STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

2013 089195

STATE OF INDIAKA FILED FOR RECORD

2013 DEC -4 AM 10: 06

MICHAEL B. BROWN RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Aida Gonzalez, being duly sworn upon her oath, and states as follows:

That Aida Gonzalez and Francisco E. Gonzalez, as husband and wife, were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots 52,53 and 54 in Block 7 in Subdivision of Part of the Southeast 1/4 of Section 29, Township 37 North, Range 9 West of the 2nd Principal Meridian, in the City of East Chicago, as per plat thereof, recorded in Plat Book 2, page 11kin the Office of the Recorder of Lake County, Indiana.

Tax Parcel No. 45-03-29-454-039.000-024

More commonly known as: 4826 Tod Avenue, East Chicago, Indiana 46312

And that Aida Gonzalez and Francisco E. Gonzalez, now deceased, were husband and wife at the time they acquired title, as tenants by the entireties to said real estate.

That the marital relationship which existed between this affiant and Francisco E. Gonzalez, her husband, continued unbroken from the time they so acquired title to said real estate until the death of Francisco E. Gonzalez, on the 2nd day of February, 2013 at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

A true and accurate copy of Francisco E. Gonzalez's death certificate is attached hereto as Exhibit A.

That no Federal Estate Tax or Indiana Inheritance Tax was due and owing as a result of the death of Francisco E. Gonzalez from his estate. That as a result of Francisco E. Gonzalez's death, Aida Gonzalez is the sole fee simple owner of the real estate.

aida GONŽALEZ)

Subscribed and sworn to before me, a Notary Public in and for the State of Indiana and County of Lake, this 35TH day of Octobel, 2013.

Seresa Cabello Telese Cabello, Notary Publication

TERESA CABELLO , Lake County My Commission Expires January 27, 2016

DEC 0 4 2013

I AFFIRE GOOD HOUNG AND THE POPULE POPULE TO SELECT THE POPULE POPUL POPUL POPUL POPUL POPULE POPUL PO EACH SOK TAIS COUNTY NAMER (NATHIS DOCUMENT, UNLESS REQUIRED BY LAW."

PREPARED BY: Marco A. Molina

This instrument prepared by Marco A. Molina, Attorney at Law, 4704 Indianapolis, East Chicago, IN 46312

