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AFFIDAVIT OF SURVIVING SPOUSE OR JOINT SURVIVOR (5302-17 O.R.C.)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

State of Indiana
County of Lake

2013 028906

2013 APR 23 PM 12:59

Maria Martinez being first duly sworn deposes and says as follows:

MICHAEL S. BROWN
RECORDER

That Maria Martinez and Roberto Martinez are joint owners of real estate under a duly recorded survivorship deed. The original survivorship deed is recorded in the records of the Lake County Recorder.

That Roberto Martinez died on 01/23/12.

That by the death of Parkinson's' disease, congestive heart failure, and pneumonia, the following survivor, Maria Martinez is the fee simple owner of the described real estate (LEGAL DESCRIPTION ATTACHED), and requests that this fact be so indicated on the land and tax records of Lake County.

FILED

APR 19 2013

Return To:

Southwest Financial Services, LTD.
P.O. Box 300
Cincinnati, OH 45273-8043



DF581008

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Maria Martinez

PEGGY HOLINGAKATONA
LAKE COUNTY AUDITOR
(Signature)

STOP

Sworn to before me and subscribed in my presence this 29th day of March, 2013.

Jean Scheeringa
(Notary Public)



JEAN SCHEERINGA
Notary Public Seal State of Indiana
Lake County
My Commission Expires 12-26-2017



This instrument prepared by:

Jean Scheeringa - First Financial Bank
300 High St. Hamilton, OH 45011

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.

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12019

- Jean Scheeringa



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No 000206

EDR No 00000241123

State No 002860

1. Decedent's Legal Name (First, Middle, Last) ROBERTO MARTINEZ				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 05:39 AM	4. Date Of Death (Month/Day/Year) 01/23/2012	
5. Social Security Number 82		6a. Age - Yrs 82	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) 08/02/1929		8. Birthplace (City and State or Foreign Country) COLUMBIA NUEVO LEON, MX
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) 9825 WILDWOOD COURT									
12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322					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 MARIA MARTINEZ			15a. (If Wife) Give Maiden Last Name FIGUEROA			16. Decedent's Usual Occupation WELDER		17. Kind Of Business/Industry IHB RAILROAD	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18d. Apt. No. 1A	18e. Zip Code 46322	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 MEXICAN, MEXICAN AMERICAN, CHICANO			21. Decedent's Race HISPANIC				
22. Father's Name (First, Middle, Last) EMILIO MARTINEZ				23. Mother's Name (First, Middle, Last) ANDREA MARTINEZ			23a. Mother's Maiden Last Name CADRIEL		
24. Informant's Name MARIA MARTINEZ		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 9825 WILDWOOD COURT APT 1A, HIGHLAND, IN 46322					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) SOLAN PRUZIN CREMATORY			25c. Location - City, Town, And State SCHERERVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375					27a. Funeral Home License Number: FH10200037		
27b. Signature Of Indiana Funeral Service Licensee: DEAN G WAGNER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08800057			
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. <u>PARKINSONS DISEASE</u> Due to (Or As A Consequence Of) _____ YEARS 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. <u>CONGESTIVE HEART FAILURE</u> Due to (Or As A Consequence Of) _____ YEAR C. <u>PNEUMONIA</u> Due to (Or As A Consequence Of) _____ WEEK D. _____									Approximate Interval: Onset To Death
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 Finding 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 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 THIS RETURN IS NOT TO BE FILED AND COMPLETE				
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, In Car, In, Injury At Work?) LAKE COUNTY HEALTH DEPARTMENT			37. In Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Zip Code
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		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: SUSAN RAMIREZ, BY ELECTRONIC SIGNATURE						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: SUSAN RAMIREZ, 919 MAIN STREET, DYER, IN 46311						44. License Number 01055919A		45. Date Certified 01/24/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 24 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

EXHIBIT "A" LEGAL DESCRIPTION

Page: 1 of 1

Account #: 21990349
Order Date : 03/18/2013
Reference :
Name : MARIA MARTINEZ
Deed Ref : 2000-058519

Index #:
Registered Land:
Parcel #: 45-07-32-202-049.000-026

SITUATED IN LAKE COUNTY IN THE STATE OF INDIANA, TO WIT:

UNIT 1A IN BUILDING 7, WILDWOOD COURT CONDOMINIUMS, A HORIZONTAL PROPERTY REGIME, CREATED BY THE DECLARATION OF CONDOMINIUM FOR WILDWOOD COURT CONDOMINIUMS, DATED JULY 29, 1999, RECORDED AUGUST 4, 1999, AS INSTRUMENT NO. 99065123, AND INSTRUMENT NO. 99065124.

SUBJECT TO ALL EASEMENTS, COVENANTS, CONDITIONS, RESERVATIONS, LEASES AND RESTRICTIONS OF RECORD, ALL LEGAL HIGHWAYS, ALL RIGHTS OF WAY, ALL ZONING, BUILDING AND OTHER LAWS, ORDINANCES AND REGULATIONS, ALL RIGHTS OF TENANTS IN POSSESSION, AND ALL REAL ESTATE TAXES AND ASSESSMENTS NOT YET DUE AND PAYABLE.

BEING THE SAME PROPERTY CONVEYED BY DEED RECORDED IN DOCUMENT NO. 2000-058519, OF THE LAKE COUNTY, INDIANA RECORDS.

