

4



Chicago Title Insurance Company

BT1100469

SURVIVORSHIP AFFIDAVIT

On this 11/29/11 before me personally appeared _____
(insert date)

Jaime J Cebedo

2011 070060

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is OWNER
state interest of affiant in the above premises as "owner", "son of owner", etc.

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by JAIME J. Cebedo and MARIETTA C. Cebedo

4. Said MARIETTA C. Cebedo
(fill in name of co-tenant who died)
died on 11-22-2009
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)

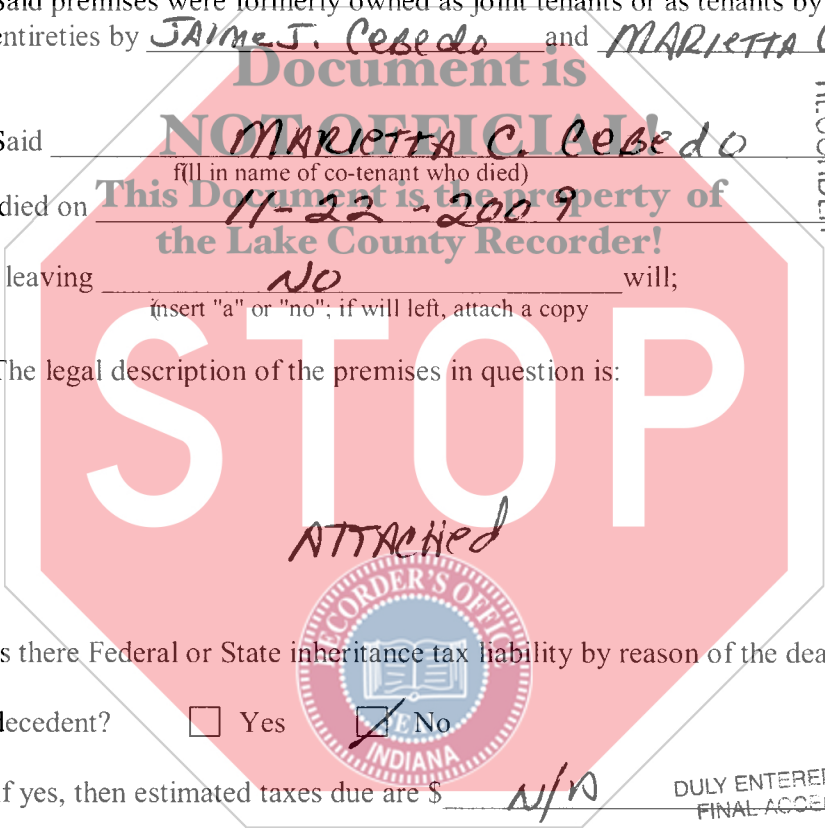
5. The legal description of the premises in question is:

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ N/A

The taxes due are paid or unpaid..

CHICAGO TITLE INSURANCE COMPANY



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2011 DEC -6 AM 10:00
MURPHY
RECORDER

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

DEC 05 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

057415

1800
RM
CT
RM

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes" , identify the divorce proceedings:

_____)

8. Affiant's relationship to the deceased was _____

Signature: *Jaime J. Cebedo*

Printed Name JAIMÉ J. CEBEDO

Address: 1306 ADA

MUNSTE REN 46322

Subscribed and sworn to before me by the affiant

This NOV 29 2011
(insert date)

