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STATE OF INDIANA
COUNTY OF LAKE

2013 063789

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 AUG 29 PM 3:48

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

I, Linda Guzman, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
2. I am the owner, along with Carlos Luna, in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot Numbered six (6) in block 6 in East Gary Real Estate Company's Third Addition, as per plat thereof recorded in Plat Book 10, page 9 in the Office of the Recorder of Lake County, Indiana.

Commonly known as:
2340 Vermillion, Lake Station, Indiana 46405

Tax Key No. 45-09-16-252-015,000-021

Grantees' Addresses:

Linda Guzman, 2744 Vanderburg Street, Lake Station, IN 46405
Carlos Luna, 2735 Union, Lake Station, IN 46405

3. Carlos Luna and I acquired title as tenants in common to said real estate by deed of conveyance on the 4th day of February, 2011, and recorded in the Office of the Lake County Recorder on February 21, 2011, as Document No. 2011-010114.
4. That Lupe Luna died on the 22nd day of January, 2012, at which time Carlos Luna and I acquired title as tenants in common pursuant to property law. See attached Death Certificate for Lupe Luna.
5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

FILED

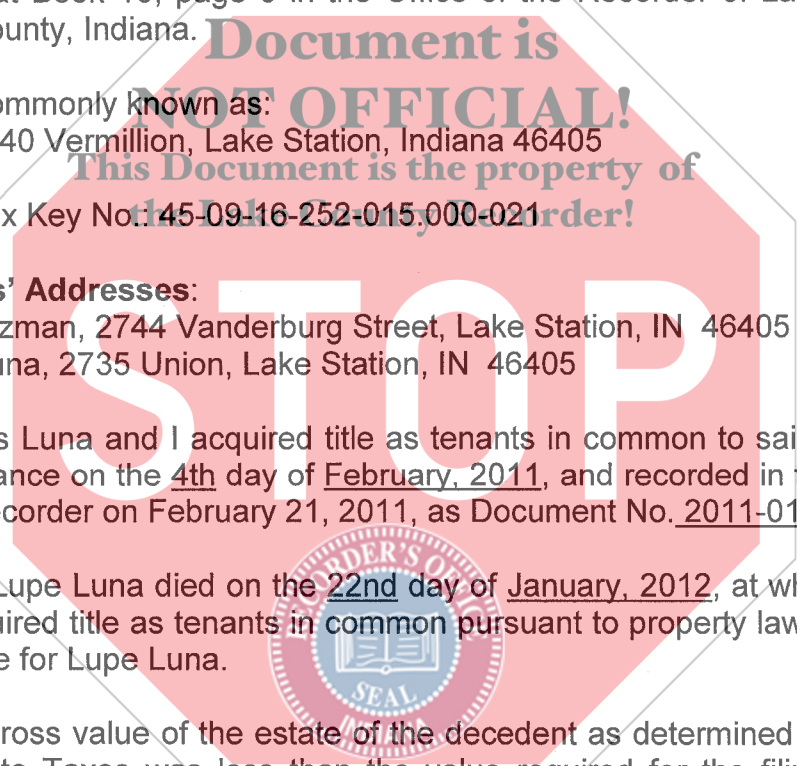
AUG 29 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Linda Guzman
Linda Guzman, Affiant

25465

154
6727
RN



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Linda Guzman, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

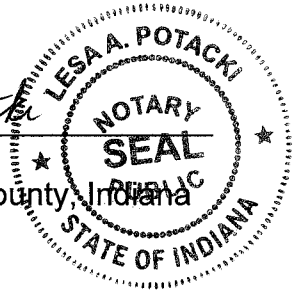
Signed and sealed this 20th day of August, 2013.

My commission expires: 02/03/2018

Signature: *Lesa A. Potacki*

Lesa A. Potacki

Resident of: Lake County, Indiana



Document is NOT OFFICIAL!

"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." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



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



Local No 000076

EDR No 00000240802

State No 002683

1. Decedent's Legal Name (First, Middle, Last) LUPE LUNA				1a. Maiden Name (If female) AZCONA		2. Sex FEMALE	3. Time Of Death 12:10 AM	4. Date Of Death (Month/Day/Year) 01/22/2012	
5. Social Security Number 308-46-6730		6a. Age - Yrs 65	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) 06/23/1946		8. Birthplace (City and State or Foreign Country) GARY, IN
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 checked="" 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) VNA HOSPICE CENTER									
12. City Or Town, State, And Zip Code VALPARAISO, IN, 46383					13. County Of Death PORTER			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry HOME
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town LAKE STATION			18d. Apt. No.	18e. Zip Code 46405
18c. Street And Number 4270 EAST 28TH AVENUE									
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin HISPANIC			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) FIDEL AZCONA				23. Mother's Name (First, Middle, Last) ROMANA AZCONA			23a. Mother's Maiden Last Name CASTILLO		
24. Informant's Name LINDA GUZMAN			24a. Relationship To Decedent DAUGHTER			24b. Mailing Address (Street And Number, City, State, Zip Code) 2744 VANDERBURG STREET, LAKE STATION, IN 46405			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) MCCOOL CEMETERY			25c. Location - City, Town, And State PORTAGE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME OLSON CHAPEL, 5341 CENTRAL AVE, PORTAGE, IN 46368					27a. Funeral Home License Number: FH83005613		
27b. Signature Of Indiana Funeral Service Licensee: JAMES T. BAILEY, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20100023			
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. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. LEIOMYOSARCOMA OF UTERUS Due to (Or As A Consequence Of): 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. METASTASIS TO LUNGS Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): 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			
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 checked="" 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 <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
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 type="checkbox"/> No		
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: ASHWANI KUMAR, 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: ASHWANI KUMAR, 3156 WILLOW CREEK ROAD, PORTAGE, IN 46385						44. License Number 01033934A		45. Date Certified 01/24/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: MARIA L STAMP, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 24 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
20-No: 1 20-Yes, Other: 0 45: 1/24/2012 12:00:00 AM 49: 24-JAN-12 20 Other Literal:									