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**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA )  
COUNTY OF LAKE )

2014 FEB 18 15:33

On this 11th day of February, 2014, before me personally appeared Yolanda Kruhaj, who being duly sworn on her oath states the following:

1. That the Affiant is the daughter of Ernesto Flores, Sr. and Ernestina Flores.
2. That the Affiant's parents are the owners of the real estate located in Lake County, State of Indiana, more particularly described as follows:

Lot 32 Block 15, in Park Addition to Indiana Harbor, in the City of East Chicago as per plat thereof, recorded in Plat Book 5, page 32, in the office of the Recorder of Lake County, Indiana and commonly known as 4206 Drummond Street, East Chicago, IN 46312. Key Number: 45-03-28-230-017.000-024

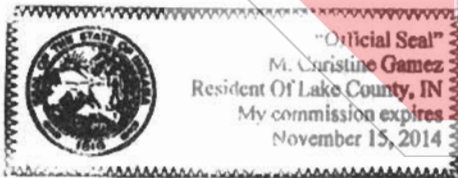
3. That said premises were formerly owned as Husband and Wife by Ernesto Flores, Sr. and Ernestina Flores.
4. Ernestina Flores died on January 12, 2005, a resident of Lake County, IN and Ernesto Flores, Sr. died on March 28, 2013, a resident of Lake County, IN.
5. That by reason of the death of Ernesto Flores, Sr., there are no Federal Estate Taxes or Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.
6. This Affidavit is made for the purpose of clearing title to the above parcel of real estate.

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. Further Affiant saith not.

*Yolanda Kruhaj*  
Yolanda Kruhaj

Subscribed and Sworn to before me, the undersigned, a Notary Public in and for said County and State, this 11th day of February, 2014, personally appeared Yolanda Kruhaj and acknowledged the execution of the foregoing Affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.



*M. Christine Gamez*  
M. Christine Gamez, Notary Public

Commission Expires: 11-15-2014

County of Residence: Lake

This instrument was prepared by: Stephen B. Cohen, Attorney 900 Ridge Road, Suite K, Munster, IN 46320

↑  
16-00  
CASH  
NONCONF.  
PP

20905

**FILED**  
FEB 18 2014  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. ....

Local No. 0078-05

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle, Last) <b>Ernestina Flores</b>				2 SEX <b>Female</b>		3a TIME OF DEATH <b>3:40a<sub>M</sub></b>		3b DATE OF DEATH (Month Day, Yr.) <b>January 12, 2005</b>	
4 *SOCIAL SECURITY NUMBER [REDACTED]		5a AGE—Last Birthday (Years) <b>81</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo. Day, Yr.) <b>Dec. 15, 1923</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Laredo, Texas</b>		8a WAS DECEDENT A U.S. VETERAN? <b>No</b>							
8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence							
9b FACILITY NAME (If not institution, give street and number) <b>The Community Hospital</b>				9c CITY, TOWN, OR LOCATION OF DEATH <b>Munster</b>			9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Ernesto Flores</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>			12b KIND OF BUSINESS/INDUSTRY <b>Own Home</b>		
13a RESIDENCE—STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>		13c CITY, TOWN, OR LOCATION <b>East Chicago</b>			13d STREET AND NUMBER <b>4206 Drummond Street</b>		
13e ZIP CODE <b>46312</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>Mexican</b>	
16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>11</b> College (1-4 or 5+) <b>-</b>							
18 FATHER'S NAME (First Middle, Last) <b>Servando Rodriguez</b>					19 MOTHER'S NAME (First Middle, Maiden Surname) <b>Maria Parra</b>				
20a INFORMANT'S NAME (Type/Print) <b>Yolanda Kruhaj</b>				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4206 Drummond St., East Chicago, IND 46312</b>				20c Relationship <b>Daughter</b>	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>January 15, 2005 St. John Cemetery</b>				21c LOCATION—City or Town, State <b>Hammond, Indiana</b>	
22a EMBALMER'S NAME <b>James H. Fife</b>				22b EMBALMER'S LICENSE NO. <b>FD01010795</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>				24b LICENSE NUMBER (of Licensee) <b>FD01020368</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>FIFE FUNERAL HOME, INC. - FH83001512 4201 Indpls. Blvd., East Chicago, IND</b>			
26 PART I—Enter the disease, injury, or complication that caused the death. Do not enter nonspecific terms such as cardiac or respiratory failure. Do not enter Part II as a cause in each line. THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE DEATH RECORD AS FILED WITH THE LAKE COUNTY DEPARTMENT OF HEALTH. DEATH ON FILE WITH THE LAKE COUNTY DEPARTMENT OF HEALTH.								Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final identifiable disease or condition resulting in death) <b>cerebral vasculer accident</b>									
Conditions (if any) which gave rise to the immediate cause, stating the underlying cause last <b>gastro-intestinal bleeding</b>									
PART II—Other conditions contributing to death but not previously stated in Part I <b>hypertension</b>									
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>				28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N/A</b>			
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				29b SIGNATURE AND TITLE OF CERTIFIER <i>W. Phelps</i>		29c MEDICAL LICENSE NO. <b>101046859A</b>		29d DATE SIGNED (Month Day Year) <b>Jan. 12, 2005</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Ahdab - 7400 Columbia Avenue, Hammond, Indiana 46324</b>									
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Butts D.O.</i>							32 DATE FILED (Month Day Year) <b>January 12, 2005</b>		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			34a DATE OF INJURY (Month Day Year)		34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED		
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)				34f LOCATION (Street and Number or Rural Route Number, City or Town, State)					
34g DATE PRONOUNCED DEAD (Month Day Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001130

EDR No 000000315699

State No 015422

Form containing fields for decedent's name (ERNESTO FLORES SR), age (91), date of birth (12/20/1921), place of birth (ENCINAL, TX), residence (706 JULIE DRIVE, SCHERERVILLE, IN), cause of death (LIVER FAILURE, CIRRHOSIS), and certifier information (GHASSAN JANO).

