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2008 041602

2008-05-11 11:33

INFO: [unclear]  
#00000000

**Tax Parcel No.:** 14-20-0030-0032  
**Property Address:**  
2606 Montgomery Street  
Lake Station, IN 46405

Grantees Address:  
5604 Robbins Avenue  
Portage, IN 46368  
↑

**AFFIDAVIT IN AID OF TITLE**

Thomas Villarreal, being first duly sworn upon oath, deposes and says:

1. Affiant is the Personal Representative of the Estate of Gilibaldo Villarreal, deceased, Estate No. 45D02-0201-ES-012, Lake Superior Court, Room Two, East Chicago, Indiana.
2. Affiant further states that Carmel Villarreal and Gilibaldo Villarreal acquired title as tenants by entireties by a deed dated September 11, 1979 and recorded September 17, 1979 in the Office of the Recorder of Lake County Indiana, as Instrument No. 549949 to the following described real estate:  
Lot 32, Block 1, Greater Riverview Addition to East Gary, now known as Lake Station, as shown in Plat Book 15, page 8, Lake County, Indiana.
3. Affiant further states that Gilibaldo Villarreal and Carmen Villarreal remained husband and wife continuously from the date they acquired title to the above described real estate until the death of Carmen Villarreal, that occurred on July 14, 1992.

Signed this 13 day of May, 2008.

  
\_\_\_\_\_  
Thomas Villarreal

**FILED**

JUN 05 2008

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



File No.: 261840

15.00  
add  
6318801460 #

Page 1 of 2

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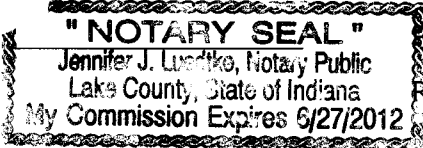
Acknowledgement

State of Indiana; Lake County:

Subscribed and sworn to before me, a Notary Public in and for said county and state, this 13 day of May, 2008.

My commission expires:

Signature Jeg J Swate



Printed Jennifer Luedtke, Notary Public

Residing in LAKE County, Indiana

This instrument prepared by: Louis Klatch, Attorney at Law

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.

Document is NOT OFFICIAL!

Name: Louis Klatch

This Document is the property of the Lake County Recorder!



522

INDIANA STATE BOARD OF HEALTH

Local No. 1554-92

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CRONER SE ONLY

1 DECEASED—NAME (First, Middle, Last) <b>Villarreal</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>7:53 PM</b>	3b DATE OF DEATH (Month, Day, Year) <b>July 14, 1992</b>
4 SOCIAL SECURITY NUMBER <b>311 26 3146</b>	5a AGE—Last Birthday (Year) <b>64</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month, Day, Year) <b>October 26, 1927</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Minden LA.</b>	8a PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Enclaves <input type="checkbox"/> ODA <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) <b>St. Mary Medical CENTER</b>	9b CITY/TOWN OR LOCATION OF DEATH <b>HOBART IN.</b>	9c COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Gilbaldo Villarreal</b>	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not list retired) <b>Housewife</b>		12b KIND OF BUSINESS/INDUSTRY
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY/TOWN OR LOCATION <b>Lake Station</b>		13d STREET AND NUMBER <b>2606 Montgomery St.</b>
14a ZIP CODE <b>46405</b>	14b INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14c CITIZEN OF WHAT COUNTRY <b>USA</b>	14d WAS DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>Mexican</b>	14e RACE—American Indian, Black, White, etc. (Specify) <b>White</b>
15 FATHER'S NAME (First, Middle, Last) <b>Marion Auguano</b>		15b MOTHER'S NAME (First, Middle, Last) <b>Mary Sanchez</b>		
16a INFORMANT'S NAME (First, Middle, Last) <b>Gilbaldo Villarreal</b>		16b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State) <b>2606 Montgomery St. Lake Sta. IN</b>		16c Relationship <b>Husband</b>
17a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Reinterment <input type="checkbox"/> Other (Specify)		17b DATE AND PLACE OF DISPOSITION (Place of cemetery, crematory or other place) <b>July 17, 1992 Calumet Park Crematory</b>		17c LOCATION—City or Town, State <b>Merrillville IN 46410</b>
18a EMBALMER'S NAME <b>Anthony S. Rendina Jr.</b>		18b EMBALMER'S LICENSE NO. <b>FD01010402</b>		18c WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
19a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		19b LICENSE NUMBER (of Licensed) <b>FD01010402</b>		19c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Rendina Funeral H. PH 83007819 5100 Cleveland Gary IN 46408</b>
20 PART I: Breathe the passages, injuries, or complications that contributed to death. Do not enter nonspecific terms, such as cardiac arrest, stroke, or heart failure. Use only one cause on each line. <b>CARDIORESPIRATORY ARREST</b>				
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>SEPTIC SHOCK</b>				
CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last <b>DIABETIC KETOACIDOSIS</b>				
OTHER CAUSE OF DEATH <b>RESPIRATORY FAILURE</b>				
21 PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I				
22 WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM (Yes or No) <b>NO</b>		23 WAS DECEASED PERFORMING (Yes or No) <b>NO</b>		24 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or No) <b>NO</b>
25a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CEMETERIAL PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and that in the usual or usual <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) as stated				
25b SIGNATURE AND TITLE OF CERTIFIER <i>Thach Nguyen M.D.</i>		25c MEDICAL LICENSE NO. <b>01033686</b>	25d DATE SIGNED (Month, Day, Year) <b>7/20/92</b>	
26 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (SEE 20) <b>Thach Nguyen M.D. 209 E. 86th COURT Merrillville IN 46410</b>				
27 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>				28 DATE FILED (Month, Day, Year) <b>July 21, 1992</b>
29 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		30a DATE OF INJURY (Month, Day, Year)	30b TIME OF INJURY	30c INJURY AT WORK (Yes or No)
31 PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		32 LOCATION (Street and Number or Rural Route Number, City or Town, State)		
33a DATE PRONOUNCED DEAD (Month, Day, Year)		33b MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. <b>261840</b>		

METROPOLITAN TITLE IN, LLC  
3394 WILLOWCREEK ROAD  
PORTAGE, IN 46368