STATE OF INDIANA

COUNTY OF LAKE

LAKE COUNTY CIRCUIT/SUPERIOR COURTS SITTING AT LAKE COUNTY, INDIANA CONTINUOUS TERM 20\_\_\_\_\_

2014 008

## SURVIVORSHIP AFFIDAVIT

Being duly sworn upon her oath, CARMEN D. AMADO states:

1. That she is the widow of CELSO M. AMADO;

)SS

- 2. That the said CELSO M. AMADO was a resident of Lake County, Indiana, where he died on the 26<sup>th</sup> day of March, 2011. See Certified Death Certificate attached as **Exhibit A**.
- 3. That the late CELSO M. AMADO and his widow CARMEN D. AMADO were the owners, as Husband and Wife, of real estate located in Lake County, Indiana, to-wit:

Lot 20 in River Ridge Estates Unit No. 2, in the City of Lake Station as per plat thereof, recorded in Plat Book 47 page 12, in the Office of the Recorder of Lake County, Indianal is Document is the property of

the Lake County Recorder!

Pursuant to Indiana Code 32-17-3-1, upon CELSO M. AMADO'S death, his widow CARMEN D. AMADO now owns the property in her sole name.

Wherefore CARMEN D. AMADO, surviving owner of the property mentioned above files this affidavit of Survivorship and requests that the deed be transferred into her name only.

Further your affiant sayeth not.

CARMEN D. AMADO, Affiant

FILED

FEB 1 2 2014

010671

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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COUNTY OF LAKE )
CARMEN D. AMADO personally appeared before me, a Notary Public of the State of Indiana and acknowledged the execution of this Affidavit of Survivorship.
WITNESS my hand and Notarial seal, this day of the care, 2014.  TIFFANY LEANN LEMON Notary Public- Seal State of Indiana My Commission Expires Nov 30, 2018  Residing in County State of Indiana
My Commission Expires:
GALE P. CARMONA, Attorney I.D. #14517-64 Indiana Legal Services, Inc. 7863 Broadway Suite 205 TOT OFFICIAL! Merrillville, IN 46410 (219) 738-6040 This Document is the property of the Lake County Recorder!
"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."  PREPARED BY:
WOIANA, TUTTER

