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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 077697

2014 DEC -5 PM 1:14

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

MICHAEL S. BROWN  
RECORDER

**AFFIDAVIT**

I, Phillip Rodriguez, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner, in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

THE EASTERLY HALF OF LOT 9, BLOCK 2, REDIVISION OF HELBERG'S OAK RIDGE ADDITION, IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 3, PAGE 23, IN LAKE COUNTY, INDIANA

Tax Key No.: 45-03-31-380-004-000-023

Commonly known as: 1118 State Street, Hammond, IN 46323

**Affiant's Address:** 2817 Janet Place, Hammond, IN 46323

3. I acquired title to said real estate by transfer on death deed of conveyance on the 18th day of November, 2011, and recorded in the Office of the Lake County Recorder on November 23, 2010, as Document No. 2011-069500.

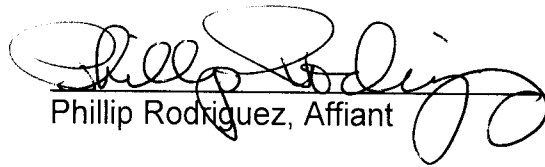
4. That Otila P. Rodriguez (also incorrectly referred to on Document No. 2011-069500 as Otila P. Rodriguez) died on the 28th day of January, 2014, at which time I acquired title to said real estate pursuant to property law. See attached Death Certificate for Otila P. Rodriguez.

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

**FILED**

DEC 05 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

  
Phillip Rodriguez, Affiant

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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Phillip Rodriguez, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 2ND day of December, 2014.

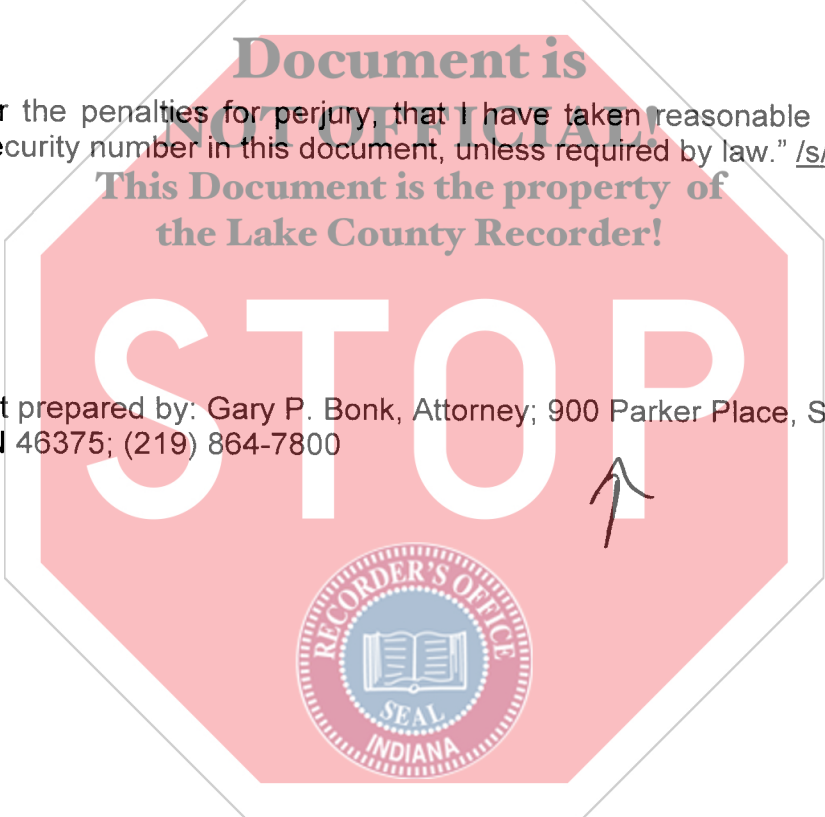
My commission expires: 02/03/2018

Signature: Lesa A. Potacki  
Lesa A. Potacki  
Resident of: Lake County, Indiana



**Document is**  
NOT 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." /s/Gary P. Bonk

**This Document is the property of  
the Lake County Recorder!**



This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 08577

Local No 000327

EDR No 00000366833

State No 004005

1. Decedent's Legal Name (First, Middle, Last) <b>OTILA P RODRIGUEZ</b>				1a. Maiden Name (if female) <b>UNKNOWN</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>05:30 AM</b>	4. Date Of Death (Month/Day/Year) <b>01/28/2014</b>		
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>90</b>	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) <b>06/08/1923</b>		8. Birthplace (City and State or Foreign Country) <b>SAN BENITO, TX</b>	
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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) <b>2300 GREAT LAKES DRIVE</b>										
12. City Or Town, State, And Zip Code <b>DYER, IN, 46311</b>					13. County Of Death <b>LAKE</b>		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 <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>DYER</b>			18d. Apt. No.	18e. Zip Code <b>46311</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number <b>2300 GREAT LAKES DRIVE</b>			19. Decedent's Education <b>8TH GRADE OR LESS</b>	20. Decedent Of Hispanic Origin <b>MEXICAN, MEXICAN AMERICAN, CHICANO</b>		21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>UNKNOWN UNKNOWN</b>				23. Mother's Name (First, Middle, Last) <b>SANTOS PEREZ</b>			23a. Mother's Maiden Last Name <b>PEREZ</b>			
24. Informant's Name <b>PHILLIP RODRIGUEZ</b>			24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2817 JANET PLACE, HAMMOND, IN 46323</b>					
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) <b>CHAPEL LAWN CEMETERY</b>			25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS-KISH FUNERAL HOME INC-HAMMOND, 5840 HOHMAN AVE, HAMMOND, IN 46321</b>					27a. Funeral Home License Number: <b>FH83002819</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>APOLINARIO MORENO, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20500073</b>				
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. <b>RENAL FAILURE</b> Due to (Or As A Consequence Of) B. <b>DEMENCIA</b> Due to (Or As A Consequence Of) C. <b>INSULIN DEPENDENT DIABETES MELLITUS</b> 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										
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		Approximate Interval: Onset To Death
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. Zip Code	
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: <b>ALEXANDER A STEMER, BY ELECTRONIC SIGNATURE</b>						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: <b>ALEXANDER A STEMER, 761 45TH STREET, MUNSTER, IN 46321</b>						44. License Number <b>01025591A</b>		45. Date Certified <b>01/29/2014</b>		
46. Additional Funeral Service Provider:						47. *Axes:				
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JAN 29 2014</b>				
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>										