



- 4) That the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000), the costs and expenses of administration, and reasonable funeral expenses.
- 5) That by reason of the above-stated matters, the affiant requests that the above-described real estate of the decedent, be transferred to five (5) surviving children by the names of Emilio Ibarra Jr., Cynthia Ibarra, James Ibarra, Sylvia J. Payan, and Sophia Ibarra.

*Sylvia J. Payan*  
 \_\_\_\_\_  
 Sylvia J. Payan

STATE OF INDIANA )

)SS:

COUNTY OF LAKE )

Subscribed and sworn to before me, a Notary Public in and for said county and state, this 15th day of August, 2012.

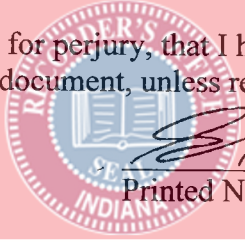
**Document is NOT OFFICIAL!**  
 Instrument is the property of the Lake County Recorder!

*Steve E. Haddad*  
 \_\_\_\_\_

**STEVE HADDAD**  
 Notary Public - Seal  
 State of Indiana  
 My Commission Expires Oct 18, 2017

Printed: Steve E. Haddad, Notary Public  
 Residing in Lake County, Indiana  
 My Commission Expires: 10/18/2017

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.



*Steve E. Haddad*  
 \_\_\_\_\_  
 Printed Name: Steve E. Haddad

Instrument Prepared By and Mailed to: Steve E. Haddad, Attorney at Law, 6949 Kennedy Avenue Suite D, Hammond, Indiana 46323.

*Handwritten mark*



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003200

EDR No 00000224581

State No 045518

Form containing fields for decedent information (EMILIO IBARRA), social security number (452-46-9175), date of birth (03/21/1934), place of death (MUNSTER COMMUNITY HOSPITAL), cause of death (RIGHT HIP FRACTURE), and certifier information (NEHA PIYUSH PATEL).

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)