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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 081266

2014 DEC 22 AM 10: 52

MICHAEL B. BROWN
RECORDER

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STATE OF INDIANA

COUNTY OF Lake

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the Lake County Recorder!

Juanita Salaz

being first duly sworn upon oath, deposes and says:

1. That Michael M. Salaz died on 1/19/07 at Lake Co, IN
2. That Michael M. Salaz and Juanita Salaz were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lots 1 and 2, Block 4, Orchard Hill Addition to Gary, as shown in Plat Book 13, Page 2, in Lake County, Ind
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 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.

Juanita Salaz 10-1-14
Juanita Salaz Affiant Signature

Subscribed and sworn to before me, a Notary Public this 1st day of Oct, 2014

JANICE L. MADDOX
Notary Public, State of Indiana
Lake County
Commission # 575825
My Commission Expires
January 26, 2016

Janice L. Maddox
Notary Public

My Commission Expires: 1-26-16

County of Residence: Lake

This Instrument prepared by Juanita Salaz

Adcom

FILED

DEC 22 2014

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 0179-07

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) MICHAEL MANUEL SALAZ				2. SEX Male		3a. TIME OF DEATH 9:10 A.M.		3b. DATE OF DEATH (Month, Day, Yr) January 19, 2007					
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 85		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) July 13, 1921		7. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri			
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a. PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake Campus				9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville				9d. COUNTY OF DEATH Lake					
10. MARITAL STATUS Married		11. SURVIVING SPOUSE (If wife, give maiden name) Juanita Martinez		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mechanic				12b. KIND OF BUSINESS/INDUSTRY Steel Industry					
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary - Calumet Township				13d. STREET AND NUMBER 2200 W. 49th Avenue					
13a. ZIP CODE 46410		13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Mexican		16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 			
18. FATHER'S NAME (First, Middle, Last) Jesus Salas						19. MOTHER'S NAME (First, Middle, Maiden Surname) Mercedes Leon							
20a. INFORMANT'S NAME (Type/Print) Juanita Salaz				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2200 W. 49th Avenue Gary, Indiana 46408				20c. Relationship Wife					
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 24, 2007 Calumet Park Cemetery				21c. LOCATION—City or Town, State Merrillville, Indiana					
22a. EMBALMER'S NAME Ronald J. Mesarch				22b. EMBALMER'S LICENSE NO. FDO1005912				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Ronald J. Mesarch</i>				24b. LICENSE NUMBER (of Licensee) FDO1005912		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home Inc. FH83007762 7905 Broadway Merrillville, IN 46410							
26. PART I. THIS CERTIFICATE IS A TRUE AND COMPLETE STATEMENT OF THE ABOVE INFORMATION. Do not enter nonspecific terms, such as cardiac or respiratory. IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory failure DUE TO (OR AS A CONSEQUENCE OF): a. JAN 20 2007 b. Infarction c. Myocardial infarction d. Uncontrolled Diabetes Mellitus										Approximate Interval Between Onset and Death			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I Uncontrolled Diabetes Mellitus						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.													
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Sharon Harig</i>								29c. MEDICAL LICENSE NO. 01035172		29d. DATE SIGNED (Month, Day, Year) 1/22/07			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Sharon Harig M.D. 8895 Broadway Merrillville, IN 46410													
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best D.O.</i>										32. DATE FILED (Month, Day, Year) January 25, 2007			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide				34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED			
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)						34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
34g. DATE PRONOUNCED DEAD (Month, Day, Year)						34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.							

LEGAL DESCRIPTION

Lot 1 and 2 of Block 4, Orchard Hill, Addition to the City of Gary, as shown in Plat Book 13, Page 2, in the office of the Recorder of Lake County, Indiana.

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