STATE OF INDIANA

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

loie		10 OO				EDR No 0000019153											
Decedent's Lega	, ,	Middle, Last)					ta. Maiden	Name (If	temale)		2. Se	4 3	. Time C	f Death	4. Date	Of Death (Month/Day/Year	
5. Social Security		Age - Yrs	6b. Under	1 Year	6c Under	1 Month	6d. Under 1 Da	av 6e.	. Under 1 Ho	Our 7 Da	MA te of Birth (M	ALE		O AM	Stand State	03/26/2011	
		_			ļ							,	´		y and State	or Foreign Country)	
9. Ever in U.S. Arn	ned Forces?	86 10. If Deat	Months h Occurred In	n A Hosp	Days oital:	1	Hours		nutes a. If Death C	Occurred Sor	10/26/1 newhere Othe	1924 er Than A Hos	MI Dital	AMI, AZ			
⊠ Yes □ No		1			epartment Ou	tpatient	Dead on An	🗆	Hospice Fac Other (Spec	cility 🔯	Decedent's H			ome/Long-ten	m Care Faci	lity	
4251 EAST 2	11. Facility Name (if Not Institution, Give Street and Number) 4251 EAST 27TH LANE 12. City Or Town, State, And Zip Code																
12. City Or Town,	State, And Zip C	ode					· · · · · · · · · · · · · · · · · · ·		13. Cour	nty Of Death				4. Marital Sta			
LAKE STATION, IN, 46405  15. Surviving Spouse's Name  15a. (If Wife)Give Maids										<del></del>	Married						
CARMEN AMADO DEL GADO																·	
18. Residence - St		18a. County			IDEL	_GADO	17	18b. City Or	ISTEEL	WORKE		STEEL MILL					
INDIANA				LAKE	=			- I.	AKE ST	ATION							
18c. Street And Nu	ımber				<del>-</del>				AIL OI	ATION		18d. Apt. N	10.	18e. Zip	Code	18f. Inside City Limits?	
4251 EAST 2	27TH LAN													1010-		⊠ Yes □ No	
19. Decedent's Edu	Origin		21	. Decedent	s Race			46	405								
HIGH SCHOOL COMPLETED	)		H GED		ICANO	MEXI	CAN AME		ME	EXICAN							
22. Father's Name (	(First, Middle, La	st)						23. N	Mother's Nam	ne (First, Mid	dle, Last)			23a. Mother's Maiden Last Name			
CELSO M. AMADO 24. Informant's Name									LUPE AMADO				MARTINEZ				
2-to. Malling Addless (Girel And Number, City, State, Zip Code)																	
CARMEN AMADO WIFE 4251 EAST 27TH LANE, LAKE STATION, IN 46405  25. Place Of Disposition																	
25a. Method Of Disp ■ Burial □ Crem		tion 🛘 Ento	ombment 2:	5b. Plac	e Of Dispositi	on (Nam	e Of Cemetery,	Cremator	y, Other Plac	ce) 25c. L	ocation - City	, Town, And S	State				
☐ Removal From S						n	0.0111	me	ent	ic							
Other (Specify): 26. Was Coroner Co		27. 1	Aame And Co				RAL HOME	111		GAF	RY, IN				1 27a Euro	eral Home License Number:	
☐ Yes 🖾 No		RID	GELAW	N FU	NERAL	HOME	, INC., 420	01-W. I	RIDGE 1	ROAD, O	GARY, IN	1 46408			FH102		
27b. Signature Of Ir SHELIA C KII		Service Licen	see:	Property of				is t	he pi	rope	27	C. License N D295000		f Licensee):	,	<u> </u>	
28. Part I. Enter	The Chain Of F	vents - Dis	seases Injur	ies Or	Complication	Caus	se Of Death (S	ad The D	looth Do Ne	neatel.	s)			· · · · · · · · · · · · · · · · · · ·		Approximate Interval: Onset	
Such As Cardiac A Line. Add Add	: Arrest, Respir	atory Arrest	, Or Ventricu	ılar Fibi	rillation With	out Shov	ving The Etiolo	gy. Do No	ot Abbrevia	te. Enter Oi	nly One Caus	se On				To Death  LESS THAN ONE	
Immediate Cause	e (Final Diseas	e Or Condit	ion Resulting	g In De	ath)	A. <u>E</u>	ND STAGE RE	NAL DIS	EASE	Due to (Or	As A Consequence	o Of);				YEAR YEAR	
Sequentially List	Conditions, If	Any, Leadin	ng To The Ca	ause Lis	sted On	В											
Line A. Enter The The Events Resu			ase Or Injury	That I	nitiated	C.				Due to (Or	As A Consequence	Of):					
						_				Due to (Or	As A Consequence	OI):					
Part II. Enter Other S	Significant Condi	tions Contrib	uting to Deat	h But No	ot Resulting In	D	derlying Cause (	Shrin In Pa	er!	20 Ma	s An Autopsy	Dodormod?				PA	
,							,			4	re Autopsy Fir		∋ To Com	☐ Yes	No     No     See Of Deat     No     No	th?	
31. Did Tobacoo Us	e Contribute To	Death?		Female		EL p	in the second					33. Manne	er Of Dea	th:		LI TES LI NO	
☐ Yes ☐ Probab	·	Jnknown		ot Pregnan	t, But Pregnant 43	Days To 1 y	gnant At Time Óf Déat ear Before Death	n LL Not	Pregnant, But Pr	regnant Within 42 t Within The Past	Days Of Death Year			nicide   □  A Id Not Be Del		Pending Investigation	
34. Date Of Injury (M	/lonth/Day/Year)			Time Of			36' P	lace Of Inj	Jury (E.G., D	ecedent's Ho	ome, Construc	tion Site, Res	taurant, V	Vooded Area	37.	Injury At Work?	
38. Location Of Injur	or - State		389	City Or 1	Town		20h	Ctrool 9 to	1 : 0 =							☐ Yes ☐ No	
oo. Lookion of injur	y Cluic		Joa.	only of	TOWIT		380.	Street & f	Willioer	W 30	2011		100	38c. Apt. No	).   38d	I. Zip Code	
39. Describe How In	jury Occurred						E I	$EA^{\lambda}$ .	37		//	40. If Tran	sportation	n Injury, Spec	ify:	***	
44 61							W. W.	DIANA	ini			☐ Driver/Oper	rator Pa	Injury, Spec	lestrian 🔲 Oth	er (Specify)	
41. Signature, Of Pe LYLE R MUNI				IATU	RE						42. Cer	tifier (Check ( tifying Physici		☐ Coroner	Пь	leath Officer	
43. Name, Address A							- Contract	andres er rods	TO THE SELECTION OF STREET OF STREET	SES PRINTERSONAL	TOTAL SALES AND ADDRESS OF THE PARTY OF THE		icense N			Date Certified	
YLE R MUNN , 1190 NORTH STATE ROAD 49, PORTER, IN 46304												010	31582	Α		03/29/2011	
46. Additional Funera	al Service Provid	ier:											*Akas:		— I		
48. Signature of Local Health Officer:  49. For Registrar Only - Date Filed (Month/Day/Year):																	
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE MAR 30 2011  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)																	
										511 0	. auditAL)	· · · · · · · · · · · · · · · · · · ·					

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.