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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 069736

2011 DEC -5 AM 10: 32

MICHAEL J. HAN
RECORDER



Fidelity National Title

Insurance Company.

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)
COUNTY OF LAKE) SS:

Adelina Romo by: John A. Vazquez, her atty-in-fact, being first duly sworn upon oath, deposes and says:

1. That Pedro V. Romo died on July 20, 2008 at Munster, IN (City/State)
2. That Adelina Romo and Pedro V. Romo were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lots 41 and 42 in Block 4 in Walters Addition to Hammond, as per plat thereof, recorded in Plat Book 10, page 1, in the Office of the Recorder of Lake County, Indiana.
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.

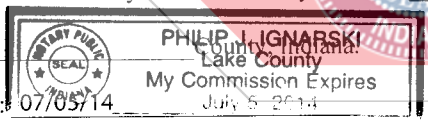
Further affiant sayeth not.

John A. Vazquez POA Adelina Romo
Adelina A. Romo by John A. Vazquez, Her Atty Affiant Signature
Adelina Romo by John A. Vazquez POA

STATE OF Indiana)
) SS: ACKNOWLEDGEMENT
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, personally appeared Adelina A. Romo by John A. Vazquez 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 18th day of November, 2011.

Resident of Lake) Signature *Philip J. Ignarski*
My Commission Expires: 07/05/14) Printed Philip J. Ignarski



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. Philip J Ignarski
[Name]

This instrument prepared by Adelina A. Romo

FIDELITY CO 930114321

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

NOV 29 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

004462

AMOUNT \$ 13.00
CASH _____ CHARGE FN
CHECK \$ _____
OVERPAGE _____
COPY _____
NON-COM _____
CLERK UP



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2504-08

45-07-07-329-017 000 023

State No.

1. Decedent's Legal Name (First, Middle, Last) PEDRO VASQUEZ ROMO				1a. Maiden Last Name (If Female)		2. Sex M		3. Time Of Death 2:05 PM		4. Date Of Death (Month/Day/Year) JULY 20, 2008		
5. Social Security Number [REDACTED]		6a. Age Yrs 85		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
7. Date Of Birth (Month/Day/Year) AUGUST 1, 1922				8. Birthplace (City And State Or Foreign Country) TEPATITLAN, JALISCO MEXICO								
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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 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) COMMUNITY HOSPITAL												
12. City Or Town, State, And Zip Code MUNSTER, INDIANA						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name ADELINA VASQUEZ ROMO				15a. (If Wife) Give Maiden Last Name ACEVEZ				16. Decedent's Usual Occupation HOT BED OPERATOR		17. Kind Of Business/Industry STEEL INDUSTRY		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HAMMOND			18d. Apt. No.		18e. Zip Code 46324	
18c. Street And Number 1129 170TH STREET						18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
19. Decedent's Education 8th grade or less				20. Decedent Of Hispanic Origin Yes, Mexican/Mexican American/Chicano				21. Decedent's Race White				
22. Father's Name (First, Middle, Last) JUAN VASQUEZ						23. Mother's Name (First, Middle, Last) MARIA VASQUEZ			23a. Mother's Maiden Last Name ROMO			
24. Informant's Name ADELINA VASQUEZ ROMO				24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1129 170TH STREET HAMMOND, INDIANA 46324						
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, INDIANA						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL 7535 TAFT ST. MERRILLVILLE, INDIANA 46410						27a. Funeral Home License Number: FH10400032				
27b. Signature Of Indiana Funeral Service Licensee: <i>Sheryl L. Williams</i>						27c. License Number (Of Licensee) FD20700074						
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. Approximate Interval: Onset To Death												
Immediate Cause (Final Disease Or Condition Resulting In Death) A. MULTIPLE MYELOMA												
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. CONGESTIVE HEART FAILURE												
C. RENAL FAILURE												
D.												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I SUB-ACUTE HEMATOMA, OLD												
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 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 checked="" 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												
41. Signature, Of Person Certifying Cause Of Death: <i>Charles Dyke Egnatz MD</i>						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <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: CHARLES DYKE EGNATZ MD 1325 W. US 30 SCHERERVILLE, INDIANA 46375						44. License Number 00000000		45. Date Certified 7-23-08				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: <i>Susan W. Best, DO</i>						49. For Registrar Only - Date Filed (Month/Day/Year): July 24, 2008						

