

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2014 050585

BEVERLY ARMENTA, being first duly sworn upon oath, deposes and says:

- 1. That MARY A. FLORES ^{also known as MARY FLORES} died on JULY 30, 2014 at GARY, IN (City/State)
- 2. That MARY A. FLORES ^{AKA MARY FLORES} and BEVERLY ARMENTA were mother and daughter at the time they acquired title as joint ownership to the following described real estate:

LOT 31 AND THE SOUTH 9 FEET OF LOT 32 IN BLOCK 2 IN VAN LIEW AND BUNKY SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 21, PAGE 10 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

- 3. That the joint relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Beverly Armenta
Affiant Signature

STATE OF INDIANA
COUNTY OF LAKE

This Document is the property of the Lake County Recorder

FILED
AUG 21 2014

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Before me, a Notary Public in and for said County and State, personally appeared BEVERLY ARMENTA

who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 21st day of August, 2014.

Resident of LAKE County, Indiana. Signature DiAnne L. Whiting

My Commission Expires: 11/29/2015 Printed DIANNE L. WHITING

This instrument prepared by Beverly Armenta
TAXES: BEVERLY ARMENTA
4912 READING AVE.
EAST CHICAGO, IN 46312

Dianne L. Whiting
Notary Public Seal State of Indiana
Lake County
My Commission Expires 11/29/2015

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000319

EDR No 00000397644

State No

1. Decedent's Legal Name (First, Middle, Last) MARY A FLORES				1a. Maiden Name (If female) AMAYA		2. Sex FEMALE	3. Time Of Death 08:45 AM	4. Date Of Death (Month/Day/Year) 07/30/2014		
5. Social Security Number [REDACTED]		6a. Age - Yrs 84	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) 07/08/1930		8. Birthplace (City and State or Foreign Country) ROBSTOWN, TX	
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) 785 HOVEY STREET										
12. City Or Town, State, And Zip Code GARY, IN, 46408					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 CROSSING GUARD		17. Kind Of Business/Industry CITY OF GARY		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town GARY			18d. Apt. No.	18e. Zip Code 46408	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education 8TH GRADE OR LESS			20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) ARNULFO AMAYA				23. Mother's Name (First, Middle, Last) ANGELINA AMAYA			23a. Mother's Maiden Last Name DELEON			
24. Informant's Name BEVERLY ARMENTA			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 4912 READING AVENUE, EAST CHICAGO, IN 46312					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) RIDGE LAWN CEMETERY			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 RENDINA FUNERAL HOME INC, 5100 CLEVELAND STREET, GARY, IN 46408						27a. Funeral Home License Number FH83007819		
27b. Signature Of Indiana Funeral Service Licensee: MICHELLE L. HANRAHAN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20900062				
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. HYPERTENSIVE NEPHROSCLEROSIS RESULTING IN END STAGE RENAL DISEASE YEARS Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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										
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I ELECTED TO DISCONTINUE DIALYSIS AFTER 3 WEEKS						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings 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 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)			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: 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 08/01/2014		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): AUG 05 2014				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TRANSFERS FROM ORANGE TO PINK WHEN RUBBED. THIS DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED FOR REFUSAL.