

STATE OF INDIANA)

COUNTY OF LAKE)

) SS: 2014 028255

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 MAY 16 AM 11:00

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF HEIRSHIP

Comes now Rudolph P. Lopez, being duly sworn upon his oath, and states as follows:

That Alvaro R. Lopez and Matilda Lopez were husband and wife at the time they acquired title, as tenants by the entireties to the Real Estate which is legally described ON EXHIBIT A, WHICH IS ATTACHED HERETO AND INCORPORATED HEREIN.

Tax Key No. 45-03-22-451-008.000-024

More commonly known as: 3915 Alder Street
East Chicago, Indiana 46312

That the marital relationship which existed between Alvaro R. Lopez and Matilda Lopez, his wife, continued unbroken from the time they so acquired title to said real estate until the death of Matilda Lopez, his wife on the 9th day of February, 2008, at which time Alvaro R. Lopez acquired title to the real estate as surviving tenant by the entireties. That Alvaro R. Lopez became the sole legal owner upon the passing of his wife Matilda Lopez.

That Alvaro R. Lopez, passed away, intestate, on November 16, 2013, while he was a resident of Lake County, leaving as his sole heirs, his son Rudolph P. Lopez and his daughter, Sylvia Lopez. *A copy of his death certificate is attached as Exhibit B. RL*

That Rudolph P. Lopez is an adult residing at 7016 W. 127th Pl., Cedar Lake, IN 46303.

That Sylvia Lopez is an adult residing at 714 James Pl., Griffith, IN 46319.

That no Federal Estate Tax or Indiana Inheritance Tax was due and owing as a result of the death of Matilda Lopez from her estate or as result of the death of Alvaro P. Lopez.

That more than 45 days have passed since the death of Matilda Lopez and the death of Alvaro R. Lopez.

That as a result of Matilda Lopez's death, Alvaro R. Lopez became the sole fee simple owner of the real estate.

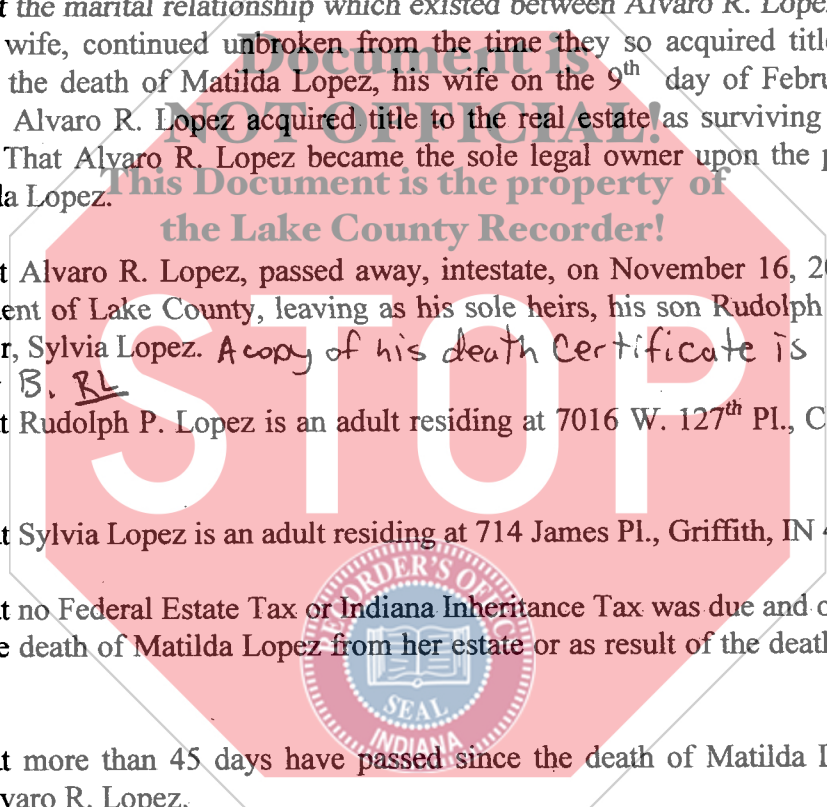
FILED

MAY 16 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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The value of Alvaro R. Lopez's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided by IC § 29-1-8-1, after accounting for the costs and expenses of administration and reasonable funeral expenses.

