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Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 5/12/14 before me personally appeared Adriana Ortiz
(insert date)

1401170
2014
028769

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is Spouse
state interest of affiant in the above premises as "owner", "son of owner", etc.

3. Said premises were formerly owned as joint tenants or as tenants by the
entireties by Adriana Ortiz and Julio Ortiz

4. Said Julio A. Ortiz
died on 12/3/13
(fill in name of co-tenant who died)

leaving Adriana Ortiz will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

Lot 83 Sub 3 Pine 3 Sub
PB 56 PAGE 42 LCI

6. Is there Federal or State inheritance tax liability by reason of the death of said
decedent? Yes No

If yes, then estimated taxes due are \$

The taxes due are paid or unpaid..

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

RECORDED
MAY 16 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

2014 MAY 20 AM 10:34
MICHAEL B. BROWN
RECORDER

Chicago Title Insurance Company

012696

\$16
non-comp
CT
G

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes", identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was spouse

Signature: [Signature]

Printed Name Adriana Ortiz

Address: 1631 E 31st Ave
Lake Station In 46405

Subscribed and sworn to before me by the affiant, Adriana Ortiz

This _____

(insert date)

Notary Public

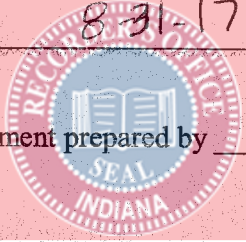
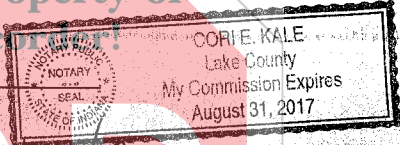
Printed Name Cori Kale

My County of Residence is: Lake

In the State of In

My Commission Expires 8-31-17

This instrument prepared by J. Ortiz





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

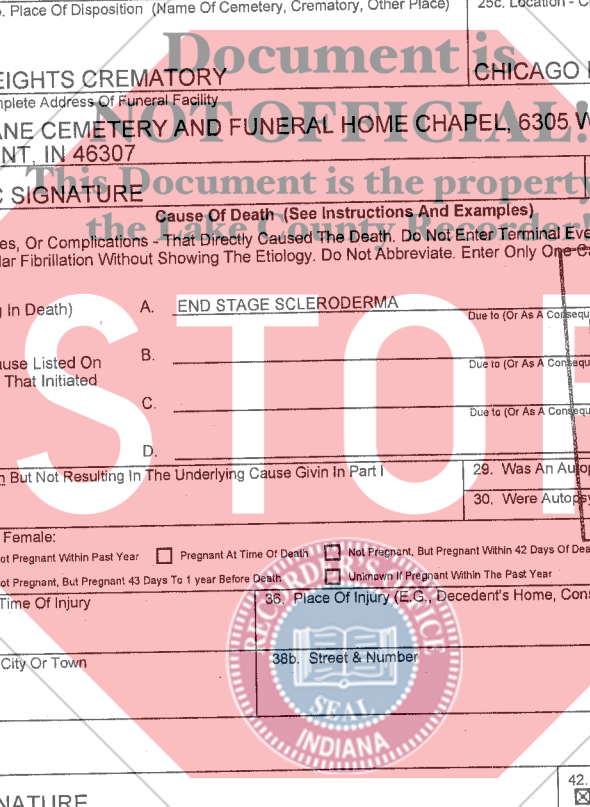
Tracking No. 02620

Local No 003915

EDR No 00000356770

State No 055296

1. Decedent's Legal Name (First, Middle, Last) JULIO ANTONIO ORTIZ				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 03:00 PM		4. Date Of Death (Month/Day/Year) 12/03/2013			
5. Social Security Number [REDACTED]		6a. Age - Yrs 59		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) 04/19/1954		8. Birthplace (City and State or Foreign Country) GARY, 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) 1631 EAST 31ST AVENUE													
12. City Or Town, State, And Zip Code HOBART, IN, 46342						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name ADRIANA ORTIZ				15a. (If WfW) Give Maiden Last Name BLASCO				16. Decedent's Usual Occupation PRODUCTION TECHNICIAN		17. Kind Of Business/Industry ARCELOR MITTAL STEEL MILL			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HOBART			18d. Apt. No.		18e. Zip Code 46342		
18c. Street And Number 1631 EAST 31ST AVENUE													
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) JULIO JOSE ORTIZ						23. Mother's Name (First, Middle, Last) ROSA ELISA ORTIZ			23a. Mother's Maiden Last Name REYES				
24. Informant's Name ADRIANA ORTIZ				24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1631 EAST 31ST AVENUE, HOBART, IN 46342							
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) HEIGHTS CREMATORY				25c. Location - City, Town, And State CHICAGO HEIGHTS, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility MEMORY LANE CEMETERY AND FUNERAL HOME CHAPEL, 6305 W LINCOLN HIGHWAY, CROWN POINT, IN 46307						27a. Funeral Home License Number: FH11100003					
27b. Signature Of Indiana Funeral Service Licensee: MANUEL MARTINEZ, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD21000095							
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. END STAGE SCLERODERMA 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. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____													
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 checked="" type="checkbox"/> No													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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)					
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) NOT VALID UNLESS					
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, 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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 01031582A		45. Date Certified 12/05/2013					
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): DEC 05 2013							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													
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.													



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
DEC 06 2013