28180

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

842678

| Local No 00 | 0029 | | EDR No 0000 | 000305 | 060 | • | Stat | te No | | | į |
|--|--|----------------------------|--|--|-------------------------------|--------------------------------|-----------------|----------------|---------------|------------------------|--|
| Decedent's Legal Name (First, Middle, Last |) | | 1a. Maiden Nan | | 000 | 2. Sex | | . Time Of | Death | 4. Date Of | Death (Month/Day/Ye |
| FRANCISCO E GONZALEZ 5. Social Security Number 8a. Age - Yrs | Leb Hada AV | | | | | | LE | 03:4 | 5 PM | ا ا | 2/02/2013 |
| o. Social Security Number Oa. Age - 175 | 6b. Under 1 Year | r 6c. Under 1 | Month 6d. Under 1 Day | 6e. Under 1 Ho | ur 7. Date | of Birth (Mo | onth/Day/Year | | | y and State or | Foreign Country) |
| 9. Ever in U.S. Armed Forces? 10. If Dea | Months th Occurred in A Ho | Days | Hours | Minutes | | 10/31/1 | 932 | LA | RES, PR | · } | |
| | | • | | 10a. If Death C | | ewhere Othe Decedent's Ho | | pital | | | |
| | | Department Out | patient 🔲 Dead on Arrival | Other (Spec | | ~ | | CISING NO | mevrong-rem | n Care Facility | |
| 11. Facility Name (If Not Institution, Give Street CATHERINE HOSPITAL IN | at and Number) | | | <u> </u> | 1 | | · | | | · | |
| 2. City Or Town, State, And Zip Code | | ··- | | 13. Cour | ty Of Death | | | 1 14 | Marital State | tus At Time Of | Death |
| EAST CHICAGO, IN, 46312 | | | | | | Married Married, But Separated | | | | | |
| 15. Surviving Spouse's Name | | | 15a. (If Wife)Give Maide | LAKE Di ast Name | | 40 0 | | _ | J Widowed | ☐ Never N | Married 🔲 Unknows |
| NDA CONZALEZ | | | İ | ··· Cast (val) | | 10. Deced | lent's Usual O | ccupation | | | Business/Industry |
| AIDA GONZALEZ 18. Residence - State | | County | HERNANDEZ | | | CRANE | OPERA | TOR | | INLAND | |
| NDIANA | | • | | 18b. City Or | | | | | • | | |
| 8c. Street And Number | LAK | (E | | EAST CH | ICAGO | | | | | | |
| SOC TOD AVENUE | | • | | | • | | 18d. Apt. N | lo. | 18e. Zip (| Code | 18f. Inside City Limits |
| 826 TOD AVENUE 9. Decedent's Education | | | | | | | | | 463 | 112 | 🛛 Yes 🗌 No |
| | 20 | Decedent Of | Hispanic Origin | 21 | . Decedent's | Race | | | | /12 | |
| TH GRADE OR LESS 2. Father's Name (First, Middle, Last) | P | UERTO RI | CAN | w ₁ | | | | | | | • |
| aaros a reanio (First, Middle, Last) | | | | 23. Mother's Nam | | ile, Last) | | - | 23a. M | other's Maider | Last Name |
| RANCISCO GONZALEZ | * | | | ROSA GON | 741 57 | | | | | | |
| 1. Informant's Name | | 24a. Relation | ship To Decedent | 24b. Mailing Addr | ess (Street / | and Number. | City, State, Zi | D Code) | ISANT | TIAGO | |
| IDA GONZALEZ | | WIFE | | 4826 TOD A | | | | | 6040 - | | |
| a. Method Of Disposition | 1000 | non O/D/- | 25. Diee | - Of Disease Mar. | | | | | 0312 | | |
| Burial Cremation Donation Ent | ombment 250, Piz | ace Of Dispositio | n (Name Of Cemetery, Cre | matory, Other Plac | e) 25c. Lo | ocation - City, | Town, And S | tate | | | |
| Removal From State Other (Specify): | 0.411 | | / | | | | • | | | | |
| | Name And Complet | DMETPAR a Address Of Fu | K CEMETERY neral Facility | meni | MER | RILLVIL | ĽE, IN | | | | |
| □ Yes M No | | | | | | | | | | 27a. Funeral | Home License Number |
| b. Signature Of Indiana Funeral Service Licer | E FUNERAL | HOME, IN | C., 4201 INDIANA | POLIS BLV | D. EAS | CHICA | GO. IN 4 | 6312 | | FH83001 | 510 |
| OHN P. FIFE , BY ELECTRON | IC SIGNATU | JRE | OI OI | 110 | | 27 | c. License Nu | umber (Of | Licensee): | 11103001 | 312 |
