

2

Survivorship Affidavit

2011 024331

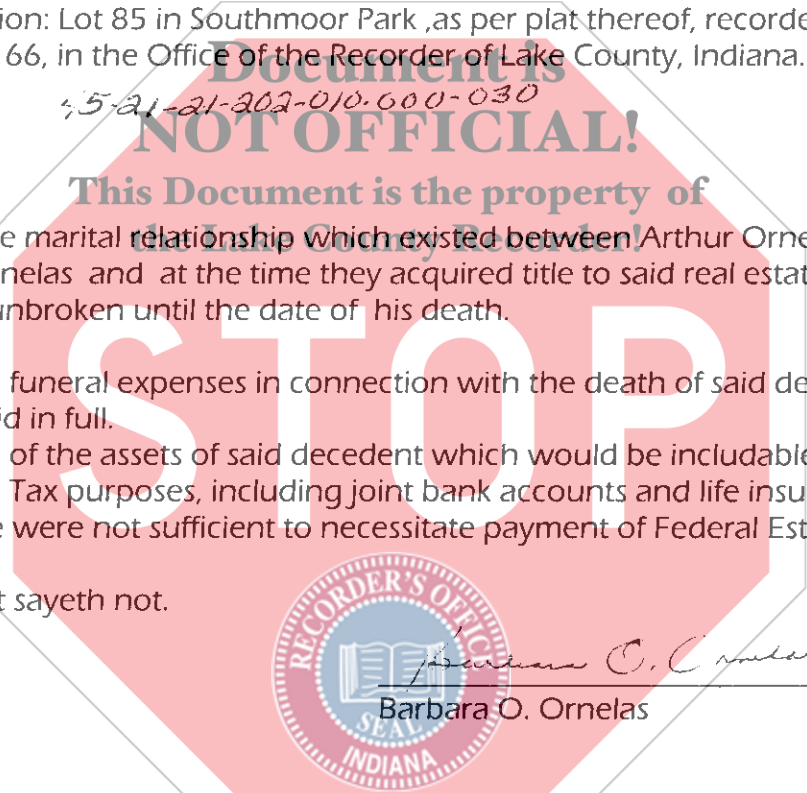
State of Indiana
County of Hamilton SS:

Barbara O. Ornelas, being first duly sworn upon oath, deposes and says:

1. That Affiant's husband died without leaving a will on November 4th, 2010
2. That Arthur Ornelas and Barbara O. Ornelas were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

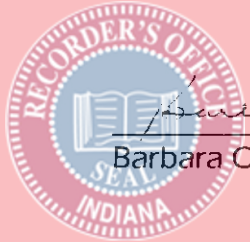
Legal description: Lot 85 in Southmoor Park, as per plat thereof, recorded in Plat Book 33 Page 66, in the Office of the Recorder of Lake County, Indiana.

45-21-21-202-010.600-030



3. That the marital relationship which existed between Arthur Ornelas and Barbara O. Ornelas and at the time they acquired title to said real estate remained in effect and unbroken until the date of his 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.

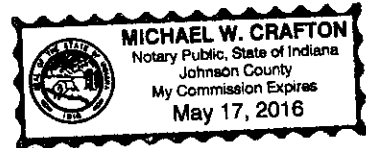


Barbara O. Ornelas
Barbara O. Ornelas

Subscribed and sworn to before me, a Notary Public, this 20th day of April 2011.

Michael W. Crafton
Michael W. Crafton

My Commission expires: 5-17-2016
County of Residence: JOHNSON



This Instrument prepared by: Barbara O. Ornelas

*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. Chris Burk

FILED

APR 27 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

File No. :920110825

AMOUNT \$ 14⁰⁰
 CASH _____ CHARGE FN
 CHECK # _____
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK B3

052466

FIDELITY MO

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

State No.

Local No. 2694-01

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) ARTHUR ORNELAS		2. SEX Male	3a. TIME OF DEATH 5:45 P M	3b. DATE OF DEATH (Month, Day, Year) November 4, 2001	
4. SOCIAL SECURITY NUMBER [REDACTED]-9017	5a. AGE—Last Birthday (Years) 70	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) September 1, 1931	
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence Residential Care				
8b. WAS DECEDENT A U.S. VETERAN? Yes	8c. YEAR LAST SERVED IN U.S. ARMED FORCES? 1954	9b. FACILITY NAME (If not institution, give street and number) 694 W. 79th Avenue			
9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville		9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Barbara Smith	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Audiometrist		12b. KIND OF BUSINESS/INDUSTRY Public Schools	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Merrillville		13d. STREET AND NUMBER 694 W. 79th Avenue	
13e. ZIP CODE 46410	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) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (1-4 or 5 + 1)		18. FATHER'S NAME (First, Middle, Last) Paul Ornelas			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Frances Chavez		20a. INFORMANT'S NAME (Type/Print) Barbara O. Ornelas			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 694 W. 79th Avenue Merrillville, IN 46410		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <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) November 8, 2001 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana	
22a. EMBALMER'S NAME Ronald J. Mesarch		22b. EMBALMER'S LICENSE NO. FD01005912		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Ronald J. Mesarch</i>		24b. LICENSE NUMBER (of Licensee) FD01005912		24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home Inc. #183007762 7905 Broadway Merrillville, IN 46410	
25. PART I. Enter the disease, 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. Myocardial infarction Spontaneous Coronary				Approximate Interval Between Onset and Death	
25. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
26. 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>[Signature]</i>		29c. MEDICAL LICENSE NO. 01028410	29d. DATE SIGNED (Month, Day, Year) 11/7/01		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Peter G. Mavrelis, M.D., 8895 Broadway, Merrillville, Indiana 46410					
31. HEALTH OFFICER'S SIGNATURE <i>Susan D. But...</i>				32. DATE FILED (Month, Day, Year) November 7, 2001	
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
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.			