The gross value of the estate of Alvaro R. Lopez, as determined for the purpose of Federal Estate Taxes does not require the filing of a Federal Estate Tax Return and that the estate of Alvaro R. Lopez is not subject to Indiana Inheritance Tax.

This Affidavit is made by the undersigned to confirm that by the laws of intestate succession **RUDOLPH P. LOPEZ and SYLVIA LOPEZ** have succeeded to the interest of Alvaro R. Lopez in the above-described parcel of real estate.

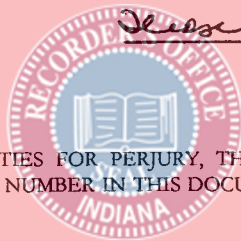
Rudolph P. Lopez
RUDOLPH P. LOPEZ

STATE OF INDIANA
COUNTY OF LAKE

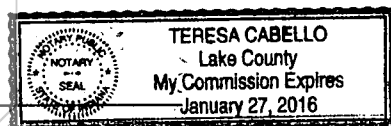
Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

I, the undersigned, a Notary Public in and for the aforesaid County and State, hereby certify that on this day Rudolph P. Lopez, personally known to me to be the same person whose name is subscribed to the foregoing instrument, personally appeared before me and acknowledged that he signed, sealed and delivered the foregoing instrument as his free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal on May 13, 2014.



Teresa Cabello
Notary Public



"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." Marco A. Molina

Prepared by:

Marco A. Molina
4704 Indianapolis Boulevard
East Chicago, IN 46312
(219) 397-4000

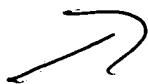


Exhibit A

Lot 8, in Block No. 4 as marked and laid down on
the Recorded Plat of third Addition to Indiana Harbor,
in the ~~office~~ City of East Chicago, Lake County,
Indiana, as the same appears of record in Plat Book 5,
page 24, in the Recorder's Office of Lake County, Indiana.

Commonly known as 3915 Alder St.
East Chicago, IN 46312





Exhibit B

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 01231

Local No. 003746

EDR No. 000000354058

State No.

1. Decedent's Legal Name (First, Middle, Last) ALVARO R. LOPEZ				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 11:45 AM		4. Date Of Death (Month/Day/Year) 11/16/2013		
5. Social Security Number		6a. Age - Yrs 80		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) 09/05/1933				8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN								
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice/Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) 714 JAMES PLACE												
12. City Or Town, State, And Zip Code GRIFFITH, IN, 46319						13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation RAILCAR REPAIRMAN		17. Kind Of Business/Industry INLAND STEEL COMPANY		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town EAST CHICAGO			18c. Street And Number 3915 ALDER STREET		18d. Apt. No.	
18e. Zip Code 46312			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) ALVARO LOPEZ SR				23. Mother's Name (First, Middle, Last) JUANITA LOPEZ				23a. Mother's Maiden Last Name GUERRERO				
24. Informant's Name RUDOLPH P. LOPEZ				24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 7016 WEST 127TH PLACE, CEDAR LAKE, IN, 46303						
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) REGIONAL CREMATION SERVICES				25c. Location - City, Town, And State MUNSTER, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility FIFE FUNERAL HOME, INC., 4201 INDIANAPOLIS BLVD., EAST CHICAGO, IN, 46312				27a. Funeral Home License Number FH83001512				
27b. Signature Of Indiana Funeral Service Licensee JOHN P. FIFE, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee) FD01020366				28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT				
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28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT				B. FAILURE TO THRIVE				WEEK				
28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT				C. <i>Susan W Best, MD</i>								
28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT				D.								
Part II: Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I												
MALNUTRITION												
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. Location Of Injury - State				38a. City Or Town		38b. Street And Number		38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)								
41. Signature Of Person Certifying Cause Of Death MATTHEW ARNOLD RAMOS LIBIRAN, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01059738A		45. Date Certified 11/18/2013		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death MATTHEW ARNOLD RAMOS LIBIRAN, 100 W. CHICAGO AVENUE, EAST CHICAGO, IN 46312						47. Age						
46. Additional Funeral Service Provider						48. Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filled (Month/Day/Year) NOV 19 2013				

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