| 28 Part I Enter The Chair Of France | / 1 | This D | Cause Of Death (See | instructions And | Examples | ertv | 00102036 | 06 | | | |
| 28. Part I. Enter The <u>Chein Of Events</u> - Di Such As Cardiac Arrest, Respiratory Arrest A Line. Add Additinal Lines If Necessary. | | the | s - That Directly Caused T ut Showing The Etiology, I | The Death. Do No Do Not Abbreviate | t Enter Terri e. Enter On! | ninal Events y One Caus | e On | | | | Approximate Interval: Onset To Death |
| Immediate Cause (Final Disease Or Condit | ion Resulting In D | eath) | A. ACUTE RENAL FAIL | .URE | | | , | | | | |
| Sequentially Liet Conditions If Any, Londin | | | BEID/DDATION | | Due to (Or Ar | A Consequence | 0(): | | | | 2 WEEKS |
| Sequentially List Conditions, If Any, Leadir .ine A∴Enter The Underlying Cause (Dise. The Events Resulting In Death) Last | g to the Cause L ase Or Injury That | Listed On Initiated | B. DEHYDRATION | | Due la (Or As | A Consequence (| 00: | | | | 2 WEEKS |
| The Events Resulting in Death) Last | | | C. DECUBITUS ULCER | | | | | | | | 4145540 |
| | | | O UDINADV TO COT III | | Due to (Or As | A Consequence (| 50: | | | | 4 WEEKS |
| ort II. Enter Other Significant Conditions Contrib | uting to Death But h | Not Resulting In | D. URINARY TRACT IN The Underlying Cause Givin | I- D- I | 1 29 Was | An Autopsy F | 10 de | | | | 2 WEEKS |
| PERTENSION, DEMENTIA | NCTIONAL HEMI | PLEGIA, NON | INSULIN DEPENDENT D | IABETES, | 1 | | | | Yes | ⊠ No | |
| Did Tobacoo Use Contribute To Death? | 32. If Femal | le: | | | O. Wale | Autopsy Fire | ing Available | | | se Of Death? | ☐ Yes ☐ No |
| Yes ☐ Probably ☒ No ☐ Unknown | Not Pregne | ant Within Pest Year | | Not Pregnant, But Preg | | | ☑ Natural | Homic | cide 🔲 Acc | dent ∐ Pe | nding investigation |
| Date Of Injury (Month/Day/Year) | 35. Time O | f Injury | | Unknown if Pregnant v Of Injury (E.G., De | Whin The Past You | a Constructi | Cuinida | - O-144 | | mined | |
| Law San Carlo | | | TURL | | | , | OII OIIO, 11632 | aca as it, you | DOGGG Area) | 1 | ary At Work? |
| Location Of Injury - State | 38a. City Or | Town | 38b. Stree | et & Number | | | | / 3 | 8c. Apt. No. | 38d. Zi | Yes No |
| | | | <u> </u> | | | | | | r.p.: 110. | 300. 2 | p Code |
| Describe How Injury Occurred | | | | التا | 7 | | 40. If Transi | portation I | nium Specifi | | |
| Signature, Of Person Certifying Cause Of De | ath. | | E . 2 | EAL | 7 | | Driver/Opera | tor Pass | enger Pedes | y: strien Other (Sp | ecity) |
| IUS B. GANDHI. RY FI FOTE | ONIC CICKL | ATURE | Add NO | JANA | | 42. Certif | ier (Check Or | nly One) | | | |
| Trains, Address And Zip Code Of Person Cert | ifying Cause Of Dea | ath: | 3411 | minut | | Certif | ying Physicia | n E | Coroner | ☐ Heat | |
| US B. GANDHI , 2727 HIGH | WAY AVENU | JE. HIGHL | AND IN 46322 | | / | | | | | 45. Dat | e Certified |
| | | | 10022 | | | | 0105 | 7594A | <u> </u> | 0 | 2/05/2013 |
| Signature of Local Health Officer: | | | | | | · - · - | - 1 | | _ | | |
| VIND KAKODKAR, VIA ELEC | TRONIC SIG | NATURE | | | | | strar Only - | | | | |
| | | AMEND | MENT TO CERTIFICATE | OF DEATH (ENT | RY OR OR | IGINAL) | | FE | B 06 20 | 13 | |
| • | | | | | | | | | | | |
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| in the second of | | | • | | • | | • | | | | · · · · · · · · · · · · · · · · · · · |
| | Social Sacrette " | ie bel | | | | | | | | | |
| IVRA-20 | | ie naruß tednes | sted by this state agency is | n order to pursue | responsibili | ty. Disclosu | re is volunta | ry and th | ere will be n | o penalty for | refusal, |
| (7/05) | | | | | | | | | | | |

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