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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

MICHAEL D. BROWN
RECORDER

1303460

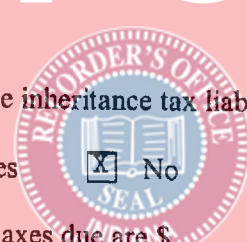
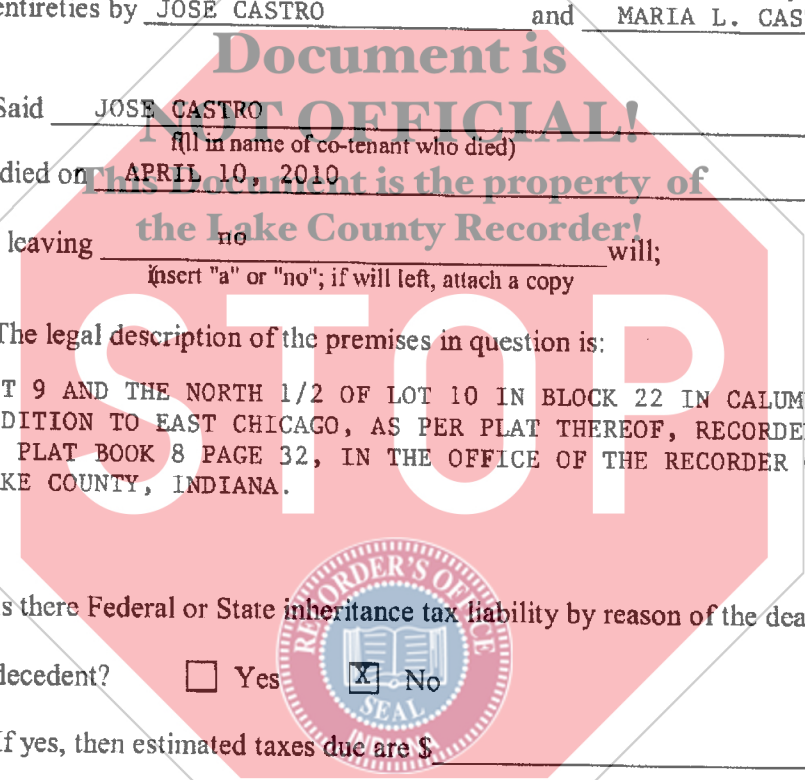
45-03-28-458-009.000-024

On this 6-20-13 before me personally appeared _____
(insert date)

MARIA L CASTRO

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 JOSE CASTRO and MARIA L. CASTRO;
4. Said JOSE CASTRO
(fill in name of co-tenant who died)
died on APRIL 10, 2010
leaving no will;
(insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:
LOT 9 AND THE NORTH 1/2 OF LOT 10 IN BLOCK 22 IN CALUMET ADDITION TO EAST CHICAGO, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 8 PAGE 32, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
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 \$ _____
The taxes due are paid or unpaid..



#15
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CA

FILED

23889

JUN 27 2013

PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

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 WIFE

Signature: Maria L Castro

Printed Name MARIA L CASTRO

Address: _____

Subscribed and sworn to before me by the affiant

This 6-19-13
(insert date)

