

AFFIDAVIT	-
STATE OF INDIANA)	0
) SS: COUNTY OF LAKE)	ነ 9 ነ
Common C. Compler	
Sworn upon oath, deposes and says:	ing 4 irst duly
1. That Louis Al Sanchez	_died on
2. That Louis Al Sanchez and Carmen S. Sanchwere duly and legally married at the time they acquired the wife to the following described real estate:	
Lot 8 in Block "F" in Oak Ridge on The Grand Calumet Second Additional City of Gary, as per plat thereof, recorded in Plat Book 20 page Office of the Recorder of Lake County, Indiana.	tion to Region No.
Property No. 45-07-01-298-004.000-004; the property of	RD RD 28
the Lake County Recorder!	
3. That the marital relationship which existed between them acquired title to said real estate remained in effect and unlidate of (his) {\mathrm{Mer}/\mathrm{Jeath.}}	at the time they proken until the
4. That all funeral expenses in connection with the death of have been paid in full.	sald decedent
5. That all of the assets of said decedent which would be in Federal Estate Tax purposes, including joint bank accounts an on decedent's life were not sufficient to necessitate payment Tax.	d life insurance
Further affiant sayeth not.	~
	0
Carmen S. Sanch	Xovelez ,
	17th day of
SUSAN MIEDEMA Lake County My Commission Expires August 07, 2014	dene
Hy Commission expires:	Notary Public
.	
AUG 2 3 ZOV	054999
I AKE COO	14/10
Hake	m Fr
This Instrument prepared by <u>Carmen S. Sanchez</u>	· com pa

Burnet Title (FSCH-FB1100377)

ing requeste rsue its stat	ESTATE: The Social Security # d by this state agency in order to utory responsibility. Disclosure here will be no penalty for refusal.	į
and No	0040406	

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State	No.	 					_	

1. DECEASED-NAME (First Mic	idle, (Last)				2. SEX		3a. TIME OF DE	HTA	36. DATE OF	DEATH Ger	t Dey. YeJ
Luis	A. S	Sanchez	z		Mal	e	2:31 a		Febru	arv	8, 199
4. *SOCIAL SECURITY NUMBER	Se. AGE	-Lest Birthday	5b. UNDER 1 YEAR		1 DAY 6. D.		TH (Mo. Day, Yr)				e & Fareign Countr
582-20-6582		67	Months Days	Hours						man,	Puerto :
Ba. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST U.S. ARMED		HOSPITAL XXInper		9e. PL	T	ATH (Check only				
No	_	1		Dutpetient 🔲 C	204	OTHER	☐ Nursing Hom ☐ Residence	na LJ-9	Other (Specify)		
b. FACILITY NAME Uf not institute	on, give street and	i number)	□ EN/C			N. OR LOC	ATION OF DEATH	н	Pd. COUNTY	OF DEATH	
Northlak	e Meth	nodist	Hospita	ı	G	ary		- {	La	ike	
10. MARITAL STATUS (Specify)	11. SURVIVING	SPOUSE		12a DECEDEN	IT'S USUAL O	CCUPATIO	N (Give kind of wo	wk 12	2b. KIND OF B	USINESS/IN	DUSTRY
Married		. Santi	iago		ker/L				Inlan	nd St	eel Co
13a. RESIDENCE-STATE	13b. COUNTY		13c. CITY, TOWN, OR	LOCATION		13	d STREET AND	NUMBER			
Indiana	Lake	<u> </u>	Gary				233 D	urb	oin St	reet	;
130 ZIP CODE 13f. INSIDE CITY		CITIZEN OF	15. WAS DECEDENT	OF HISPANIC O			-American Indian. White, etc.	1			EDUCATION grade completed)
13g. ON A FARM		MAI COUNTRY	Mexican, Puerto F		pacary Colour.	(Spec		Elem			College (1-4 or 5
46406 0€№ □	[S.A.	Puerto	Rica	n	W	hite		4		_
18. FATHER'S NAME (First Middle.							irst Middle, Meide	n Sumen	ne)		
Angel	Sand	chez			Н	ipo1	ita P	aqa	an		
20s. INFORMANT'S NAME (Type/F	rind		20b. MAILING	ADDRESS (Str			ute Number, City o			20c. F	Relationship
Carmen S.	Sanche	2Z_	233 1	Durbin	St.,	Gar	v, Ind	lian	ia 464	06 V	Vife
214. METHOD OF DISPOSITION	☐ Entombment		216. DATE AND PLACE						OCATION—CE		
XXBuriel Cremeton	Removal from	m State	other place) F	bruar	y 11,	\$199	8				
Donation D Other (Specify	n	/_	Calur	net Pa	rk Ce	mete	ry	Me	erril1	<u>vil</u> 1	e, Ind
22a. EMBALMER'S NAME:		N	22b EMBALMERS			23. V	VAS DEATH REPO		O CORONER?		
James H.	Fife /		FD01	101079	5		1 No 1	Yes			
244 SIGNATURE OF FUNERAL DIF											
A SIGNATURE OF TOTAL OF	ECTOR	This I	Documen	ICENSE NUMBE	e pre	POL	DOPESS. AND L				
John P.	-/-	This I	Docune:		e pre	POL	FUNER	AL	HOME	- FF	1830015
John P. 28. PART L Error the diseases	Fife	nplications that cause	e Lake Fi	ICENSE NUMBE (of Licensee)	Reco	FIFE 4201	FUNER Indpl	AL	HOME	- FF	1830015 1go, IN
John P.	Fife	only one cause on	Document Lake Create the death Do not one sech line.	ICENSE NUMBE (of Licensee) 001020 ter nonapecific te	Reco	FIFE 4201	FUNER Indpl	AL	HOME	- FF	1830015 190, IN
John P. 26. PART I. Ener the disease arrest, shock, or MAMEDIATE CAUSE (Final	Fife	nolications that cause only one cause on	e Lake Front on the sect line.	CENSE NUMBE (of Licensee) 001020 ter nonapecific te	Reco	FIFE 4201	FUNER Indpl	AL	HOME	- FF	1830015 190, IN Approximate Interval Between
John P. 28. PART L Erser the diseases street, shock or	Fife	only one cause on	Document Lake Create the death Do not one sech line.	DOT 020 ter nonspecific to	Reco	FIFE 4201 rdlec or res	FUNER Indpl	AL	HOME	- FF	1830015 190, IN Approximate Interval Between
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