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# Fidelity National Title Insurance Company.

## AFFIDAVIT

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

2011 046413

Carmen S. Sanchez, being first duly sworn upon oath, deposes and says:

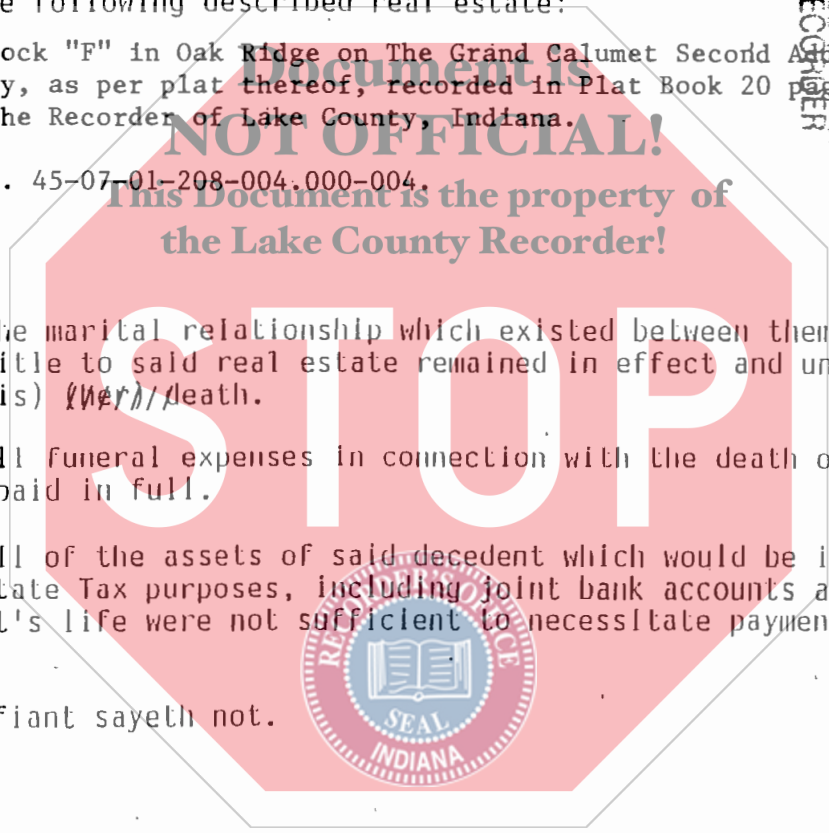
1. That Louis Al Sanchez died on Feb 8, 1998 at 2:31 am

2. That Louis Al Sanchez and Carmen S. Sanchez were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 8 in Block "F" in Oak Ridge on The Grand Calumet Second Addition to the City of Gary, as per plat thereof, recorded in Plat Book 20 page 49 in Office of the Recorder of Lake County, Indiana.

Property No. 45-07-01-208-004.000-004.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2011 AUG 25 AM 9:28  
MARIA RECORDER

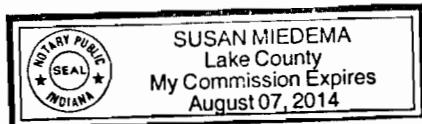


- 3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~her~~ death.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of 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.

Carmen S. Sanchez  
Carmen S. Sanchez

Subscribed and sworn to before me, a Notary Public, this 17th day of August, 2011 11/18/11



Susan Miedema  
Susan Miedema Notary Public

My Commission expires:

8-7-14

County of Residence:

Lake

This Instrument prepared by Carmen S. Sanchez

**FILED**

AUG 23 2011

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

054999

142  
FW  
AR

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume 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. .... **98-0106** .....

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

TYPE/PRINT IN PERMANENT INK

DECEDENT

RELATIVES

FORMANT

POSITION

OFFICER

CERTIFIER

TH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>Luis A. Sanchez</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>2:31 a.m.</b>	3b. DATE OF DEATH (Month, Day, Year) <b>February 8, 1998</b>
4. SOCIAL SECURITY NUMBER <b>582-20-6582</b>	5a. AGE—Last Birthday (Years) <b>67</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	8. DATE OF BIRTH (Mo., Day, Yr.) <b>June 16, 1930</b>
6a. WAS DECEDENT A U.S. VETERAN? <b>No</b>	6b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>-</b>	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA 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) <b>Northlake Methodist Hospital</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Gary</b>	9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Carmen Santiago</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Hooker/Laborer</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Inland Steel Co.</b>	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Gary</b>	13d. STREET AND NUMBER <b>233 Durbin Street</b>	
13e. ZIP CODE <b>46406</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>Puerto Rican</b>	16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>4</b> College (1-4 or 5+) <b>-</b>		18. FATHER'S NAME (First, Middle, Last) <b>Angel Sanchez</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Hipolita Pagan</b>		20a. INFORMANT'S NAME (Type/Print) <b>Carmen S. Sanchez</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>233 Durbin St., Gary, Indiana 46406</b>		20c. Relationship <b>Wife</b>		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) <b>February 11, 1998 Calumet Park Cemetery</b>		21c. LOCATION—City or Town, State <b>Merrillville, Indian</b>
22a. EMBALMER'S NAME <b>James H. Fife</b>		22b. EMBALMER'S LICENSE NO. <b>FD01010795</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>		24b. LICENSE NUMBER (of Licensee) <b>FD01020366</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>FIFE FUNERAL HOME - FH83001512 4201 Indpls. Blvd., E.Chgo, IND</b>	
26. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <input checked="" type="checkbox"/> <b>Cardio myopathy</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>sinus arrhythmia</b> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ DUE TO (OR AS A CONSEQUENCE OF): 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. <b>Diabetes mellitus Cellulitis @ lower extremities</b>				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>-</b>	
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"/> MEDICAL EXAMINER 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>S. Desai</i>		29c. MEDICAL LICENSE NO. <b>101027933</b>	29d. DATE SIGNED (Month, Day, Year) <b>Feb. 10, 1998</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. S. Desai M.D. - 2640 Hamston Road, Portage, Indiana 46368</b>				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) <b>FEB 10 1998</b>		
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.				

