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NOT RECORDED  
LAKE COUNTY  
FILED 3/23/2011

2011 018253

2011 MAR 30 AM 9:59



# Fidelity National Title

Insurance Company.

## SURVIVORSHIP AFFIDAVIT

STATE OF Indiana )  
 ) SS:  
COUNTY OF Lake )

Beverly Velasquez, being first duly sworn upon oath, deposes and says:

1. That Richard Franklin Velasquez died on 7/15 2010 at CHICAGO HEIGHTS, ILLINOIS <sup>LAKE COUNTY, INDIANA</sup>  
(City/State)
2. That Beverly Velasquez and Richard Franklin Velasquez were duly and legally married at the time they acquired title as husband and wife to the following described real estate:  
Lot 28 in Block 12 in Smith and Bader's 2nd West Park Addition to Hammond, as per plat thereof, recorded September 23, 1921 in Plat Book 15 page 9, in the Office of the Recorder of Lake County, Indiana  
5-03-07-157-010-000-023
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Beverly Velasquez  
Beverly Velasquez Affiant Signature

STATE OF Indiana }  
 } SS:  
COUNTY OF Lake }

### ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Beverly Velasquez who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 14th day of March 2011.

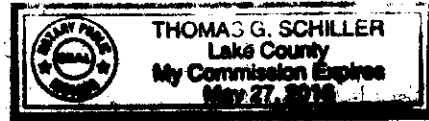
Resident of Lake County, Indiana. Signature [Signature]

My Commission Expires: May 27, 2016 Printed Thomas G. Schiller

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. Thomas G. Schiller  
[Name]

This instrument prepared by Beverly Velasquez

FIDELITY - HIGHLAND 920110430



026065

**FILED**

MAR 24 2011

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

AMOUNT \$ 13.00  
CASH \_\_\_\_\_ CHARGE FV  
CHECK # \_\_\_\_\_  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK BB



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 3344-10

State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>Richard Franklin Velasquez</b>		1a. Maiden Last Name (If Female)		2. Sex <b>Male</b>	3. Time Of Death <b>7:05 PM</b>	4. Date Of Death (Month/Day/Year) <b>Sept. 15, 2010</b>	
5. Social Security Number <b>4668</b>	6a. Age - Yrs <b>66</b>	6b. Month <b>Sept</b>	6c. Day <b>17</b>	6d. Hour <b>7:05</b>	7. Date Of Birth (Month/Day/Year) <b>March 17, 1944</b>	8. Birthplace (City And State Or Foreign Country) <b>Chicago, Illinois</b>	
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"/> Impaled <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) <b>1927 Calumet Avenue</b>							
12. City Or Town, State, And Zip Code <b>Whiting, Indiana 46394</b>				13. County Of Death <b>Lake</b>		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Overced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name <b>Beverly Jean Velasquez</b>		15a. (If Widowed) Maiden Last Name <b>Ciechomski</b>		16. Decedent's Usual Occupation <b>Laborer</b>		17. Kind Of Business/Industry <b>Construction</b>	
18. Residence - State <b>Indiana</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Whiting</b>		18c. Street And Number <b>1927 Calumet Avenue</b>	
18d. Apt. No.		18e. Zip Code <b>46394</b>		18f. Mailing City/State/Zip		18g. Mailing Zip Code	
19. Decedent's Education <b>High School Graduate</b>		20. Decedent Of Hispanic Origin <b>Yes</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>Robert Velasquez</b>		23. Mother's Name (First, Middle, Last) <b>Janice Velasquez</b>		23a. Mother's Maiden Last Name <b>Jenkins</b>			
24. Mother's Name <b>Beverly Jean Velasquez</b>		24a. Relationship To Decedent <b>Wife</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1927 Calumet Avenue Whiting, Indiana 46394</b>			
25. Place Of Disposition							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) <b>Heights Crematory</b>		25c. Location - City, Town, And State <b>Chicago Heights, Illinois</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Owens-Ruizch Funeral Home and Cremation Service 816 - 119th Street Whiting, Indiana 46394</b>				27a. Funeral Home License Number <b>PH10700040</b>	
27b. Signature Of Indiana Funeral Service Licensee		27c. License Number (Of Licensee) <b>James F. Seeberg FJ20900076</b>					
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 Vascular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Approximate Interval, Cause To Death							
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>ADVANCED PANCREATIC CANCER &lt; 6 MO</b>							
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. _____ C. _____ D. _____							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Or In Part I 28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 29. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		32. If Possible: <input type="checkbox"/> Not Reported Within Past Year <input type="checkbox"/> Reported At Two Or More Deaths <input type="checkbox"/> Not Reported, But Reported Within 42 Days Of Death <input type="checkbox"/> Not Reported, But Reported Within The Past Year		33. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year)	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Restaurant, Workplace, Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No. 38d. Zip Code	
33. Describe How Injury Occurred <b>SEP 21 2010</b> <input type="checkbox"/> Overexertion <input type="checkbox"/> Poisoning <input type="checkbox"/> Petalofisa <input type="checkbox"/> Other (Specify)							
41. Signature Of Person Certifying Cause Of Death <b>Lyle R. Munn</b>				42. Certifier (Check Only One) <input checked="" 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 <b>Lyle R. Munn, MD 1190 North State Road 49 Chesterton, IN 46304</b>				44. License Number <b>01031582</b>		45. Date Certified <b>9-21-10</b>	
46. Additional Funeral Service Provider				47. Abbrev.			
48. Signature Of Local Health Officer <b>Susan J Best, SA</b>				49. For Registrar Only - Date Filed (Month/Day/Year) <b>September 21 2010</b>			

State Form 30110 (R7-07) ATTENTION ESTATE: The Social Security # is being reported by this state agency in order to pursue its statutory responsibility. Decedent's relatives and others will be notified by the Social Security Administration. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER 16 CFR 1.10