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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 067081

2008 SEP 25 PM 12: 53

MICHAEL A. BROWN  
RECORDER

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

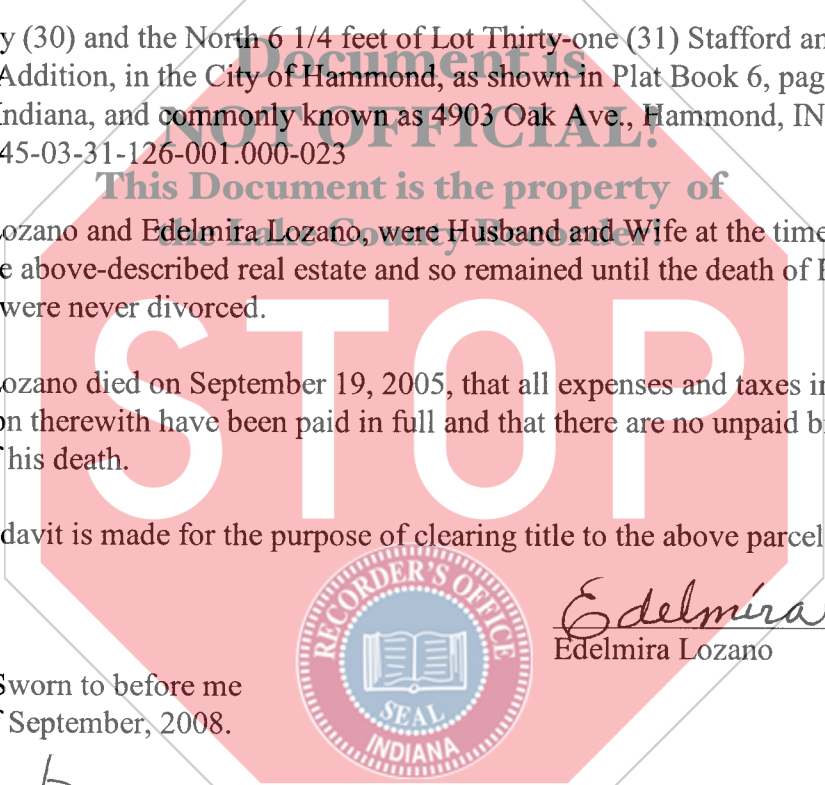
**AFFIDAVIT OF SURVIVORSHIP**

Edelmira Lozano, being sworn upon her oath, states as follows:

1. She is an adult and resides in Lake County, Indiana, and is the surviving spouse of Ramon Lozano.
2. Ramon Lozano, along with Edelmira Lozano were owners in the following described real estate in Lake County, Indiana, to-wit:

Lot Thirty (30) and the North 6 1/4 feet of Lot Thirty-one (31) Stafford and Trankle's Seventh Addition, in the City of Hammond, as shown in Plat Book 6, page 42, in Lake County, Indiana, and commonly known as 4903 Oak Ave., Hammond, IN, Key No. 45-03-31-126-001.000-023

3. Ramon Lozano and Edelmira Lozano, were Husband and Wife at the time they acquired title to the above-described real estate and so remained until the death of Ramon Lozano, and they were never divorced.
4. Ramon Lozano died on September 19, 2005, that all expenses and taxes incurred in connection therewith have been paid in full and that there are no unpaid bills left by reason of his death.
5. This Affidavit is made for the purpose of clearing title to the above parcel of real estate.



*Edelmira Lozano*  
Edelmira Lozano

Subscribed and Sworn to before me  
this 24th day of September, 2008.

*M. Christine Gamez*  
M. Christine Gamez, Notary Public

Commission Expires: November 15, 2014 County of Residence: Lake

This instrument prepared by:

Lynda H. LeBlanc, Attorney, 9337 Calumet Avenue, Suite A-1, Munster, IN 46321

**FILED**  
SEP 25 2008  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR  
016038

*1305 up*

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

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

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

SEP 23 2005 *R. R. ...*  
Date Issued Hammond Health Commissioner

Local No. .... 621 .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-19-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Ramon Lozano			2. SEX Male		3a. TIME OF DEATH 4:30 PM <sub>M</sub>		3b. DATE OF DEATH (Month, Day, Yr.) September 19, 2005					
4. *SOCIAL SECURITY NUMBER 452-58-7570		5a. AGE—Last Birthday (Years) 75		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) June 2, 1930		7. BIRTHPLACE (City and State or Foreign Country) Sabinas Hidalgo N.L., Mexico		
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence								
9b. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy North Campus						9c. CITY, TOWN, OR LOCATION OF DEATH Hammond, IN			9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Edelmira Garza		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer			12b. KIND OF BUSINESS/INDUSTRY Steel Manufacturing					
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Hammond			13d. STREET AND NUMBER 4903 Oak Avenue					
13e. ZIP CODE 46327		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 6		
18. FATHER'S NAME (First, Middle, Last) Guadalupe Lozano						19. MOTHER'S NAME (First, Middle, Maiden Surname) Maria Eva Galvan						
20a. INFORMANT'S NAME (Type/Print) Edelmira Lozano				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4903 Oak Avenue, Hammond, IN 46327				20c. Relationship Wife				
21a. METHOD OF DISPOSITION <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) September 23, 2005 Elmwood Cemetery				21c. LOCATION—City or Town, State Hammond, IN				
22a. EMBALMER'S NAME Timothy Bowler				22b. EMBALMER'S LICENSE NO. FD20500035		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR <i>J. A. ...</i>				24b. LICENSE NUMBER (of Licensee) FD08601585		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Virgil Huber Funeral Home 7051 Kennedy Avenue Hammond, IN 46323				FH10300032		
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. <u>Coronary artery disease</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>Anoxic encephalopathy</u> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										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) N/A		
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>R. R. ...</i>								29c. MEDICAL LICENSE NO. 01044239		29d. DATE SIGNED (Month, Day, Year) 9, 21 - 05		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Tarek Kudaimi, M.D. 80 MacArthur Suite 305, Munster, In. 46321 (September)												
31. HEALTH OFFICER'S SIGNATURE <i>R. R. ...</i>										32. DATE FILED (Month, Day, Year) September 23, 2005		
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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			
34a. 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.								

