## **HEIRSHIP AFFIDAVIT**

That Norma L. Ortiz (hereinafter referred to as "Affiant"), being first duly sworn upon her oath, deposes and states as follows:

1. That George O. Ortiz, Nancy M. Ortiz, Henry Ortiz and Affiant are the children and sole heirs of Nicholas G. Ortiz (hereinafter referred to as "Decedent") who is the record title owner of the following described real estate located in Lake County, Indiana:

Lot 12, Prairie Park Unit No. 3, a subdivision in the City of East Chicago, as shown in Plat Book 37, Page 81, in Lake County, Indiana.

More commonly known as: 2203 Cardinal Drive, East Chicago, Indiana 46312 (Tax Key No. 24-30-0624-0012)

- 2. That the Decedent departed this life on the 7th day of November, 2002 intestate.
- 3. That pursuant to I.C. §29-1-7-15.1 and I.C. §29-1-2-1, the above-described real estate vested in George O. Ortiz, Nancy M. Ortiz, Henry Ortiz and Affiant upon the death of the Decedent without the necessity of probate administration. This Document is the property of
- 4. That there was no inheritance or estate tax due as a result of the death of the Decedent.
- 5. That the purpose of this Heirship Affidavit is to show the death of the Decedent and to transfer ownership in the above-described real estate from the Decedent to George O. Ortiz, Nancy M. Ortiz, Henry Ortiz and Affiant.

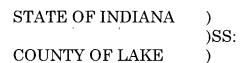
Further, Affiant sayeth naught.

010623

JUN 24 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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Before me, the undersigned, a Notary Public in and for said County and State, this  $23^{rd}$  day of June, 2008, personally appeared Norma L. Ortiz, Affiant, and acknowledged the execution of the foregoing Heirship Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:
November 21, 2015

Benjamin T. Ballou, Notary Public 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.

Reniamin T Rallou

This instrument prepared by:

Benjamin T. Ballou
Attorney at Law
8700 Broadway
Merrillville, Indiana 46410

This Document is the property of the Lake County Recorder!

' ATTENTION ESTATE: The Social Security #	
being requested by this state agency in order	
oursue its statutory responsibility. Disclosure	is
voluntary and there will be no penalty for refusa	d.

## INDIANA STATE DEPARTMENT OF HEALTH

•	will be no penalty for re	efusal.	C	CERTIFICA"	TE OF DE	ATH	Stat	e No		
_ocal No	THE RECORDS IN THIS	S SERIES A	'	-		.,	Otal			
YPE/PRINT	1 DECEASED-NAME (FI	DECEASED-NAME (First Middle Last)				2 SEX	34 TIME OF DE 7:22 P	ATH 36 DATE	November 7, 2002	
IN	Nicholas G.		5a AGE—Lest Birthday	56 UNDER 1 YEAR	6- 1/2/05810	Male	T	M	CE (City and State or Foreign Country)	
ERMANENT BLACK INK	4. *SOCIAL SECURITY NUM 317-14-9382		(Years) 77	Months Days	Hours Min		cember 6,192	L	as	
	MAS DECEDENT A US VETERAN? Yes	U	Bb YEAR LAST SERVED IN US ARMED FORCES?   HOSPITAL   Inpatient   Not Available   XX ER/Outpatent			9a PLACE OF DEATH (Check only one See instruction  OTHER Nursing Home Other (Spi				
DECEDENT	% FACILITY NAME (# not in St. Cather	stitution, give	street and number)	ALC: ET/	9c.		N. OR LOCATION OF DEATH Chicago	Lak	NTY OF DEATH E	
	10 MARITAL STATUS (Specify) Widowed	(W				NT'S USUAL OCCUPATION (Give kind of woing most of working life Do not use rebred) Layer		12b. KIND	Steel Manufacturing	
	13. RESIDENCE—STATE Indiana	- 1	ounty ike	13€ CITY TOWN OR East Chi				rdinal Drive		
	46312 No	CITY LIMIT	14 CITIZEN OF 15 WAS DECEDENT OF HISPANIC OR WHAT COUNTRY? \( \text{No. XQ Yes} \) (If yes specified the decent of				(Sand)			
		□ Yes	U.S.A.	Mexica	n	MOTHERS	White	10	College (1-4 or 5 + )	
ARENTS	18 FATHERS NAME (First Middle, Last)  19 MOTHERS NAME (First Middle, Maiden Surname)  Isabel Gomez									
FORMANT	George Orti			2203	Cardinal	Drive	or Aural Rouna Number. Cay o e, East Chica			
	216 METHOD OF DISPOSITION								-City or Fown State Indiana	
ISPOSITION	228 EMBALMER'S NAME			226 EMBALMERS	LICENSE NO	1	23 WAS DEATH REPO	ATED TO CORON		
	Jody Zeese  246 SICNATURE OF FUNERAL DIRECTOR  Figure 1						IS NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home FH19900008 9039 Kleinman Rd, Highland, IN 46322			
	arrest, show		/a	each line collapse	nen	such as card	diac or respiratory	-	Approximate Interval Between Onset and Desth Unknown	
AUSE OF EATH	disease or condition resulting in death)  Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last  DUE TO (OR AS A CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)									
	PART II Other significant cond	rtions - Condi	none contributing to death bu	M not previously stated is	PI P( ()	AS DECEDER REGNANT O DSTPARTUN (es or no)	OR 90 DAYS PERFOR		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
	(Chart only	HEALTH	OFFICER On the basis of a	xamination and/or invest	igation, in my opinion.	death occurr	place and due to the cause(s) red at the time, date, and place we time, date, and place, and d	e and due to the ca		
ERTIFIER	296 SIGNATURE AND TITLE	6					N/A		DATE SIGNED (Month Day, Year)  November 12, 2002	
	Donna Melyo	on, De				Avenu	e, Crown Po	int, Inc	A	
ALTH FICER	THE ALTH OFFICER'S SIGN	they	Laylon	wh					Blenshor 12. A	
:	IS MANNER OF DEATH  Netural Pending		34e DATE OF INJURY (Month, Day, Yeer)		346 INJURY (Yee or r		34d DESCRIBE HO	UDDO YRULMI WO	RRED T	
	Accident Suicide Could in Determine		34n PLACE OF INJUR building, etc (Spec	Y—At home, farm, street	i, fectory, office	341	LOCATION (Street and Nul	mber or Rural Route	Number City or Tawn, State)	
3	4g DATE PRONOUNCED DE	AD (Month, E	ley, Year) 34h MOTOR	VEHICLE ACCIDENT?	(Yes or no) Hyes.	specify driver	r. passenger pedestrien, etc.	<i></i>		