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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 016162

2010 MAR 22 AM 9:11

AFFIDAVIT; TENANTS BY THE ENTIRETIES

MICHELLE R. FAJMAN
RECORDER

Comes now Columba Soto, being duly sworn upon her oath, and states as follows:

That affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows: Lots Numbered two (2) and three (3), in Block No. Twenty-one (21), except that part of said lots described as Commencing at the Northwesterly corner of said Lot 2 and running thence Easterly along the Northerly line of said Lot 2, a distance of 123.5 feet, more or less, to the Northeasterly corner of said Lot 2; thence Southerly along the Easterly line of said Lot 2, a distance of 23.5 feet; thence Westerly on a line parallel with the Southerly line of said Lot 2, a distance of 41 feet; thence Southwesterly, a distance of 7.77 feet to a point, which point is 77 feet Easterly of the Westerly line of said Lot 3 and 4 feet Southerly from the Northerly line of said Lot 3; thence Westerly on a line parallel with the Northerly line of said Lot 3, a distance of 77 feet, more or less, to a point on the Westerly line of said Lot 3, which point is 4 feet Southerly of the Northwest corner of said Lot 3; thence Northerly on the Westerly line of said Lot 3 and said Lot 2, a distance of 29 feet, more or less, to the place of beginning, as marked and laid down on the recorded plat of Calumet Addition to East Chicago, in Lake County, Indiana, as the same appears of records in Plat Book 8, Page 32, in the Recorder's Office of Lake County, Indiana.

Commonly known as 4807 Grasselli Street, East Chicago, Indiana 46312

That the affiant and the decedent Lorenzo Soto, were married on the 16th day of

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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CR# 3445
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September, 1981. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated the 22nd day of November, 1991, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Lorenzo Soto on the 3rd day of June, 2004, at which time this affiant acquired title to the real estate as surviving tenant by the entireties. (See attached Certified Death Certificate.)

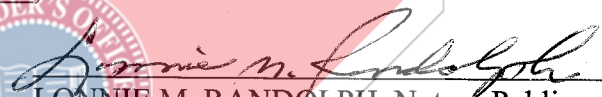
That the gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was not subject to Indiana Inheritance Taxes.


COLUMBA SOTO

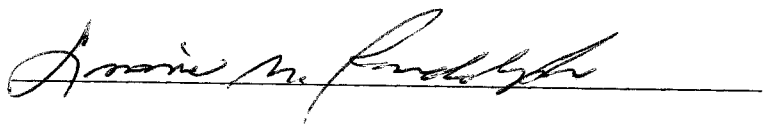
STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 6th day of February, 2010.


LONNIE M. RANDOLPH, Notary Public
Residing in Lake County, Indiana

My Commission Expires: February 15, 2017

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.



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

Local No. 1394-04

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) LORENZO SOTO		2. SEX Male		3a. TIME OF DEATH 12:50AM		3b. DATE OF DEATH (Month, Day, Yr) June 3, 2004	
4. SOCIAL SECURITY NUMBER 312-10-5333		5a. AGE—Last Birthday (Years) 97		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) August 10, 1906		7. BIRTHPLACE (City and State or Foreign Country) Irapuato.GTO, Mexico					
8a. WAS DECEDENT A U.S. VETERAN? no		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? na		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) Community Hospital				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) Columba Prieto		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Water Tender		12b. KIND OF BUSINESS/INDUSTRY LTV Steel	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION East Chicago		13d. STREET AND NUMBER 4807 Grasselli Ave.	
13e. ZIP CODE 46312		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 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) Hispanic		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (1-4 or 5 +)					
18. FATHER'S NAME (First, Middle, Last) Vincent Soto				19. MOTHER'S NAME (First, Middle, Maiden Surname) Guadalupe Arredondo			
20a. INFORMANT'S NAME (Type/Print) Vincent Soto		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8310 Crestwood Ave, Munster, Ind. 46321				20c. Relationship Son	
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) June 8, 2004 Ridgelawn Cemetery				21c. LOCATION—City or Town, State Gary, Indiana	
22a. EMBALMER'S NAME Dean G. Wagner		22b. EMBALMER'S LICENSE NO. 8800057		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR		24b. LICENSE NUMBER (of Licensee) 1007251		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME SOLAN-PRUZIN FUNERAL HOME #10200037 14 Kennedy Ave, Schererville, IN 46375			
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. DUE TO (OR AS A CONSEQUENCE OF) <i>Medastatic Prostate cancer</i> b. 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 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) na			
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				29c. MEDICAL LICENSE NO. 01034378A		29d. DATE SIGNED (Month, Day, Year) June, 2004	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) A. Malik M.D., 8560 Broadway, Merrillville, Indiana 46410 793-9248							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>						32. DATE FILED (Month, Day, Year) June 4, 2004	
33. MANNER OF DEATH <input 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				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.			