

**AFFIDAVIT**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

**2013 089909**

2013 DEC -6 AM 10:43

Tax I.D. No. 45-03-22-352-029.000-024

**MICHAEL B. BROWN  
RECORDER**

**Rosa Nilda Rivera, Efrain Gonzalez, and Gerardo Gonzalez, Jr.** being first duly sworn upon their oath, depose and say:

1. That **Otilia Gonzalez** died on the 31st day of August, 2012, at Hammond-Whiting Care Center in Lake County, Indiana.
2. That at the time of her death, **Otilia Gonzalez, Rosa Nilda Rivera, Efrain Gonzalez, Gerardo Gonzalez, Jr. and Ruben Gonzalez** were the co-owners in joint tenancy of the following described real estate:

**LOT 28, BLOCK 11, THIRD ADDITION TO INDIANA HARBOR, IN THE CITY OF EAST CHICAGO, AS SHOWN IN PLAT BOOK 5, PAGE 24, IN LAKE COUNTY, INDIANA.**

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of **Otilia Gonzalez**.
4. That these Affiants' relationship to the Decedent was children.
5. That all funeral expenses in connection with the death of said decedent have been paid in full.

**FURTHER, Affiants saith naught.**

*Rosa Nilda Rivera*  
Rosa Nilda Rivera

*Efrain Gonzalez*  
Efrain Gonzalez

*Gerardo Gonzalez Jr.*  
Gerardo Gonzalez, Jr.

JAY ROBERT MAYDEN  
Lake County  
My Commission Expires  
November 5, 2014

Subscribed and sworn to before me, a Notary Public this 12 day of November, 2013.

My Commission Expires: 11/05/14  
County of Residence: Lake

*Jay Robert Mayden*, Notary Public

This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9534-45.  
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

COMMUNITY TITLE COMPANY  
FILE NO 135019

AMOUNT \$ 14  
CASH CM CHARGE CM  
CHECK# \_\_\_\_\_  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF   
DEPUTY AM

**FILED**

**16805**

DEC 05 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 002717

EDR No 00000277534

State No 038547

1. Decedent's Legal Name (First, Middle, Last) <b>OTILIA GONZALEZ</b>				1a. Maiden Name (If female) <b>GONZALEZ</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>07:30 AM</b>	4. Date Of Death (Month/Day/Year) <b>08/31/2012</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>92</b>	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) <b>02/20/1920</b>		8. Birthplace (City and State or Foreign Country) <b>SAN SEBASTIAN, PR</b>
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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) <b>HAMMOND-WHITING CARE CENTER</b>									
12. City Or Town, State, And Zip Code <b>WHITING, IN, 46394</b>					13. County Of Death <b>LAKE</b>			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				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>EAST CHICAGO</b>			18d. Apt. No.	18e. Zip Code <b>46312</b>
18c. Street And Number <b>3920 GRAND BOULEVARD</b>									
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education <b>8TH GRADE OR LESS</b>			20. Decedent Of Hispanic Origin <b>PUERTO RICAN</b>			21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>GUILLERMO GONZALEZ</b>					23. Mother's Name (First, Middle, Last) <b>DELFINA SANTIAGO</b>			23a. Mother's Maiden Last Name <b>SANTIAGO</b>	
24. Informant's Name <b>ROSA N RIVERA</b>			24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3720 HEMLOCK STREET, EAST CHICAGO, IN 46312</b>				
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) <b>ST JOHN CEMETERY</b>			25c. Location - City, Town, And State <b>HAMMOND, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>FIFE FUNERAL HOME, INC., 4201 INDIANAPOLIS BLVD., EAST CHICAGO, IN 46312</b>					27a. Funeral Home License Number: <b>FH83001512</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>JOHN P. FIFE, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01020366</b>			
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. <b>STROKE</b> B. <b>HYPERTENSION</b> C. <b>DIABETES MELLITUS</b> D. <b>DEMENTIA</b> 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									
28. 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		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: <b>ALFONSO A BLUM, BY ELECTRONIC SIGNATURE</b>						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: <b>ALFONSO A BLUM, 4035 ELM ST, EAST CHICAGO, IN 46312</b>						44. License Number <b>01062815A</b>		45. Date Certified <b>08/31/2012</b>	
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>SEP 04 2012</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
COMMUNITY TITLE COMPANY FILE NO <u>135019</u>									