STATE OF INDIANA IN THE NEWTON CIRCUIT/SUPERIOR COURT )SS: COUNTY OF NEWTON SITTING AT KENTLAND, INDIA IN THE MATTER OF THE ESTATE ) CAUSE NO.: 56C01-1304-EU-6 OF REGINO ESPITIA, SR., Deceased. 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 Free 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 15th day of November, 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., as Personal Representative of the Estate of Regino Espitia, Sr., Deceased Subscribed and sworn to before the by the Affiant this 5 2014. Notary Public County of Residence: My Commission Expires:

This instrument prepared by:

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

RENITA L REYNA Notary Public - Seal State of Indiana My Commission Expires Jan 6, 2021

# 15 m1

HOLD FOR MERIDIAN TITLE CONT 14-1385

MAY 0 9 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

22849

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	cal No OO			EDI	R No 000	0002984	493		State	e No				
Decedent's Legal Name	(First, Middle, La	st)			1a. Maiden Na	me (if female)	1	2. Se:	x 3.	Time O	f Death	4. Date	Of Death (Month/Day/Ye	
REGINO ESPITIA  5. Social Security Number		Total III							ALE		8 AM		01/02/2013	
5. Social Security Number	ba. Age - Y/s	6b. Under	1 Year   6c. Un	der 1 Month	6d. Under 1 Day	6e. Under 1 Ho	ur 7. Dat	te of Birth (M	onth/Day/Year)	8. B	irthplace (Ci	ty and State	or Foreign Country)	
9. Ever in U.S. Armed For	83	Months eath Occurred in	Days Days		Hours	Minutes		09/07/		ΕA	ST CHI	CAGO, I	IN	
☑ Yes ☐ No ☐ Uni	known 🛭 Inpa	tient 🔲 Emer	gency Departmen	Outpatient	Dead on Arriva	10a. If Death Od Hospice Faci	lity 🔲	newnere Oine Decedent's H			ome/Long-ter	m Care Faci	ility	
11. Facility Name (If Not I VIBRA HOSPITAL	L OF NORTH			4		<del>'</del>								
12. City Or Town, State, A	nd Zip Code					13. Count	y Of Death				4. Marital St			
CROWN POINT, I			15a. (If Wife)Give Maid			LAKE :			dent's Heural Oc	Married ☐ Married, Bu    Mdowed ☐ Never   S Usual Occupation			But Separated Divorcer Married Duknown Of Business/Industry	
				100.	(// VIIIO/CIVO MILIO					Lupador	'	STEEL		
18. Residence - State			18a. County			18b. City Or T	own	<u> HEATE</u>	K			[MANUI	FACTURING	
NDIANA			NEWTON			DEMOTTE	E							
18c. Street And Number				-					18d. Apt. No	<b>D</b> .	18e. Zip	Code	18f. Inside City Limits	
10477 NORTH 47	0 EAST	-									46	310	⊠ Yes □ No	
19. Decedent's Education HIGH SCHOOL G	RADUATE (	OR GED	20. Deceden	t Of Hispani	c Origin		Decedent	s Race		-	•			
COMPLETED 22. Father's Name (First, Mi	iddle, Last)		SPAIN			Whi 23. Mother's Name		dle Last\			230 4	Anther's Mai	den Last Name	
	,					20. MOUTOT 3 Marile	rji u st, mid	uie, Lasi)			234. 1	MOUSEI'S MAI	den cast Name	
ACINTO ESPITIA 24. Informant's Name			24a. Rela	tionship To	Decedent	VICENTA ESPITIA MACIAS  24b. Mailing Address (Street And Number, City, State, Zip Code)								
REGINO ESPITIA	V:		SON	,		3149 EDER STREET, HIGHLAND, IN 46322								
5a. Method Of Disposition		1.50	Eb. Diese Of Biss	-97	25. Plac	e Of Disposition								
