by IC § 29–1–4–1.
  - 6. That Honorato Figueroa owned the property legally described as:

Lot Numbered 27, except the North 15 feet thereof and all of Lot Numbered 26, Block 2, as Shown on the Recorded Plat of Douglas Park Manor, in the City of Hammond, Recorded in Plat Book 17, Page 26, in the Office of the Recorder of Lake County.

and commonly known as 3836 Towle Avenue, Hammond, IN.

7. That at the time of his death Honorato Figueroa had five children as named below, each of whom were adults:

Name Froylan Figueroa Felipe Figueroa Federico Figueroa Address 11008 S. Avenue O, Chicago, IL 60617 4404 S. Baltimore, Hammond, IN 46327 6601 Kansas Avenue, Hammond, IN 46323

MAR 19 2008

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PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR



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)

Froylan Figueroa

Felipe Figueroa

Federico Figueroa

Maria Carmen Figueroa de Nunez

Elizabeth Dvojacki

3836 Towle Avenue, Hammond, IN 46327

11008 S. Avenue O, Chicago, IL 60617

4404 S. Baltimore, Hammond, IN 46327

6601 Kansas Avenue, Hammond, IN 46323

10834 S. Avenue O, Chicago, IL 60617

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: ke County Recorder!

One-Half (1/2) interest to Maria Carmen Figueroa as Wife of Honorato Figueroa

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

Froylan Figueroa
Felipe Figueroa
Federico Figueroa
Maria Carmen Figueroa de Nunez
Elizabeth Dvojacki

11008 S. Avenue O, Chicago, IL 60617
4404 S. Baltimore, Hammond, IN 46327
6601 Kansas Avenue, Hammond, IN 46323
10834 S. Avenue O, Chicago, IL 60617
505 E. 139th Street, Hammond, IN 46327

Further affiant sayeth not,

Dated: March / 9th, 2008

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 <u>19</u> 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. ent

MARCO A MOLINA
NOTARY PUBLIC STATE OF INDIANA
PORTER COUNTY

MY COMMISSION EXP AUG. 7,2010 This Document is the property of

My Commission Expireste Lake County Recorder!

My County of Residence:

I affirm, under penalties for perjury, that I have reducted, 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

# 

34g DATE PRONOUNCED DEAD (Month, Day, Year)

SDH06-004 State Form 10110 (R5/1-99)

