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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 080922

2014 DEC 19 PM 12:11



Fidelity National Title

Insurance Company
NOTARIAL RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

→ John C. Ruiz being first duly sworn upon oath, deposes and says:

1. That Lupe T. Ruiz died on Oct 21, 2013 at Hammond IN.
(City/State)
2. That John Ruiz and _____ were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

SEE EXHIBIT A LOTS 1+2 IN BLOCK 28, IN UNIT 8 OF WOODMAN KNOW AS

3. That the marital 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.

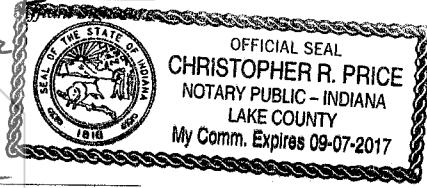
7508 OLCOTT AVENUE IN THE CITY OF HAMMOND LAKE COUNTY IN, MORE COMMONLY AS 7508 OLCOTT HAMMOND IN 46323, SUBJECT TO UNPAID TAXES BUILDING LINES ALLEYWAYS STREETS ALLEYS ASSESSMENTS CONVEYANCES CONDITIONS AND RESTRICTIONS OF RECORD.

Further affiant sayeth not.

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

STATE OF Indiana)
COUNTY OF Lake)

ACKNOWLEDGEMENT



Before me, a Notary Public in and for said County and State, personally appeared John Ruiz 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 13th day of December, 2014.

Resident of Lake County, Indiana.

Signature [Signature]
Printed Christopher Price

My Commission Expires: 09/09/2017

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. _____
[Name]

This instrument prepared by _____

- AMOUNT \$ 1400
- CASH CHARGE _____
- CHECK # _____
- OVERAGE _____
- COPY _____
- NON-COM _____
- CLERK CP



FILED

DEC 19 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

017245



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003458

EDR No 00000349733

State No 048688

1. Decedent's Legal Name (First, Middle, Last) LUPE RUIZ				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 07:47 PM	4. Date Of Death (Month/Day/Year) 10/21/2013		
5. Social Security Number [REDACTED]		6a. Age - Yrs 91	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) 10/17/1922		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) 7508 OLCOTT AVENUE										
12. City Or Town, State, And Zip Code HAMMOND, IN, 46323					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 LADELMAN		17. Kind Of Business/Industry STEEL MILL		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18c. Street And Number 7508 OLCOTT AVENUE	18d. Apt. No.	18e. Zip Code 46323	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO		21. Decedent's Race White				22. Father's Name (First, Middle, Last) SEVERRO RUIZ		23a. Mother's Maiden Last Name TORRES
23. Mother's Name (First, Middle, Last) CONSTANCE RUIZ		24. Mailing Address (Street And Number, City, State, Zip Code) 1522 121ST STREET, WHITING, IN 46394				24a. Relationship To Decedent SON				
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) ELMWOOD CEMETERY		25c. Location - City, Town, And State HAMMOND, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321					27a. Funeral Home License Number FH83004968			
27b. Signature Of Indiana Funeral Service Licensee APOLINARIO MORENO, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD20600073				
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 Of Death. Add Additional Lines If Necessary.								Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIO-RESPIRATORY FAILURE								Due to (Or As A Consequence Of) OCT 25 2013		
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. CONGESTIVE HEART FAILURE								Due to (Or As A Consequence Of) 1 WEEK		
C. ISCHEMIC HEART DISEASE								Due to (Or As A Consequence Of) SEVERAL YEARS		
D. _____								Due to (Or As A Consequence Of) LAKE COUNTY HEALTH OFFICER		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I STROKE, DIABETES, HTN, OBESITY, PAD, AMPUTATIONS						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: BHARAT V BHAVSAR, 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: BHARAT V BHAVSAR, 8731 INDIANAPOLIS BLVD, HIGHLAND, IN 46322-1551		44. License Number 01045402A		
45. Date Certified 10/24/2013						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): OCT 25 2013						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)				