STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 008850

2014 FEB 14 AM 10:28

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now the Affiant, Jose L. Serrano, who being first being sworn upon his Oath, deposes and says:

1. That more than forty-five (45) days have lapsed since the death of Juanita Serrano. A copy of Indiana State Department of Health Death Certificate for Juanita Serrano is attached.

2. That the Affiant is the adult step-son of Juanita Serrano. At the time of her death, Juanita Serrano owned the following described real estate in Lake County, Indiana, with her husband, Damaso S. Serrano, and the Affiant, Jose L. Serrano, as joint tenants with the right of survivorship:

The North 100 feet of the South 470 feet of the West one-half (1/2) of Block 24, in the Third Subdivision to East Gary, as recorded on the Recorder's Office of Lake County, Indiana.

Commonly known as: 2817 Arizona Street, Lake Station, Indiana 46405.

Property/Key Number: 45-08-13-455-003.000-020

3. That the Estate of Juanita Serrano amounts to less than Fifty Thousand Dollars ($50,000.00). The amount of assets and liabilities of the decedent do not justify the formal administration of an estate.

4. That no personal representative has been appointed to administer the Estate of Juanita Serrano.

5. That the Affiant and his father are entitled to the above-referenced assets of the Estate of Juanita Serrano.

FURTHER YOUR AFFIANT SAYETH NOT.

Jose L. Serrano, Affiant

Subscribed and sworn to before me, Ana M. Cornejo, a Notary Public, in the City of Hobart, Lake County, Indiana on this 20th day of January, 2014.

Ana M. Cornejo, Notary Public

My County of Residence: Porter
My Commission Expires: February 21, 2014

FILED
FEB 14 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

This document was prepared by Kirk E. Marrie, Attorney Number 18409-45, the Law Office of Michael L. Deppe, P.C., 3940 W. 37th Avenue, Hobart, Indiana 46342. Phone: (219) 962-5900.

00569 QASN $13.00 M E

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001265 EDR No 000000353486 State No 052770

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
JUANITA SERRANO	DIAZ	FEMALE	02:45 AM	11/14/2013

5. Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
315-38-8110	88					02/25/1925	MAUNABO, PR

9. Ever in U.S. Armed Forces? ☒ Yes ☐ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☒ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): FOUNTAINVIEW PLACE

12. City Or Town, State, And Zip Code: PORTAGE, IN, 46368

13. County Of Death: PORTER

14. Marital Status At Time Of Death: ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name: DAMASO SERRANO

15a. (If Wife) Give Maiden Last Name:

16. Decedent's Usual Occupation: HOMEMAKER

17. Kind Of Business/Industry: HOME

18. Residence - State: INDIANA

18a. County: LAKE

18b. City Or Town: LAKE STATION

18c. Street And Number: 2817 ARIZONA STREET

18d. Apt. No.:

18e. Zip Code: 46405

18f. Inside City Limits? ☒ Yes ☐ No

19. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED

20. Decedent Of Hispanic Origin: PUERTO RICAN

21. Decedent's Race: White

22. Father's Name (First, Middle, Last): ANTONIO DIAZ

23. Mother's Name (First, Middle, Last): ROSA DIAZ

23a. Mother's Maiden Last Name: RUIZ

24. Informant's Name: ROSE HINOJOSA

24a. Relationship To Decedent: DAUGHTER

24b. Mailing Address (Street And Number, City, State, Zip Code): 6331 MARIETTA STREET, PORTAGE, IN 46368

25. Place Of Disposition

25a. Method Of Disposition: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): CALVARY CEMETERY

25c. Location - City, Town, And State: PORTAGE, IN

26. Was Coroner Contacted? ☐ Yes ☒ No

27. Name And Complete Address Of Funeral Facility: KRAFT FUNERAL SERVICES & CREMATORY, 370 NORTH COUNTY LINE ROAD, HOBART, IN 46342

27a. Funeral Home License Number: FH10000005

27b. Signature Of Indiana Funeral Service Licensee: RUSSELL A KRAFT , BY ELECTRONIC SIGNATURE

27c. License Number (Of Licensee): FD29300105

Cause Of Death (See Instructions And Examples)

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.

		Due to (Or As A Consequence Of):	Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. CEREBROVASCULAR ACCIDENT		
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	B. DEMENTIA		
	C. ANOREXIA		
	D.		

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I: HYPERTENSION, HYPOTHYROIDISM, HYPERLIPIDEMIA

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown

32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year

33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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? ☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: SHREYAS DESAI , BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SHREYAS DESAI , 2640 HAMSTROM ROAD, PORTAGE, IN 46368

44. License Number: 01027933A

45. Date Certified: 11/19/2013

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 19 2013

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

tate 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.