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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 051522

2012 AUG -2 AM 9:45

MICHAEL D. FAJMAN
RECORDER

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Attorney Lisa A. Kmak
1022 - 119th Street
Whiting, IN 46394



STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

In Re the Estate of:
Higinia D. Diaz, Deceased

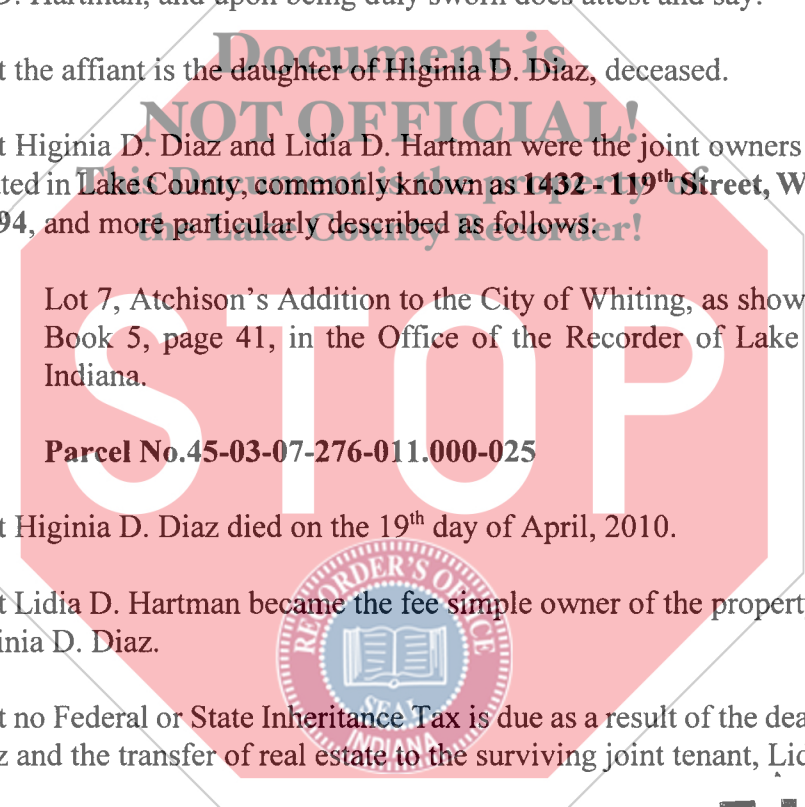
SURVIVORSHIP AFFIDAVIT

Comes now Lidia D. Hartman, and upon being duly sworn does attest and say:

1. That the affiant is the daughter of Higinia D. Diaz, deceased.
2. That Higinia D. Diaz and Lidia D. Hartman were the joint owners of real property located in Lake County, commonly known as **1432 - 119th Street, Whiting, Indiana 46394**, and more particularly described as follows:

Lot 7, Atchison's Addition to the City of Whiting, as shown in Plat Book 5, page 41, in the Office of the Recorder of Lake County, Indiana.

Parcel No.45-03-07-276-011.000-025
3. That Higinia D. Diaz died on the 19th day of April, 2010.
4. That Lidia D. Hartman became the fee simple owner of the property at the death of Higinia D. Diaz.
5. That no Federal or State Inheritance Tax is due as a result of the death of Higinia D. Diaz and the transfer of real estate to the surviving joint tenant, Lidia D. Hartman.
6. That this Affidavit is being filed to clarify the title to said real estate.



FILED

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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1768
RA

I affirm under the penalties for perjury that the foregoing statements are true.

Lidia D. Hartman

Lidia D. Hartman
1432 - 119th Street, Whiting, IN 46394

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

Before me, a Notary Public in and for said county and state, personally appeared Lidia D. Hartman, and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing Affidavit of Survivorship are true.