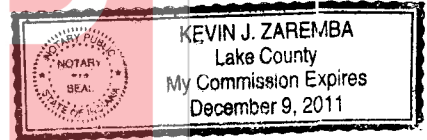
Kevin J. Zarembo
Notary Public

Printed Name KEVIN J. ZAREMBA

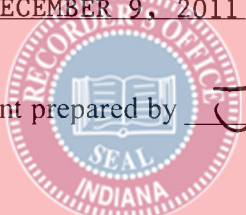
My County of Residence is: LAKE

In the State of INDIANA

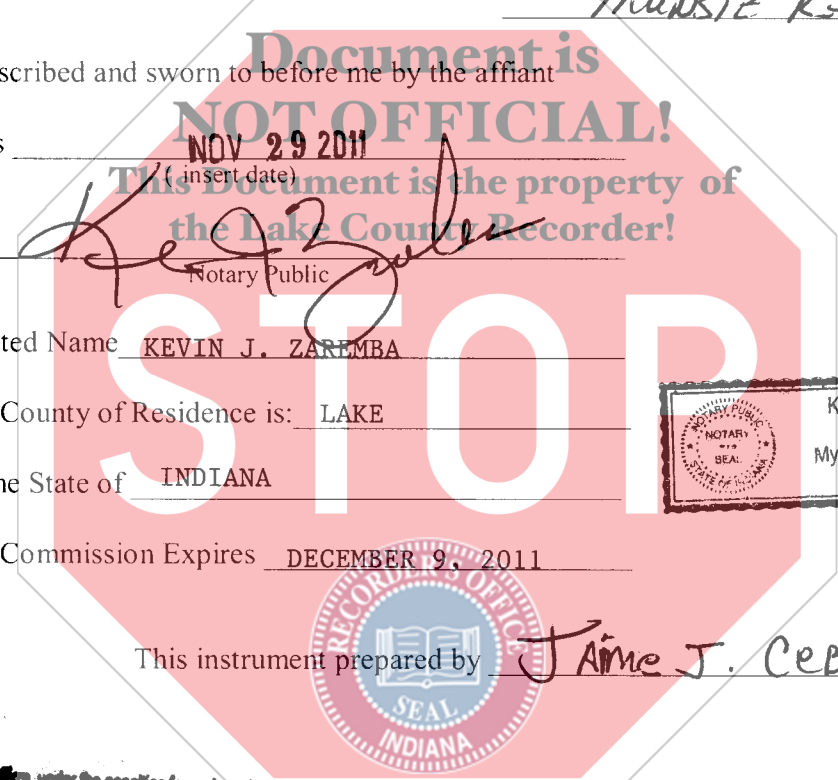
My Commission Expires DECEMBER 9, 2011



This instrument prepared by *Jaime J. Cebedo*



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. Kevin Zarembo



No: BT1100469

LEGAL DESCRIPTION

LOT 1 IN HILL AND VALE FOURTH ADDITION TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 51, PAGE1, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Parcel No. 45-07-20-376-006.000-037

Local No. 3977-09

State No.

1. Decedent's Legal Name (First, Middle, Last) MARIETTA C. CEBEDO				1a. Maiden Last Name (If Female) CASTILLO		2. Sex F	3. Time Of Death 12:46 AM	4. Date Of Death (Month/Day/Year) NOVEMBER 22, 2009	
5. Social Security Number XXXXXXXXXX	6a. Age - Yrs 67	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) JUNE 11, 1942		8. Birthplace (City And State Or Foreign Country) PHILIPPINES	
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 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) 1906 ADA									
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321				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 JAIME J. CEBEDO			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER					
18c. Street And Number 1906 ADA			18d. Apt. No. ----	18e. Zip Code 46321		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 4 YEARS COLLEGE		20. Decedent Of Hispanic Origin NO		21. Decedent's Race ASIAN					
22. Father's Name (First, Middle, Last) AGAPITO CASTILLO			23. Mother's Name (First, Middle, Last) MARIA CASTILLO			23a. Mother's Maiden Last Name ALMONTE			
24. Informant's Name JAIME J. CEBEDO		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 1906 ADA MUNSTER, IN 46321					
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) IGLESIA FILIPINA INDEPENDENTE CEMETERY			25c. Location - City, Town, And State OROQUIETACITY, PHILIPPINES				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility 14 KENNEDY AVE. SCHERERVILLE, IN 46375					27a. Funeral Home License Number: FH 10200037			
27b. Signature Of Indiana Funeral Service Licensee: <i>John A. Bruyer</i>					27c. License Number (Of Licensee): FD 1007231				
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. ACUTE RESPIRATORY FAILURE Due To (Or As A Consequence Of):									
B. METASTATIC LUNG CANCER Due To (Or As A Consequence Of):									
C. _____ Due To (Or As A Consequence Of):									
D. _____ Due To (Or As A Consequence Of):									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
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 checked="" 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 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 type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number NOV 24 2009		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <i>Neil Ybanez</i>					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: DR. NEIL YBANEZ 6924 Indianapolis Blvd. Hammond, IN 46324				44. License Number 01059630A		45. Date Certified Nov. 23, 2009			
46. Additional Funeral Service Provider: GAMALINDA MEMORIAL HOME INDEPENDENCE ST. OROQUIETA CITY, MIS. OCC. PHILIPPINES						47. *Akas:			
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>					49. For Registrar Only - Date Filed (Month/Day/Year): November 24, 2009				

State Form 1071 (0-7/79) (07) 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. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-27-1-10

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. Kevin Zaremba