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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 049643

2013 JUL -9 AM 10:49

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

ALICE QUIJAS, of adult age, being first duly sworn, upon deposes and says:

That she, is the wife of SIGILFREDO QUIJAS, deceased, who died on October 21, 2011, a resident of LAKE County, IN.

That affiant and said decedent, as husband and wife, acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate".

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of, Alice Quijas, surviving spouse of the decedent.

And further affiant sayeth not this 13th day of June, 2013.

Alice Quijas Alice Quijas
Alice Quijas **FILED**

State of IN, County of LAKE ss:

24177

JUL 09 2013

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 13 day of June, 2013.

PEGGY HOLINGA RATONA
LAKE COUNTY AUDITOR

WITNESS my hand and Notarial Seal.

My Commission Expires: January 28, 17

Lucia Enriquez Maciel
Signature of Notary Public

Lucia Enriquez - Maciel
Printed Name of Notary Public



Notary Public County and State of Residence



This instrument was prepared by: Patricia Smolinski, Loan Processor

11-39873 CC

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 (Patricia Smolinski, Loan Processor).

MERIDIAN TITLE CORPORATION
HAS MADE AN ACCOMODATION
RECORDING OF THIS DOCUMENT

13-20735

\$15.00
M.E
M.T

LEGAL DESCRIPTION:

LOT NUMBERED TWENTY-THREE (23), BLOCK 9 IN CALUMET ADDITION AS PER PLAT THEREOF RECORDED IN PLAT BOOK 8, PAGE 32 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 4751 GRASSELLI STREET, EAST CHICAGO, IN 46312
PERMANENT TAX IDENTIFICATION NO.: 45-03-28-454-013.000-024



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

NOV 01 2011

STATE OF TEXAS CERTIFICATE OF DEATH

STATE FILE NUMBER 142-11-140661

Form containing fields for: 1. LEGAL NAME OF DECEASED (SIGILFREDO QUIJAS), 2. DATE OF DEATH (10/21/2011), 3. SEX (MALE), 4. DATE OF BIRTH (08/21/1928), 5. AGE-Last Birthday (83), 6. BIRTH-PLACE (PROGRESO, TX), 7. SOCIAL SECURITY NUMBER (454-40-1592), 8. MARITAL STATUS AT TIME OF DEATH (Married), 9. SURVIVING SPOUSE'S NAME (ALICIA OCHOA), 10a. RESIDENCE STREET ADDRESS (902 WEST CHURCH ST.), 10b. APT. NO., 10c. CITY OR TOWN (SAN JUAN), 10d. COUNTY (HIDALGO), 10e. STATE (TEXAS), 10f. ZIP CODE (78589), 10g. INSIDE CITY LIMITS?, 11. FATHER'S NAME (RAMON QUIJAS), 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (DOLORES ESPARZA), 13. PLACE OF DEATH (CHECK ONLY ONE), 14. COUNTY OF DEATH (HIDALGO), 15. CITY/TOWN, ZIP CODE (PRECINCT 2, 78577), 16. FACILITY NAME (902 WEST CHURCH ST.), 17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED (CYNTHIA GARCIA - NIECE), 18. MAILING ADDRESS OF INFORMANT (5014 MESQUITE AVE., EDINBURG, TX 78542), 19. METHOD OF DISPOSITION (Burial), 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (MARY A SOLIS, BY ELECTRONIC SIGNATURE-6339), 21. Section, Block, Lot, Space, 22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place) (VAL-VERDE MEMORIAL GARDENS), 23. LOCATION (City/Town, and State) (DONNA, TX), 24. NAME OF FUNERAL FACILITY (DE LEON FUNERAL HOME), 25. COMPLETE ADDRESS OF FUNERAL FACILITY (700 EAST EXPRESSWAY 83, PHARR, TX 78577), 26. CERTIFIER (Check only one) (Certifying physician), 27. SIGNATURE OF CERTIFIER (PEORO E. MCDUGAL, BY ELECTRONIC SIGNATURE), 28. DATE CERTIFIED (10/24/2011), 29. LICENSE NUMBER (J9202), 30. TIME OF DEATH (Actual or presumed) (09:20 AM), 31. PRINTED NAME, ADDRESS OF CERTIFIER (PEORO E. MCDUGAL, 1010 S. JAMES STREET SUITE C, WESLACO, TX, 78598), 32. TITLE OF CERTIFIER (MD), 33. PART 1. 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 EACH LINE. IMMEDIATE CAUSE (First disease or condition resulting in death) (a. CONGESTIVE HEART FAILURE), 34. WAS AN AUTOPSY PERFORMED? (No), 35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? (No), 36. MANNER OF DEATH (Natural), 37. DID TOBACCO USE CONTRIBUTE TO DEATH? (No), 38. IF FEMALE (Not pregnant within past year), 39. IF TRANSPORTATION INJURY, SPECIFY: (None), 40a. DATE OF INJURY (No/Day/Yr), 40b. TIME OF INJURY, 40c. INJURY AT WORK? (No), 40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area), 41. DESCRIBE HOW INJURY OCCURRED, 42a. REGISTRAR FILE NO. (16-016-11), 42b. DATE RECEIVED BY LOCAL REGISTRAR (10/27/2011), 42c. REGISTRAR (Signature)

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. Health and Safety Code, Sec. 191.189

Q A 0 0 5 6 6 2 7 8

VS-112 REV 1/2006

EOR 000001037207

OTP, NO 2

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED FEB 21 2012

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Geraldine R. Harris STATE REGISTRAR

