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SURVIVORSHIP AFFIDAVIT

PATRICK J. RINCON, being duly sworn upon her oath, deposes and says:

1. That PATRICK J. RINCON and MARY E. RINCON a/k/a MARY ELIZABETH RINCON, husband and wife, obtained title to the below described real estate by Warranty Deed recorded on **December 8, 1993** and assigned **Document Number 93082432** :

Lot 6 in Unit 3 in Rita's Addition to the Town of Schererville, as per plat thereof, recorded in Plat Book 63 Page 32, in the Office of the Recorder of Lake County, Indiana.

**Tax Key#: 45-11-16-483-013.000-036
Commonly Known As: 2302 Grand Avenue, Schererville, IN 46375**

That the marital relationship which existed between PATRICK J. RINCON and MARY E. RINCON a/k/a MARY ELIZABETH RINCON at the time they acquired title to said real estate remained in effect and unbroken until OCTOBER 26, 2013, the date of MARY E. RINCON's death

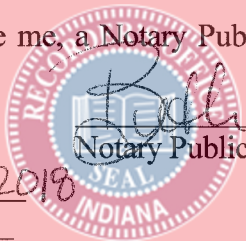
3. That MARY E. RINCON a/k/a MARY ELIZABETH RINCON passed away on OCTOBER 26, 2013, thus leaving her Husband, PATRICK J. RINCON, as surviving owner in fee simple of the subject real estate. (See Certificate of Death for Mary E. Rincon attached as **Exhibit "A"**)

4. That all of the assets of said decedent, which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Patrick J. Rincon
PATRICK J. RINCON, Affiant

STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 16th day of February, 2014.



Beth A. Tague
Notary Public - Printed Name Beth A. Tague

My Commission Expires: May 25, 2018
County of Residence: Lake

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.

Randy H. Wyllie
Randy H. Wyllie, Attorney

FILED

This Instrument Prepared by: Randy H. Wyllie, Wieser & Wyllie, LLP, 429 West Lincoln Highway, Schererville, IN 46375

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER

2014 FEB -7 AM 8:54

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

Local No **001169**

EDR No **000000350610**

State No **049350**

1. Decedent's Legal Name (First, Middle, Last) MARY ELIZABETH RINCON				1a. Maiden Name (If female) NOLAN		2. Sex FEMALE	3. Time Of Death 02:53 AM	4. Date Of Death (Month/Day/Year) 10/26/2013	
5. Social Security Number [REDACTED]	6a. Age - Yrs 54	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) 07/06/1959		8. Birthplace (City and State or Foreign Country) FLINT, MI	
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 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 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 PATRICK RINCON			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation CHANCELLOR HUMAN RESOURCES		17. Kind Of Business/Industry EDUCATION	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SCHERERVILLE		18d. Apt. No.	18e. Zip Code 46375	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 2302 GRAND AVENUE	19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)				20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		
22. Father's Name (First, Middle, Last) CHARLES NOLAN				23. Mother's Name (First, Middle, Last) CATHERINE NOLAN		23a. Mother's Maiden Last Name MCDONALD			
24. Informant's Name PATRICK RINCON		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 2302 GRAND AVENUE, SCHERERVILLE, IN 46375					
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 THE ARCHANGEL CEMETERY			25c. Location - City, Town, And State SCHERERVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS, INC.-SAINT JOHN, 8580 WICKER AVENUE, SAINT JOHN, IN 46373					27a. Funeral Home License Number: FD10200006			
27b. Signature Of Indiana Funeral Service Licensee: RICHARD ALAN MILLER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20400030			
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. RIGHT BREAST CANCER METASTATIC TO LYMPH NODES, CHEST WALL, LUNGS, PLEURAL SPACES, BONES, AND BRAIN 14 YEARS LEFT BREAST CANCER 3 YEARS CANCER RELATED ANOREXIA, WEIGHT LOSS MONTHS									
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I NONE OTHER KNOWN TO ME						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 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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)			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: MICHAEL CARL WEISS, 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: MICHAEL CARL WEISS, 2404 VALPARAISO STREET, VALPARAISO, IN 46383						44. License Number 01030965A		45. Date Certified 10/29/2013	
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): NOV 08 2013			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

49: 10/30/2013
23-Last: RINCON