# EXHIBIT "A"

### INDIANA STATE DEPARTMENT OF HEALTH

ERTIFICATE OF DEATH

THIS CERTIFIES THE POLICIVING IS A WITH THE COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

MAY 1,2007
Date Issued Hammond Health Commissioner

Local No	THE RECORDS IN THIS SI	ERIES ARE CONFIDENTIAL I		IE OF DEATH	1 State	NO	
TYPE/PRINT	1. DECEASED—NAME (First, M			2. SEX	3e. TIME OF DEA	TH 36. DATE OF DEATH (Month, Day, Yr.)	
IN	HONOR		16UERO		6:43P	M February 28, 2007	
PERMANENT		5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	Hours Minutes	DATE OF BIRTH (Mo. Day. Yr)	7. BIRTHPLACE (City and State or Foreign Country)	
BLACK INK	553-06-0730	75 86. YEAR LAST SERVED IN		Į a	an. 16, 1932	Mexico	
	A U.S. VETERAN?	U.S. ARMED FORCES?	HOSPITAL  Inpet		PLACE OF DEATH (Check only on		
	No			Outpatient DOA	OTHER: Unursing Home	Other (Specify)	
DECEDENT	9b. FACILITY NAME (If not institut		7.1		WN OR LOCATION OF DEATH	9d COUNTY OF DEATH	
	St. Margare		Ithcare C		nmond	Lake	
	10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name)			OCCUPATION (Give kind of work rking life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY	
	130 RESIDENCE—STATE	Maria Rami	13c. CITY, TOWN, OR I	Farmi		Farming	
	Indiana	Lake	Hammond	OCATION	13d. STREET AND NU		
	<u> </u>	LIMITS 14 CITIZEN OF Yes WHAT COUNTRY	<del></del>	OF HISPANIC ORIGIN?	16. RACE—American Indian.	. Towle Avenue	
	<del></del>		(? □ No 🛣 Y Mexican, Puerto Ri	es (If yes, specify Cuban,	Black, White, etc.	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
	46327 130 ON A FARI	IIISA	Mexica		(Specify) White	Elementary/Secondary (0-12) College (1-4 or 5 + )	
PARENTS	18. FATHER'S NAME (First Middle.	res			R'S NAME (First Middle, Maiden S		
TAILITS	Timoteo	Figueroa		1 _	crecia So		
INFORMANT	20s. INFORMANT'S NAME (Type/F	Print)	20b MAILING	ADDRESS (Street and Number	er or Rural Bours Number City as 1		
	Maria Figue	roa	3836	S. Towle A	ve.; Hammon	d, IN	
	21a. METHOD OF DISPOSITION	☐ Entombment		OF DISPOSITION (Name of a		1c. LOCATION—City or Town, State	
	☐ Buriel ☐ Cremation ☐ Other (Specify	Removal from State	other place) Ma	rch 5, 200	27		
DICROCITION	22a. EMBALMER'S NAME:		Holy	Cross Cer		Calumet City, Illinois	
DISPOSITION	James F. Bet	rozzalsi.	22b EMBALMER'S		23 WAS DEATH REPORT	ED TO CORONER?	
	248. SIGNATURE OF FUNERAL DIR		FD0920				
		1	(0	f Licensee)	Elmwood Char	NSE NUMBER OF FUNERAL HOME Del FHD#19900052	
	Hames,	I Betho	which FD	092000770	1-1300 W. 97t	th Lane; St. John IN	
İ	26. PART I. Enter the disease	s, injuries, or complications that can	used the death. Do not ente	nonspecific terms such as co	Ediac of resouratory		
	arrest, shock, or h	eart failure. List only one cause or	each line.	1	a diac or respiratory	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition		ulmon	an tib	no 65	Onset and Death	
CAUSE OF	resulting in death)		OR AS A CONSEQUENCE	OFI	- and description	0	
	Conditions, if any, which gave	DUE TO (C	OR AS A CONSEQUENCE	9( OF)	my Jumia	<del>}</del>	
1	rise to the immediate cause, stating the underlying	c		Inem	a enico	1	
	Cause last	DUE TO (C	PR AS A CONSEQUENCE	OF): V	The state of		
+	DART II OIL						
	PART II. Other significant conditions -	Conditions contributing to death be	ut not previously stated in P	EL HAD DECEE	OR 90 DAYS PERFORME		
			THE	POSTPARTL (Yes or no)		COMPLETION OF CAUSE	
L			ALL ROLL	K S O STA	No N	OF DEATH? (Yes or no)	
:	198 CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge, desth occurred at the time, date, and place, and due to the cause(s) as stated						
	one) 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						
<u> </u>	LI COF	ONER On the basis of examinet	ion and/or investigation, in r	ny opinion, death occurred at t	the time, date, and place, and due to	the cause(s) and manner as stated.	
CERTIFIER	29b. SIGNATURE AND TITLE OF CER	TIFIER Sh	Walny	lade w	29c. MEDICAL LICENSE NO	29d. DATE/SIGNED (Month. Day, Year)	
<u> </u>	80. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CALLES O			01039671	\$12167	
	NO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)						
HEALTH 3	11. HEALTH OFFICER'S SIGNATURE	right open	CONTRA	TUDY CIT	TEIC, Han	mond, IN. 46320	
OFFICER		' <i>I</i>				32. DATE FILED (Month, Day, Year)	
3	3. MANNER OF DEATH	340. DATE OF INJURY	34b TIME OF	34c INJURY AT WORK?	3 d. CRIRE HOW IN	NJURY OCCURRED	
]	☐ Natural ☐ Pending	(Month, Day, Year)	INJURY	(Yes or no)		SOUTH SOUTHER	
	☐ Natural ☐ Pending Investigation ☐ Accident						
	Suicide Could not be	34e PLACE OF INJURY building, etc. (Special	/—At home, farm, street, fac (y)	ctory, office 34f	LOCATION (Street and Number	or Rural Route Number, City or Town, State)	

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrien, etc.