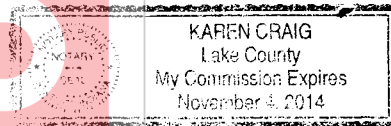
Karen Craig
Notary Public

Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____

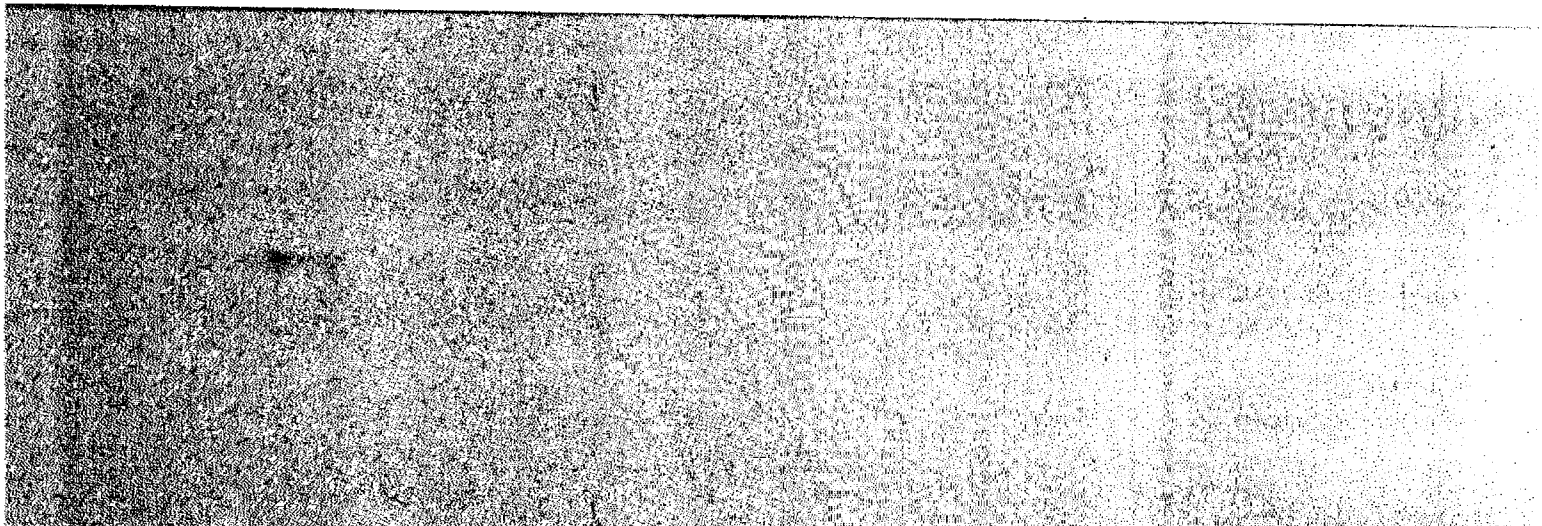


This instrument prepared by MARIA L. CASTRO



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.

[Signature]





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

45-03-28-758-009-000-024

Local No. 1130-10

State No.

1. Decedent's Legal Name (First, Middle, Last) JOSE CASTRO				1a. Maiden Last Name (If Female) N/K		2. Sex MALE	3. Time Of Death 10:00 P.M.	4. Date Of Death (Month/Day/Year) April 10, 2010	
5. Social Security Number [REDACTED]		6a. Age - Yrs 73	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) MARCH 18, 1937		8. Birthplace (City And State Or Foreign Country) PUERTO RICO
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 checked="" 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 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) ST. MARY MEDICAL CENTER									
12. City Or Town, State, And Zip Code HOBART, INDIANA					13. County Of Death LAKE		14. Marital Status At Time Of Death <input 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 CASTRO			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation PRODUCTION		17. Kind Of Business/Industry Pepsi Cola Bottling Co.	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town EAST CHICAGO			18d. Apt. No. N/A	18e. Zip Code 46312	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 4820 GRASSELLI STREET		19. Decedent's Education 8th GRADE			20. Decedent Of Hispanic Origin YES		21. Decedent's Race HISPANIC		
22. Father's Name (First, Middle, Last) CAMILLO CASTRO				23. Mother's Name (First, Middle, Last) JUSTINA CASTRO			23a. Mother's Maiden Last Name SANTIAGO		
24. Informant's Name ALFRED CASTRO		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 811 STATE ST. UPPER APT. HOBART, IN 46342					
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) CALVARY CREMATORY			25c. Location - City, Town, And State PORTAGE, INDIANA				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Ridgeland Funeral Home, 4201 W. Ridgeland, Chicago, IL 60644						27a. Funeral Home License Number: FH1020007	
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee): FD394100 + 9			
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. Cardio Pulmonary Arrest Approximate Interval: Onset To Death									
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. ES-R-N									
C. Sepsis									
D. arteriosclerosis									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
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				
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 checked="" type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number APR 13 2010		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>[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: Shaheen Parvez 1640 45th St. Munster, IN 46321						44. License Number 01039726A		45. Date Certified 4-12-10	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>					49. For Registrar Only - Date Filed (Month/Day/Year): April 13, 2010				