Burial Cremation	Donation Er		ob. Place Of Dispo	stion (Nam	ne Of Cemetery, Cre	matory, Other Place	) 25c. L	ocation - City	, Town, And St	ate				
Removal From State			LIADEL LAX			100001	100							
Other (Specify):  6. Was Coroner Contacted	? 27.		mplete Address C		MORIAL GAR	EDENS	JSCH	ERERVI	LLE, IN			27a. Fune	eral Home License Number	
Yes 🛭 No	CH	IAPEL LA	WN FUNER	AL HOI	ME AND MEI	MORIAL GAR	RDENS,	<b>8178</b> S.	CLINE A	VΕ.,		FH1990		
7b. Signature Of Indiana F AVID R PETERS	uneral Service Lice	ensee:				1			c. License Nur		Licensee):	111100	30001	
•			1 1113	Caus	•	Instructions And	7 ( )		01	3			Approximate	
28. Part I. Enter The <u>Cha</u> Such As Cardiac Arrest, A Line. Add Additinal Lir	in Of Events - D Respiratory Arres les If Necessary.	iseases, Injur st, Or Ventricu	ies, Or Complica lar Fibrillation W	tions - Tha ithout Shov	t Directly Caused ving The Etiology.	The Death. Do Not Do Not Abbreviate	. Enter wa	Hind HE VEHIC NE COUNTY	ずとのナーベアン	OF DE	TRUE AND	POMPLE	Interval: Onset To Death	
Immediate Cause (Final	Disease Or Cond	ition Resulting	g In Death)	A. <u>F</u>	AILURE TO THRIV	E	Due o (Or A	s A Consequence	अस्तरम् । भूत	RIME	M	55 WITH 7	WEEKS	
Sequentially List Condition	ons, If Any, Lead	ing To The Ca	suse Listed On	B. RE	SPIRATORY FAI	LURE	Due to (Or A	s A Consequence	On: I A A II A				WEEKS	
Line A. Enter The Under The Events Resulting In I		ease Or Injury	C					JAN U4		14 2	2013		- 1	
						:	Due to (Or A	s A Consequence	οη:			į.		
art II. Enter Other Significan	t Conditions Contri	buting to Death	But Not Resulting	D	derlying Cause Givin	In Part I	9. Was	An Autopsy i	<del></del>				-	
TURAL							LL		ding Available	To Comp	Yes   plete The Ca	☑ No use Of Deat	h? Yes No	
. Did Tobacoo Use Contrib	ute To Death?		Female:	7.					33. Manner					
Yes Probably N	<b>-</b> .					Not Pregnant, But Pregn Unknown if Pregnant W			Natural [     Suicide [				Pending Investigation	
. Date Of Injury (Month/Da	y/Year)	35. T	ime Of Injury		36. Place	Of Injury (E.G., Dec	edent's Hor	me, Construct	ion Site, Resta	urant. W	ooded Area)	1 .	Injury At Work?	
. Location Of Injury - State		20-	0.7			The second							Yes No	
. Location Of Injury - State		Joa. V	ity Or Town		38b. Stre	et & Number				.   3	38c. Apt. No	. 38d.	Zip Code	
. Describe How Injury Occu	irred				E	EAL			40. If Transp	ortation	Injury, Speci	ify:	ır (Specify)	
. Signature, Of Person Cer	tifving Cause Of D	eath			Sec. Al	DIANA CHIEF		1/-						
JPESH J. SHAH , Name, Address And Zip C	BY ELECT	RONIC SI			- In	Million			fier (Check On fying Physician	<u> </u>	Coroner		eath Officer	
							/		44. LICE	ense Nu	moer	45.	Date Certified	
JPESH J. SHAH Additional Funeral Service		I PLACE,	MERRILL	ILLE, IN	N 46411				02002		١		01/04/2013	
Signature of Local Health		טאוט פופ	NATURE					49. For Reg	istrar Only - D			•		
	" · LLLOTN	CIVIC SIG		NDMENT	TO CERTIFICATE	OF DEATH (ENTI	RY OR OR	RIGINAL)		JA	N 04 20	113	***************************************	
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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.