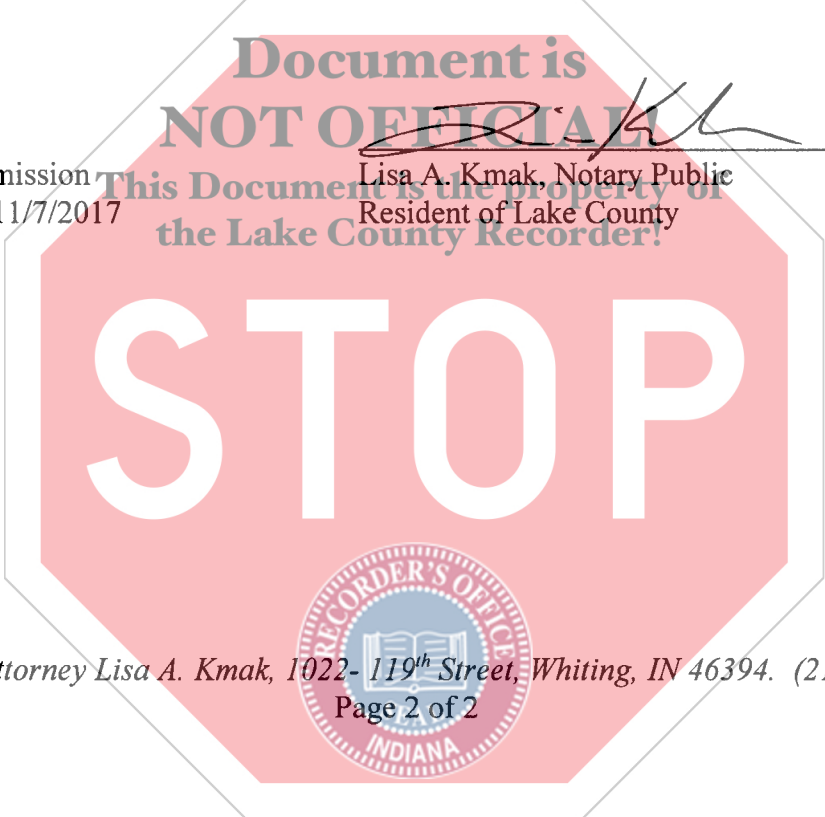
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

Signed and sealed this 31 day of July, 2012.

My Commission Expires: 11/7/2017

Lisa A. Kmak

Lisa A. Kmak, Notary Public
Resident of Lake County



Prepared by: Attorney Lisa A. Kmak, 1022- 119th Street, Whiting, IN 46394. (219) 659-1355.
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CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0029565

DATE ISSUED 04/23/2010

DECEDENT'S LEGAL NAME HIGINIA D DIAZ			SEX FEMALE	DATE OF DEATH APRIL 19, 2010	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 76 YEARS		DATE OF BIRTH JANUARY 11, 1934	
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME MERCY HOSPITAL AND MEDICAL CENTER		
PLACE OF DEATH INPATIENT					
BIRTHPLACE MEXICO		SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME	
RESIDENCE 1434 119TH STREET		APT. NO.	CITY OR TOWN WHITING		EVER IN U.S. ARMED FORCES? NO
COUNTY LAKE	STATE IN	ZIP CODE 46394	FATHER'S NAME SIMEON DOMINGUEZ		MOTHER'S NAME PRIOR TO FIRST MARRIAGE FELIS HERNANDEZ
INFORMANT'S NAME LIDIA D HARTMAN			RELATIONSHIP DAUGHTER	MAILING ADDRESS 1432 119TH STREET, WHITING, IN, 46394	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION CHAPEL LAWN MEMORIAL GARDENS		LOCATION - CITY OR TOWN AND STATE SCHERERVILLE, IN	DATE OF DISPOSITION APRIL 26, 2010
FUNERAL HOME AERO REMOVALS, 919 N. GARFIELD, LOMBARD, IL, 60148					
FUNERAL DIRECTOR'S NAME CLARISSA MARIE GREENE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015405		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR APRIL 22, 2010		
CAUSE OF DEATH PART I. NECROTISING FASCITIS WITH SEPTIC SHOCK					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ <small>Due to (or as a consequence of)</small>		12 HOURS	
		b. MYELODYSPLASTIC SYNDROME WITH EXCESSIVE BLASTS <small>Due to (or as a consequence of)</small>		2 YEARS	
		c. _____ <small>Due to (or as a consequence of)</small>			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DID TOBACCO USE CONTRIBUTE TO DEATH?			FEMALE PREGNANCY STATUS NOT APPLICABLE		WAS AN AUTOPSY PERFORMED? NO
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
LOCATION OF INJURY					MANNER OF DEATH NATURAL
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:		
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE APRIL 12, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:04 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED APRIL 20, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SESHAN SUBRAMANIAN, MD, 2525 S. MICHIGAN AVENUE, CHICAGO, ILLINOIS, 60616				PHYSICIAN'S LICENSE NUMBER 036041610	



APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE