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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2009 044361

2009 JUL -1 AM 10: 04

MICHAEL BROWN
RECORDER

2010 075050

AFFIDAVIT OF SURVIVORSHIP

Comes now Barbara Sierra, 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:

45-03-22-376-015-000

Lot 15 in Block 8 in 3rd Addition to Indiana Harbor, as per plat thereof, recorded in Plat Book 5 Page 24, in the Office of the Recorder of Lake County, Indiana

Commonly known as 3929 Elm Street, East Chicago, Indiana 46312.

That the decedent Leonard Hernandez and the affiant acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 21st day of May, 1996, and recorded in the Office of the Lake County Recorder.

That the decedent and the affiant jointly held title to said real estate until the death of Leonard Hernandez on the 23rd day of April, 2009, at which time this affiant acquired title to the real estate as the surviving joint tenant pursuant to property law.

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, and the decedent's estate was not subject to Federal Estate Tax Return; therefore the decedent's estate was not subject to Federal Estate Tax.

I didn't recorded before because it was never brought to Auditor Office. BS. and to add death certificate

FILED

DEC 20 2010

EGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

#2401
15
BS

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 DEC 20 AM 9:43
MICHAEL R. FAJMAN
RECORDER

NC
BB

005458

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

Barbara P. Sierra

BARBARA SIERRA, Affiant

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 25th day of June, 2009.

Maribel Alvarez

MARIBEL ALVAREZ, 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.

Bonnie M. Lendel

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 000087 State No. 45-03-22-376-015-00024

1. Decedent's Legal Name (First, Middle, Last) Leonard Hernandez				1a. Maiden Last Name (If Female)		2. Sex Male	3. Time Of Death 12:29 p.m.	4. Date Of Death (Month/Day/Year) April 23, 2009		
5. Social Security Number 314-26-6251		6a. Age - Yrs 77		6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year) Nov. 6, 1931		
8. Birthplace (City And State Or Foreign Country) Blue Island, Illinois		9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)		
11. Facility Name (If Not Institution, Give Street And Number) 3929 Elm 1st Floor										
12. City Or Town, State, And Zip Code East Chicago, Indiana					13. County Of Death Lake			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name n / a			15a. (If Wife) Give Maiden Last Name n / a			16. Decedent's Usual Occupation Welder		17. Kind Of Business/Industry Manufacturing Company		
18. Residence - State Indiana			18a. County Lake			18b. City Or Town East Chicago				
18c. Street And Number 3929 Elm Street					18d. Apt. No. 1		18e. Zip Code 46312		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 10 Years			20. Decedent Of Hispanic Origin Yes - Mexican			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Alberto O. Hernandez, Sr.				23. Mother's Name (First, Middle, Last) Margaret Hernandez			23a. Mother's Maiden Last Name Baranowski			
24. Informant's Name Barbara Sierra			24a. Relationship To Decedent Friend		24b. Mailing Address (Street And Number, City, State, Zip Code) 3929 Elm Street, East Chicago, IN 46312					
25. Place Of Disposition										
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) April 28, 2009 Ridgelawn-Mt Mercy Cemetery			25c. Location - City, Town, And State Gary, Indiana				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Oleska-Pastrick Funeral Home, 3934 Elm St., East Chicago, IN 46312					27a. Funeral Home License Number: FH86000155			
27b. Signature Of Indiana Funeral Service Licensee: <i>Jaws Pastrick</i>						27c. License Number (Of Licensee): FD08800012				
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.										
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. Vascular collapse			Due To (Or As A Consequence Of):			Approximate Interval: Onset To Death Unknown	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last			B. Due to arteriosclerotic heart and vascular disease			Due To (Or As A Consequence Of):				
			C. _____			Due To (Or As A Consequence Of):				
			D. _____			Due To (Or As A Consequence Of):				
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature Of Person Certifying Cause Of Death: <i>Jeffrey R. Wells</i>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Jeffrey R. Wells, Chief Deputy 2900 West 93rd Avenue, Crown Point, Indiana 46307						44. License Number N/A		45. Date Certified April 24, 2009		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <i>Carla Bonhuk Abornika MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year): 4/27/09				