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

<u>3591</u>		EDR No 000	<u> </u>	<u> </u>		State	S MO	<u>0507</u>	92	-
it)		1a. Maiden Na	me (if female)		2. Sex	3.	Time Of	Death	4. Date C	of Death (Month/Day/Yea
		LOZANO								11/15/2012
6b. Under 1 Yea	r 6c. Under	i Month 6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Mo	nth/Day/Year)	8. Bi	thplace (Ci	ty and State of	or Foreign Country)
Months	Days	Hours	Minutes	<u></u>				COUCH	I, TX	•
	•		☐ Hospice Facility					me/Long-ter	m Care Facili	ity
	Department Ou	tpatient 🔲 Dead on Arriva	Other (Specify)	-			_			
et and Number)	•									
			13. County C	of Death			14	. Marital St	atus At Time	Of Death
			LAKE				[2	Married [	Married, B	ut Separated 🔲 Divord
		15a. (If Wife)Give Maids			16. Deced	ent's Usual Oc	1			Of Business/Industry
					SELF -E	MPLOYE	•			•
190	County		19h Cibi Os Tou		BEAUTI	CIAN			BEAUT	Y SALON
. 104	. County		IBD. City Of YOM	nı						
NE\	<u> MTON</u>		DEMOTTE			404 4-4 11	_	10. 75	0.4.	1 406 (
					`	100. Apt. N	<b>J</b> .	10e. Zip	Code	18f. Inside City Limits
		,						46	310	☐ Yes ☒ No
	Decedent Of	Hispanic Origin	21. D	ecedent's	Race					
	PANISH									
			23. Mother's Name (F	rirst, Midd	(le, Last)			23a. l	Mother's Maid	len Last Name
		* *	GARNETT E I	OZAN	10			COL	LINS	
	24a. Relation	nship To Decedent				City, State, Zip	Code)	1002		
	HUSBAN	1D	10477 NORTH	1 470 [	EAST, D	EMOTTE	, IN 4	6310		
L oct or	0/0:	25. Pla	ce Of Disposition	Loc- L	0.1	Tarres And Or				
	ace Of Dispositi	on (Name Of Cemetery, Gre	matory, Other Place)	25C. LC	cation - City,	O NOWN, AND ST	ate		•	•
		Death	annt i	Bau		–				
Name And Complet	TEL LAVVI	MEMORIAL GAL uneral Facility	(DENS	ISCH	FKEKVI	LLE, IN			27a. Fune	ral Home License Numbe
		•	MORIAL GARD	DENS,	8178 S.	CLINE A	VE.,			
	E, IN 4637	5 1 <b>U</b> T	LICI		27	c. Libonea Mu	mber (O	ticoncoo):	[FH1990	00051
ECTRONICS	IGNATUR	Ecument i	s the nro	mei	rty Fi			dicensee).		
		Cause Of Death (See	Instructions And E	xamples	1 - 1					Approximate Interval: Onset
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ease or injury Tha		C			A Consequence	Oh:		- 1		
		C		Due to (Or As	A Consequence	ÖV 19	201	- 1	- ,	
		C	n in Part I	Due to (Or As	An <sup>1</sup> Autopsy f	ON 19	201	<b>)</b>	⊠ No	
buting to Death But	Not Resulting In	C	n in Part I	Due to (Or As	An <sup>1</sup> Autopsy f	OV 19 Performed?	201 To Com	Yes	⊠ No	1 <sup>7</sup> ☐ Yes ☐ No
buting to Death But I	Not Resulting In sle:	D. The Underlying Cause Givin	Not Pregnant, But Pregnan	29. Was	An Consequence N An Autopsy Fin Adtopsy Fin	On: OV 19 Performed? ding Available 33. Mannel Natural	To Comp	Yes	⊠ No ause Of Deat	1? Yes No
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	Months ath Occurred In A Ho ient	Months  ath Occurred In A Hospital:  ient   Emergency Department Ou  set and Number)  18a. County  NEWTON  20. Decedent Of  SPANISH  24a. Relation  HUSBAN  25b. Place Of Disposition  APEL LAWN FUNERA  CHAPEL LAWN FUNERA  CHERERVILLE, IN 4637  ansee:  ECTRONIC SIGNATUR  Diseases, Injuries, Or Complication  st, Or Ventricular Fibrillation Without  liftion Resulting In Death)  ing To The Cause Listed On	Sb. Under 1 Year   Sc. Under 1 Month   Sd. Under 1 Day	Se. Under 1 Year   Sec. Under 1 Month   Sd. Under 1 Day   Se. Under 1 Hour   Months   Days   Hours   Minutes	Seb. Under 1 Year   Sec. Under 1 Month   Sed. Under 1 Day   Seb. Under 1 Hour   Total Day   Months   Days   Hours   Minutes	Seb. Under 1 Vear   Sec. Under 1 Month   Sed. Under 1 Day   Sec. Under 1 Hour   7. Date of Birth (Months   Days   Hours   Minutes   03/21/1	Bb. Under 1 Year   Bc. Under 1 Month   Bd. Under 1 Day   Be. Under 1 Hour   7. Date of Birth (Month/Day/Near)	Bb. Under 1 Year   Gc. Under 1 Month   Gd. Under 1 Day   Ge. Under 1 Hour   7. Date of Birth (Month/Day/Year)   8. Bir   Months   Days   Hours   Minutes   03/21/1933   Go. If Death Occurred Somewhere Other Than A Hospital   Death Other (Specify)   Decedent's Home   Nursing Hospital Facility   Decedent's Usual Occupation   SELF -EMPLOYED   BEAUTICIAN	Bb. Under 1 Vear   Cc. Under 1 Month   Gd. Under 1 Day   Ge. Under 1 Hour   7. Date of Birth (Monthy/Day/Year)   B. Birthplace   Cc.	Bit   Under 1 Year   Gc. Under 1 Month   Gd. Under 1 Day   Ge. Under 1 Hour   7. Date of Birth (Month/Day/Year)   8. Birthplace (City and State of O3/21/1933   EDCOUCH, TX   EDCOUCH,

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.