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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



2012 041400
Chicago Title Insurance Company

2012 JUN 22 AM 10:01

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SURVIVORSHIP AFFIDAVIT

MICHELLE FAJMAN
RECORDER

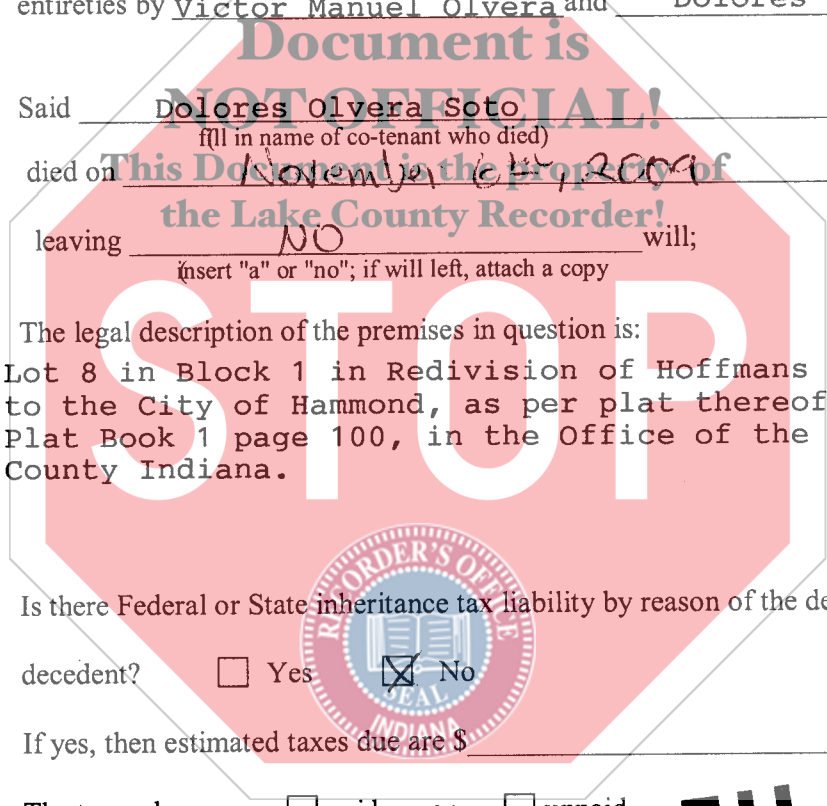
Parcel No: 45-02-25-451-013.000-023

On this 5-16-12 before me personally appeared _____
(insert date)

Victor Manuel Olvera Soto

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

- Affiant resides at the address given below affiant's signature:
- Affiant is Owner
state interest of affiant in the above premises as "owner", "son of owner", etc.
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Victor Manuel Olvera Soto and Dolores Olvera Soto
- Said Dolores Olvera Soto
(fill in name of co-tenant who died)
died on November 16th, 2009
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:
Lot 8 in Block 1 in Redivision of Hoffmans First Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 1 page 100, in the Office of the Recorder of Lake County Indiana.
- 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 \$ _____
The taxes due are paid or unpaid..



CHICAGO TITLE INSURANCE COMPANY

AMOUNT \$ 15
 CASH _____ CHARGE CT
 CHECK# _____
 OVERAGE _____
 COPY _____
 NON-CONF _____
 DEPUTY _____ aw

FILED

JUN 21 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

002562

①

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 husband

Signature: Victor Manuel Olvera Soto

Printed Name Victor Manuel Olvera Soto

Address: 4737 Sheffield Avenue

Hammond, IN 46327

Subscribed and sworn to before me by the affiant

This MAY 16th, 2012

(insert date)

Raquel Orduna RAQUEL ORDUNA
Notary Public

Printed Name RAQUEL ORDUNA

~~Donna Kerner~~

My commission expires: JUNE 29th, 2019

My County of Residence is: Lake

In the State of IN

My Commission Expires ~~4/6/2016~~ 6-29-2019

This instrument prepared by Todd C. Williams



"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." Katherine Adams

RAQUEL ORDUNA
NOTARY PUBLIC

State of Indiana, Lake County
My Commission Expires June 29, 2019



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3829-09

Parcel No.: 45-02-25-451-

013.000-023

State No.

