

3

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE: JOSE L. RIVERA, DECEDENT

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on January 25, 2013 while domiciled in Lake County, Indiana.
2. That forty-five (45) days have elapsed since the death of the decedent.
3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.
4. That the following named persons are the only heirs of the decedent:

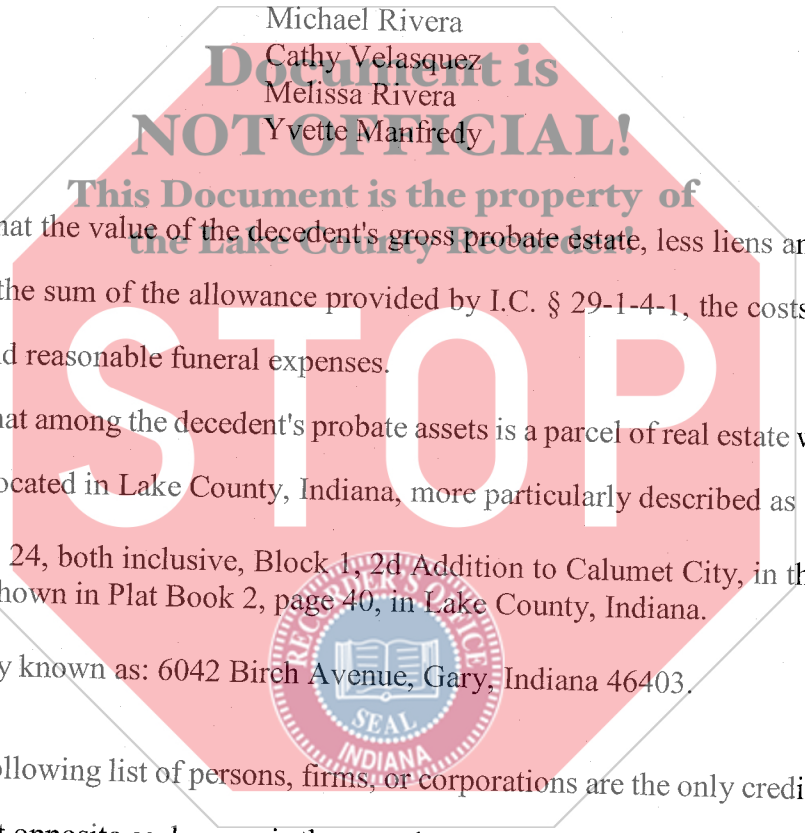
Michael Rivera
Cathy Velasquez
Melissa Rivera
Yvette Manfredy

2014 028529

2014 MAY 19 PM 1:37

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by I.C. § 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses.
6. That among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

Lots 22 to 24, both inclusive, Block 1, 2d Addition to Calumet City, in the City of Gary, as shown in Plat Book 2, page 40, in Lake County, Indiana.

Commonly known as: 6042 Birch Avenue, Gary, Indiana 46403.
7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to

012786

FILED
MAY 19 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

16-1
NON-COM
22 5875
100

the affiant: NONE.

8. That the individuals entitled to the real estate as a result of the decedent's death are the decedent's heirs at law as provided under the laws of intestate succession, namely:

Michael Rivera
Cathy Velasquez
Melissa Rivera
Yvette Manfredy

9. That the gross value of the estate of the decedent, Jose L. Rivera, as determined for the purposes of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

10. That the decedent's estate was not subject to Indiana Inheritance Tax.

Yvette Manfredy

Yvette Manfredy, Affiant

STATE OF INDIANA)
COUNTY OF LAKE)

Document of Title
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Yvette Manfredy, and she being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 2nd day of May, 2014.



C. Donald Emery III

Notary Public

Printed Name: C. Donald Emery III

My Commission Expires: 5/5/2015

My County of Residence: Lake



This instrument prepared by: C. Donald Emery, III, LUCAS, HOLCOMB & MEDREA, 300 EAST 90TH DRIVE, Merrillville, Indiana 46410.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000421

EDR No 000000303875

State No 005785

| | | | | | | | | | | | |
|---|--|--|---|--|--|--|--|---|---|--|-------------------------------|
| 1. Decedent's Legal Name (First, Middle, Last) JOSE LUIS RIVERA | | | | 1a. Maiden Name (If female) | | 2. Sex MALE | | 3. Time Of Death 05:15 PM | | 4. Date Of Death (Month/Day/Year) 01/25/2013 | |
| 5. Social Security Number [REDACTED] | | 6a. Age - Yrs 64 | | 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) 07/14/1948 | | 8. Birthplace (City and State or Foreign Country) HUMACAO, PR | | | | | | | | | |
| 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 checked="" 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 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) METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE | | | | | | | | | | | |
| 12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410-7099 | | | | | | 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 STEELWORKER | | 17. Kind Of Business/Industry STEEL | |
| 18. Residence - State INDIANA | | | 18a. County LAKE | | | 18b. City Or Town MILLER | | | 18d. Apt. No. | | 18e. Zip Code 46403 |
| 18c. Street And Number 6042 BIRCH AVENUE | | | 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 PUERTO RICAN | | | 21. Decedent's Race White | | | | | |
| 22. Father's Name (First, Middle, Last) VALENTIN RIVERA | | | | 23. Mother's Name (First, Middle, Last) JOSEFA SANTIAGO | | | | 23a. Mother's Maiden Last Name SANTIAGO | | | |
| 24. Informant's Name YVETTE MANFREDY | | | 24a. Relationship To Decedent DAUGHTER | | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 106 SOUTH UNION, CROWN POINT, IN 46307 | | | | | |
| 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) KELLY CARROLL CREMATION SERVICES | | | 25c. Location - City, Town, And State GARY, IN | | | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | 27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 WOLD RIDGE RD, HOBART, IN 46342 | | | | | | 27a. Funeral Home License Number FH83003069 | | |
| 27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE | | | | | | 27c. License Number (Of Licensee): IFD01006463 | | | | | |
| 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Approximate Interval: Onset To Death | | | | | | | | | | | |
| Immediate Cause (Final Disease Or Condition Resulting In Death) A. CEREBRAL HEMORRHAGE Due to (Or As A Consequence Of): | | | | | | | | | | | |
| Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. CARDIORESPIRATORY ARREST Due to (Or As A Consequence Of): | | | | | | | | | | | |
| C. ATHEROSCLEROSIS Due to (Or As A Consequence Of): | | | | | | | | | | | |
| D. | | | | | | | | | | | |
| Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I CONGESTIVE HEART FAILURE | | | | | | 29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | 30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 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 & 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: HARISH AMBALAL SHAH, BY ELECTRONIC SIGNATURE | | | | | | 42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer | | | | | |
| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: HARISH AMBALAL SHAH, 200 EAST 86TH PLACE, MERRILLVILLE, IN 46410 | | | | | | 44. License Number 01035471A | | 45. Date Certified 02/05/2013 | | | |
| 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): FEB 05 2013 | | | | | |

