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2013 DEC 13 AM 10:29

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On 11/21/13 before me personally appeared Victoria J. Ortiz
to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address give 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 Roman J. Ortiz and Victoria J. Ortiz;
- 4. Said Roman J. Ortiz
(complete name of deceased co-tenant)
died on Feb 5th 2013 leaving NO will;
insert "a" or "no" if will, attach a copy

5. The legal description of the premises in question is:
The East 30.00 feet of the West 241.0 feet of the north 73.0 feet of the South 83.0 feet of lot "G" in Prairie View, Unit 3, in the City of Crown Point, as per plat thereof, recorded in plat book 88 page 59, in the Office of the Recorder of Lake County, Indiana

- 6. Is there Federal Estate 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.
- 7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? Yes No
If yes, identify the divorce proceedings: _____

8. Affiant's relationship to the deceased was Wife



Signature: Victoria J. Ortiz
Printed Name: Victoria J. Ortiz
Address: 1845 4th Ct
Crown Point IN 46307

Subscribed and sworn to before me by the affiant on 11-21-13
before me ELLEN STINAR a Notary Public Ellen Stinar
My County of Residence is: LAKE In the State of IN
My Commission Expires: 6-9-15

This instrument prepared by Jody Armstrong. 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. Printed Name: Jody Armstrong

FILED

DEC 11 2013

PEGGY BOULINGA KATONA
LAKE COUNTY AUDITOR

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Chicago Title Insurance Company



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 01564

Local No 000530

EDR No 00000305880

State No 007146

1. Decedent's Legal Name (First, Middle, Last) ROMAN J ORTIZ				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 09:45 PM		4. Date Of Death (Month/Day/Year) 02/05/2013		
5. Social Security Number 000000000		6a. Age - Yrs 82		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) 08/09/1930		8. Birthplace (City and State or Foreign Country) SALINA, KS										
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 <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) GOLDEN LIVING CENTER - MERRILLVILLE												
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410						13. County Of Death LAKE			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 VICTORIA J ORTIZ				15a. (If Wife) Give Maiden Last Name JIMENEZ				16. Decedent's Usual Occupation CRANE OPERATOR		17. Kind Of Business/Industry STEEL MANUFACTURING		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT			18c. Street And Number 1845 FIR COURT		18d. Apt. No.	
18e. Zip Code 46307			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA				20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO				21. Decedent's Race White				
22. Father's Name (First, Middle, Last) MIGUEL G ORTIZ				23. Mother's Name (First, Middle, Last) PETRA J ORTIZ				23a. Mother's Maiden Last Name JUAREZ				
24. Informant's Name VICTORIA J ORTIZ				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 1845 FIR COURT, CROWN POINT, IN 46307				
25. Place Of Disposition												
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) ST MICHAEL CHURCH CEMETERY				25c. Location - City, Town, And State SCHERERVILLE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322						27a. Funeral Home License Number: FH10300021			
27b. Signature Of Indiana Funeral Service Licensee: CORNELIUS KUIPER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01014511						
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. FAILURE TO THRIVE Due to (Or As A Consequence Of): SEVERAL WEEKS B. CONGESTIVE HEART FAILURE ETIOLOGY UNKNOWN Due to (Or As A Consequence Of): SEVERAL WEEKS C. _____ Due to (Or As A Consequence Of): _____ D. _____ 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												
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I END STAGE DEMENTIA						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 43 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown (Specify Within 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) LAKE COUNTY HEALTH DEPARTMENT				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number NOV 22 2013				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"/> Other (Specify): NOT VALID UNLESS						
41. Signature, Of Person Certifying Cause Of Death: TEOFILO S VINLUAN, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01057042A		45. Date Certified 02/12/2013		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: TEOFILO S VINLUAN, 261 TALL TIMBERS COURT, VALPARAISO, IN 46385						47. Alias						
46. Additional Funeral Service Provider:						49. For Registrar Only - Date Filed (Month/Day/Year) FEB 13 2013						
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						AMENDMENT TO THE QUALITY OF DEATH ENTRY FOR ORIGINAL taken reasonable care to redact each Social Security number in this document, unless required by law.						