CHICAGO TITLE INSURANCE COMPANY

| | | | | | | | |
|--|----------------------------|--|---|---|------------------------------------|--|--|
| 1. Decedent's Legal Name (First, Middle, Last) Dolores Olvera | | 1a. Maiden Last Name (If Female) UNKNOWN | | 2. Sex Female | 3. Time Of Death 3:45 PM | 4. Date Of Death (Month/Day/Year) November 6, 2009 | |
| 5. Social Security Number [REDACTED] | 6a. Age - Yrs 58 | 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 4, 1951 | |
| 8. Birthplace (City And State Or Foreign Country) Chihuahua, 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 type="checkbox"/> Emergency Department <input type="checkbox"/> 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 <input type="checkbox"/> Long Time Care Facility <input type="checkbox"/> Other (Specify) | | | | | |
| 11. Facility Name (If Not Institution, Give Street And Number) 4737 Sheffield Ave. | | | | | | | |
| 12. City Or Town, State, And Zip Code Hammond, IN 46327 | | | | 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 Victor Olvera | | 15a. (If Wife) Give Maiden Last Name | | 16. Decedent's Usual Occupation Homemaker | | 17. Kind Of Business/Industry Own Home | |
| 18. Residence - State IN | | 18a. County Lake | | 18b. City Or Town Hammond | | 18c. Zip Code 46327 | |
| 18d. Apt. No. | | 18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 18f. Street And Number 4737 Sheffield Ave. | | | |
| 19. Decedent's Education 12 | | 20. Decedent Of Hispanic Origin Yes-Mexican | | 21. Decedent's Race White | | | |
| 22. Father's Name (First, Middle, Last) Alfonso Martinez | | | 23. Mother's Name (First, Middle, Last) Nicanora Martinez | | | 23a. Mother's Maiden Last Name Martinez | |
| 24. Informant's Name Carlos Olvera | | 24a. Relationship To Decedent Son | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 5929 Village Lane Roanoke, VA 24019 | | | |
| 25a. Method Of Disposition <input 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) St. Joseph/St. John Cemetery | | 25c. Location - City, Town, And State Hammond, IN | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility Burns-Kish Funeral Home 5840 Hohman Ave. Hammond, IN 46320 | | | | 27a. Funeral Home License Number: 3002819 | |
| 27b. Signature Of Indiana Funeral Service Licensee: <i>Cepallo Moreno</i> | | 27c. License Number (Of Licensee): 20600073 | | 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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. *METASTATIC BREAST CANCER Due To (Or As A Consequence Of): <3mo 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. Due To (Or As A Consequence Of): C. Due To (Or As A Consequence Of): D. | | | |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 32. If Female: <input checked="" 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"/> Unknown If Pregnant Within The Past Year <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) THIS DEATH COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT | | 37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 38. Location Of Injury - State | | 38a. City Or Town | | 38b. Street & Number | | 38c. Apt. No. | |
| 38d. Zip Code | | 38e. City Or Town | | 38f. Street & Number | | 38g. Apt. No. | |
| 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>[Signature]</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. L. Munn 600 Superior Munster, IN 46321 | | | | 44. License Number Q301582 | | 45. Date Certified 11-11-09 | |
| 46. Additional Funeral Service Provider: | | | | 47. *Akas: | | | |
| 48. Signature of Local Health Officer: <i>Susan J Bert</i> | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): November 12, 2009 | | | |

I affirm, under the penalties for perjury, that I have taken reasonable care to reflect each Social Security number in this document, unless required by law. Katherine Adams