## TICOR TITLE INSURANCE &

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	AFFIDAVIT		<u>9</u>
	•		<b>ා</b> රා
STATE OF INDIANA) ) SS:		•	alternative t
COUNTY OF LAKE )			
Ines Ramir	ez	, being f	irst duly
swarn upon oath, depose	s and says.	d <b>ie</b> d	<b>5</b> 0
1. That Juan Ramir June 13, 2		10:28PM C	<u>A</u>
2. That Ines Ramir were duly and legally wife to the following	ez and arried at the time they rescribed real estate:	T D C [11]	Husband and
as per pla in the Off	Northtown Estates 1st Add t thereof, recorded in Pl ice of the Recorder of La Lake County 34-204-0	at Book 35 page 81 ke County, Indiana.	 32
acquired title to said date of (his) (her) de	elationship which existereal estate remained in ath.		
have been paid in full	xpenses in connection wi		
5. That all of the as Federal Estate Tax pur on decedent's life wer Tax.	sets of said decedent wl poses, including joint l e not sufficient to nece	nich would be included and lines and lines and lines and lines and lines and lines are also as a second and lines are a second and lines are also as a seco	lable for fe insurance Federal Estate
Further affiant sayeth	not. MOIANATURE		
		+ Ine R.	amery
Subscribed and sworn t August	to before me, a Notary P , 1/9 <u>2008</u> .	Ines Ramirez ublic, this <u>5th</u>	d d of
DENISE K. ZAWADA Liake County My Commission Expires July 10, 2014  My Commission expires	JLY ENTERED FOR TAXATION SUBJECT : FINAL ACCEPTANCE FOR TRANSFER  AUG 1 3 2008		otary Public
7/10/14	PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR	"I affirm, under the penalties for pe reasonable care to redact each So	cial Security number in
County of Residence:		this document, unless required by	igw. Cities Bulk
T a1			W./A/*

928-4159 TICOR SO

This Instrument prepared by <u>Ines Ramirez</u>

13045

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	4025U	1.0%							State No				
Decedent's Legal Name (First, Middle, Last)     JUAN RAMIREZ		N/A	1a. Makden Last Name (If Female)  N/A			М				M JUNE 13, 2008			
Social Security Number	6a, Age Yrs 77	6b Under 1	6c. Under	Month 6d Under 1 Day Hours	6e, Ui Minutes	nder 1 Hour		rch 28,	th/Day/Year) 1931	Birthplace (City And State Or Foreign Country)  LA JUNTA, COLORADO			
9. Ever In U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital: Hospice Facility Decedent's Home Nursing Home/Long-Term Care Facility Determined Somewhere Other Than A Hospital: Hospice Facility Decedent's Home Nursing Home/Long-Term Care Facility Other (Specify)													
11. Facility Name (If Not Insti ST.ANTHONY HOSI		And Number)											
12. City Or Town, State, And						13. County C	of Death			14. M	arital Status	At Time Of D	Death
CROWN POINT, INDIANA 46307						LAKE				Married			
15. Surviving Spouse's Name 15a. (If Wife)Give Maide INES RAMIREZ BORRAEL					len Last Nar	st Name 16. Decedent's Usual C							Of Business/Industry
18. Residence – State						b. City Or Tow		I	-			L	
INDIANA			LAKE		CI	ROWN PO	JIN T		r 1147. TT -11 5.				1 181. Inside City Limits?
18c. Street And Number 9939 TYLER CT.						18d. Apt. No N/A			,	18e. Zip Code 46307			Yes No
19. Decedent's Education 8th grade or less			l	Of Hispanic Origin  Spanish/Hispanic/I	Latino	21. t	Decedent's R	tace					-
22. Father's Name (First, Mic	ddie, Last)			•		other's Name (	First, Middle,	, Last)			23a.	Mother's Ma	iden Last Name
AUGUSTINE RAMIREZ							AMIREZ				RA	MOS	
INES RAMIREZ	24. Informant's Name Z4a. Relationship To Decedent INES RAMIREZ WIFE								OINT, INDIA		7		
25- 14-1-1-2(2)		Lock	0(5)	25. (Name Of Cemetery, Cremat				Ch.	- A-4 CO-10				
25a. Method Of Disposition.  Donation Entombment Other (Specify):		n State CH	APEL LAWN	EMORIAL GARDEN		FIC	FH199		Town, And State			<b>.</b>	
26. Was Coroner Contacted  ☐ Yes ☑ No			N FUNERAL	ral Facility HOME, 8178 S. CL	INE AV	E., SCHER	ERVILLI	E, INDIA	NA 46375			27a. Fun FH199	eral Home License Number:
27b. Signature Of Indiana Fu	uneral Septice incer			Much	oun	ty Ke	cor	der!		cense Nunt 600181	oer (Of Licer	nsee)	
28. Part I. Enter The C Such As Cardiac Arrest, A Line. Add Additional I	hain Of Events Respiratory Arr	Diseases, Inju	ries, Or Complication Wit	hout Showing The Etiolo	sed The E	Death, Do No ot Abbreviat	ot Enter Te e. Enter O	erminal Evo	ause On				Approximate Interval: Onset To Death
Immediate Cause (Final	Disease Or Cor	ndition Resultin	g In Death	A	C	110	Due To (Or	As A Consequ	ence Of):				- Iweek
Sequentially List Conditions, If Any, Leading To The C Line A. Enter The Underlying Cause (Disease Or Inju The Events Resulting In Death) Last			ause Listed On y That Initiated	B	M	TIC PYEN STAG	Due To (Or	As A Consequ	ence Of):	Dis	FAI	<u></u>	2 www
				0.	OPE		AD Due To (O	As A Consequ	ence Of):	,,,	C 71 3	<u> </u>	
Part II. Enter Other Significa	nt Conditions Contr	ibuting To Death I	But Not Resulting In T	he Underlying Cause Given I	n Part I	SOSIII	1	An Autopsy e Autopsy Fi	Performed? ndings Available	To Complet			Yes 🛛 No
31. Did Tobacco Use Contril			Female:		=======================================			~~~	33. Manner				
Yes ☐ Probably ☐ No ☐U  34. Date Of Injury (Month/Da				ear Pregnant At Time Of Death 43 Days To 1 Year Before Death	Unknown	If Pregnant Within	n The Past Yea	r		Could Not Be	Determined	Pending Investi	gation 7. Injury At Work?
NA	ay, reary	NA	Tarre Of Injury	NA NA	-م-نا	jury (E.O., Dec	Such S Hon	ie, constido	on Site, Nesido	ant, ##000 <b>0</b>	a Alea)		☐ Yes ☑ No
38. Location Of Injury - State NA	e	38a.	City Or Town	100	. Street & N	N POOL					38c. Apt. N	o. 380 NA	. Zip Code
39 Describe How Injury Occu	urred NA	177						/	40, If T			ıry, Specif	fy:
41. Signature, Of Person Ce		leath:		<b>.</b>				42 Co-	Driver/		essenger 🗖 F	Pedestrian 🛭 O	ther (Specify)
41. Signature, Or Ferson Ce			ww	VENK	AT	R VA	AVILA	LAC	tifying Physician	Corone	r 🗌 Health	n Officer	
43. Name, Address And	Zip Code Of Pers	on Certifying C	ause Of Death:	ERRIGVIL			V 4	641		license Num			6 17 08
46. Additional Funeral Servi	ce Provider:		,		_					'Akas:			
48. Signature of Local Healt	Susan	~ W.	But	D.O.	49.	For Registra	Only - Date		th/Day/Year):				
State Form 10110 (R7/9-0	07) ATTENTION ESTA	TE: The Social Securit	y# is being requested by to	nis state agency in order to pursue it	s statutory resp	consibility. Disclos	ure is voluntary	and there will b	no penalty for refus	HE RECO	ORDS IN THIS	SERIES ARE C	ONFIDENTIAL PER IC 16-3 7-1-10