

2014 026168

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 MAY -9 AM 8:42

MICHAEL B. BROWN
RECORDER

2

SURVIVORSHIP AFFIDAVIT

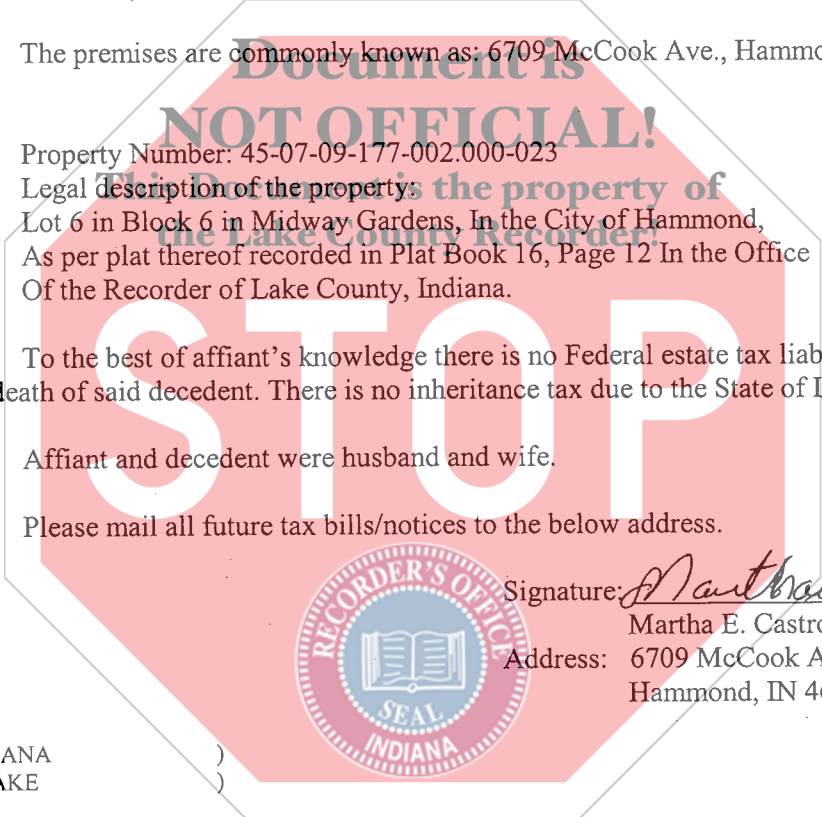
STATE OF INDIANA)
COUNTY OF LAKE)

On this 7th day of May, 2014, before me personally appeared Martha E. Castro to me personally known, who being duly sworn on oath did say that:

1. Affiants resides at the address given below affiants' signature.
2. Affiants is the surviving adult spouse of Ruben Castro.
3. Said premises were formerly owned by, and titled in the names of, Ruben Castro and Martha E. Castro.
4. Ruben Castro died on October 12, 2013, leaving no will.
5. The premises are commonly known as: 6709 McCook Ave., Hammond, Indiana 46323.

Property Number: 45-07-09-177-002.000-023
 Legal description of the property:
 Lot 6 in Block 6 in Midway Gardens, In the City of Hammond,
 As per plat thereof recorded in Plat Book 16, Page 12 In the Office
 Of the Recorder of Lake County, Indiana.

6. To the best of affiant's knowledge there is no Federal estate tax liability by reason of the death of said decedent. There is no inheritance tax due to the State of Indiana.
7. Affiant and decedent were husband and wife.
9. Please mail all future tax bills/notices to the below address.



Signature: Martha E. Castro
 Martha E. Castro
 Address: 6709 McCook Ave.
 Hammond, IN 46323

STATE OF INDIANA)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally Martha E. Castro who acknowledged execution of the Survivorship Affidavit and who, being duly sworn, stated the representations contained therein to be true.

WITNESS my hand and Notarial Seal this 7th day of May, 2014.

My Commission Expires: December 12, 2014
Resident of Lake County

Kenneth A. Manning
 Kenneth A. Manning, Notary Public

I affirm under the penalties of perjury, that I have taken reasonable care and steps to redact each social security number in the document, including attachments, unless required by law.

Kenneth A. Manning
 Kenneth A. Manning

Instrument Prepared By: Kenneth A. Manning, 200 Monticello Drive, Dyer, Indiana 46311; phone: (219) 865-8376

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FILED

MAY 09 2014

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 0081609

DATE ISSUED 11/14/2013

DECEDENT'S LEGAL NAME RUBEN CASTRO		SEX MALE	DATE OF DEATH OCTOBER 12, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 62 YEARS	DATE OF BIRTH MAY 29, 1951		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE HUMACAO, PR	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARTHA JEREZ	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6709 MCCOOK AVE	APT. NO.	CITY OR TOWN HAMMOND	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46324	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION AVELINO CASTRO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANTANASIA SANTIAGO
INFORMANT'S NAME MARTHA CASTRO	RELATIONSHIP SPOUSE	MAILING ADDRESS 6709 MCCOOK AVE, HAMMOND, IN, 46320		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CALUMET PARK	LOCATION: CITY OR TOWN AND STATE MERRILLVILLE, IN	DATE OF DISPOSITION OCTOBER 18, 2013	
FUNERAL HOME PRECIOUS MEMORIES FUNERAL HOME LLC, 7605 S. HALSTED ST, CHICAGO, IL, 60620				
FUNERAL DIRECTOR'S NAME BELICIA HICKS		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016331		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR OCTOBER 30, 2013		
CAUSE OF DEATH PART I. CARBAPENEM RESISTANT ACINETOBACTER PNEUMONIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of)		UNKNOWN
		Due to (or as a consequence of)		
		Due to (or as a consequence of)		
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY			MANNER OF DEATH NATURAL	
PLACE OF INJURY			INJURY AT WORK?	
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY	
DESCRIBE HOW INJURY OCCURRED				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 12, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:40 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 29, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. S SIDDIQUI, 251 E HURON ST, CHICAGO, ILLINOIS, 60611			PHYSICIAN'S LICENSE NUMBER 125059175	

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE