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STATE OF INDIANA ) IN THE NEWTON CIRCUIT/SUPERIOR COURT  
 )SS:  
 COUNTY OF NEWTON ) SITTING AT KENTLAND, INDIANA  
 )  
 IN THE MATTER OF THE ESTATE )  
 ) CAUSE NO.: 56C01-1304-EU-6  
 OF REGINO ESPITIA, SR., Deceased. )

2014 026793

**AFFIDAVIT OF SURVIVORSHIP**

Comes now, Regino Espitia, Jr., being duly sworn upon his oath and states as follows:

That prior to his death, Regino Espitia, Sr. was the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot Numbered 1 in Block 2 in Homestead Gardens Master Addition per plat thereof recorded in the Office of the Recorder of Lake County, Indiana.

That Regino Espitia, Sr. and Helen L. Espitia, now deceased, were husband and wife at the time they acquired title as tenants by the entireties, to said real estate by deed of conveyance.

That the marital relationship which existed between this Regino Espitia, Sr. and Helen L. Espitia, continued unbroken from the time they so acquired title to said real estate until the date of Helen L. Espitia's death, on the 15<sup>th</sup> day of County, 2012, at which time Regino Espitia, Sr. acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, Helen L. Espitia, as determined for the purposes of Federal Estate Taxes did not require the filing of a Federal Estate Tax Return.

That the real estate described herein was not subject to Indiana Inheritance Tax.

*Regino Espitia Jr.*  
 Regino Espitia, Jr., as Personal Representative  
 of the Estate of Regino Espitia, Sr., Deceased

Subscribed and sworn to before me by the Affiant this 5 day of May, 2014.



*Rene L. Reynolds*  
 Notary Public

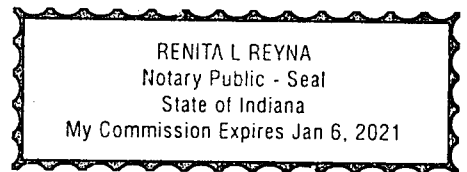
My Commission Expires:

County of Residence:

Lake

This instrument prepared by:

R. Brian Woodward, #2303-45  
 Woodward & Blaskovich, LLP  
 9223 Broadway, Suite E  
 Merrillville, IN 46410



HOLD FOR MERIDIAN TITLE CORP

14-1385

FILED

MAY 09 2014

PEGGY HOLINGA KATONA  
 LAKE COUNTY AUDITOR

22849

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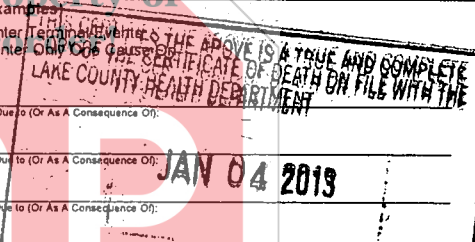
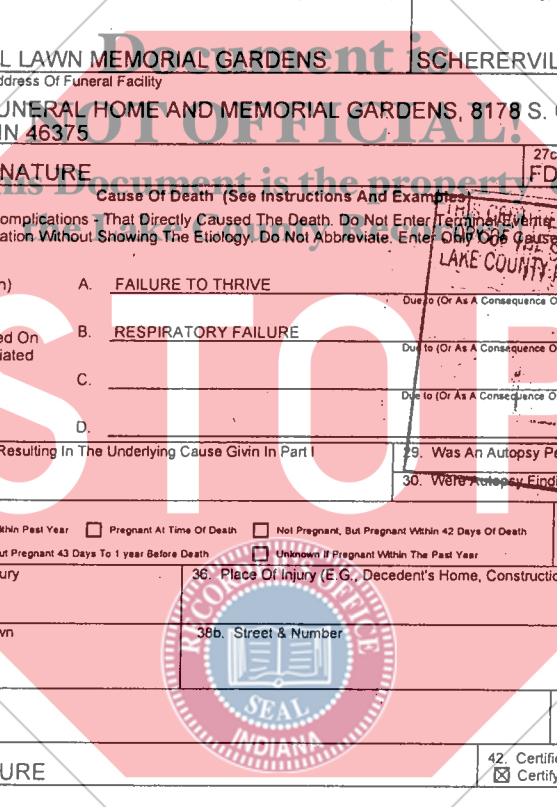
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000013

EDR No 00000298493

State No

1. Decedent's Legal Name (First, Middle, Last) REGINO ESPITIA SR
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 02:18 AM
4. Date Of Death (Month/Day/Year) 01/02/2013
5. Social Security Number
6a. Age - Yrs 83
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 09/07/1929
8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
11. Facility Name (If Not Institution, Give Street and Number) VIBRA HOSPITAL OF NORTHWESTERN INDIANA
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation HEATER
17. Kind Of Business/Industry STEEL MANUFACTURING
18. Residence - State INDIANA
18a. County NEWTON
18b. City Or Town DEMOTTE
18c. Street And Number 10477 NORTH 470 EAST
18d. Apt. No.
18e. Zip Code 46310
18f. Inside City Limits?
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED
20. Decedent Of Hispanic Origin SPAIN
21. Decedent's Race White
22. Father's Name (First, Middle, Last) JACINTO ESPITIA
23. Mother's Name (First, Middle, Last) VICENTA ESPITIA
23a. Mother's Maiden Last Name MACIAS
24. Informant's Name REGINO ESPITIA
24a. Relationship To Decedent SON
24b. Mailing Address (Street And Number, City, State, Zip Code) 3149 EDER STREET, HIGHLAND, IN 46322
25. Place Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS
25c. Location - City, Town, And State SCHERERVILLE, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375
27a. Funeral Home License Number: FH19900051
27b. Signature Of Indiana Funeral Service Licensee: DAVID R PETERSON, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD08601585
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. FAILURE TO THRIVE
B. RESPIRATORY FAILURE
C.
D.
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I
29. Was An Autopsy Performed?
30. Were Autopsy Findings Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
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:
41. Signature, Of Person Certifying Cause Of Death: RUPESH J. SHAH, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: RUPESH J. SHAH, 202 E 86TH PLACE, MERRILLVILLE, IN 46411
44. License Number 02002106A
45. Date Certified 01/04/2013
46. Additional Funeral Service Provider:
47. \*Akas:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): JAN 04 2013





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003591

EDR No 00000289982

State No 050792

Form containing fields for decedent's name (HELEN L ESPITIA), date of death (11/15/2012), cause of death (CARDIO-RESPIRATORY FAILURE), and certifying physician (BHARAT V BHAVSAR).