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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2008 061837

AFFIDAVIT OF SURVIVORSHIP

I, Maria C. Cortez, being duly sworn, states as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

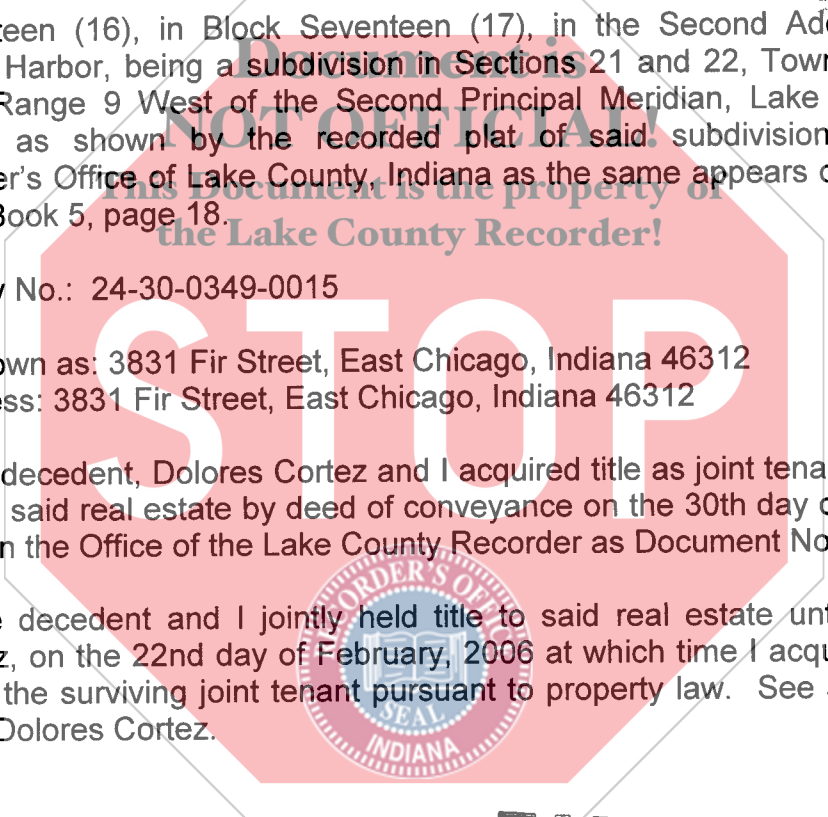
Lot Sixteen (16), in Block Seventeen (17), in the Second Addition to Indiana Harbor, being a subdivision in Sections 21 and 22, Township 37 North, Range 9 West of the Second Principal Meridian, Lake County, Indiana as shown by the recorded plat of said subdivision in the Recorder's Office of Lake County, Indiana as the same appears of record in Plat Book 5, page 18.

Tax Key No.: 24-30-0349-0015

Commonly known as: 3831 Fir Street, East Chicago, Indiana 46312
Grantee Address: 3831 Fir Street, East Chicago, Indiana 46312

3. The decedent, Dolores Cortez and I acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 30th day of August, 1968 and recorded in the Office of the Lake County Recorder as Document No.767300.

4. The decedent and I jointly held title to said real estate until the death of Dolores Cortez, on the 22nd day of February, 2006 at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Dolores Cortez.



FILED

SEP 02 2008

011928

-1 PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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ck#
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ver

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

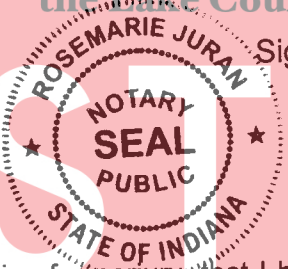
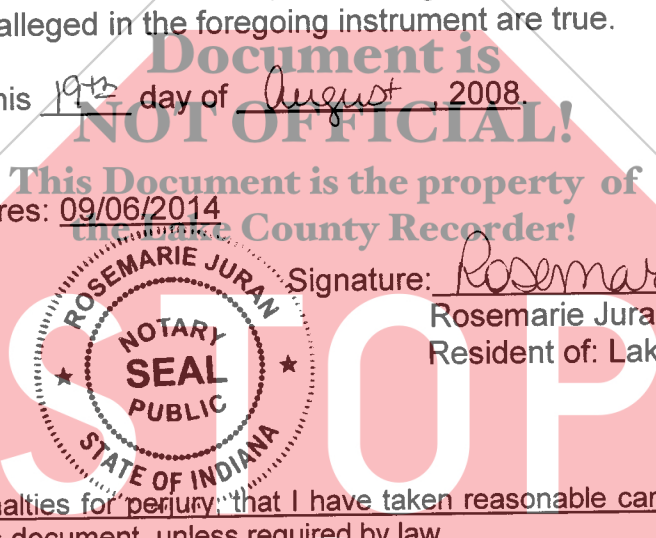
Maria C. Cortez
Maria C. Cortez, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Maria C. Cortez, and being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 19th day of August, 2008.

My commission expires: 09/06/2014



Signature: Rosemarie Juran
Rosemarie Juran
Resident of: Lake County, Indiana

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.



G. P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 0454-06

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) DOLORES CORTEZ				2. SEX Male	3a. TIME OF DEATH 12:00 P_M	3b. DATE OF DEATH (Month, Day, Yr.) February 22, 2006				
4. *SOCIAL SECURITY NUMBER 454-40-2502		5a. AGE—Last Birthday (Years) 89	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Sept. 13, 1916		7. BIRTHPLACE (City and State or Foreign Country) Mercedes, Texas			
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence						
9b. FACILITY NAME (If not institution, give street and number) William J. Riley Hospice Center				9c. CITY, TOWN, OR LOCATION OF DEATH Munster		9d. COUNTY OF DEATH Lake				
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Maria C. Gonzalez		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steelworker		12b. KIND OF BUSINESS/INDUSTRY Inland Steel Company				
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION East Chicago		13d. STREET AND NUMBER 3831 Fir Street				
13e. ZIP CODE 46312		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Mexican				
16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) n / a College (1-4 or 5+) 								
18. FATHER'S NAME (First, Middle, Last) Leandro Cortez				19. MOTHER'S NAME (First, Middle, Maiden Surname) Francisca Morales						
20a. INFORMANT'S NAME (Type/Print) Maria C. Cortez				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3831 Fir St., East Chicago, IN 46312		20c. Relationship Wife				
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 25, 2006 St John Catholic Cemetery			21c. LOCATION—City or Town, State Hammond, Indiana				
22a. EMBALMER'S NAME Henry J. Blake			22b. EMBALMER'S LICENSE NO. FD0109406		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Devin J. Partin</i>			24b. LICENSE NUMBER (of Licensee) FD08800012		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Oleska-Pastrick Funeral Home 86000155 3934 Elm St., East Chicago, IN 46312					
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. COLON CANCER DUE TO (OR AS A CONSEQUENCE OF) Conditions if any, which gave rise to the immediate cause, stating the underlying cause last b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____							Approximate Interval Between Onset and Death			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <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) and manner as stated.										
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Jaime Ruiz-Montero</i>						29c. MEDICAL LICENSE NO. 01052348		29d. DATE SIGNED (Month, Day, Year) Feb. 23, 2006		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Jaime Ruiz-Montero, M.D., 4320 Fir Street, East Chicago, IN 46312										
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Best D.O.</i>							32. DATE FILED (Month, Day, Year) February 24, 2006			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED 2006		
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)						34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.						