2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 022325

2015 APR 16 AM 9:09

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On this 10th day of April, 2015, before me personally appeared Luz Alvarez to me personally known who being sworn on oath did say that:

1. Rufino Atilano, Jr. resides at 350 Clark Road, Gary, IN 46406
2. Affiant is the son of the former owner of the real property located at 350 Clark Road, Gary, Indiana.
3. Said premises was formerly owned by Rufino Atilano.
4. Said Rufino Atilano died intestate on April 1, 2015.
5. The legal description of the premises in question is: Brunswick ADD. All Lots 29,30 & 31, Block 12.
6. There is no Federal Estate or State inheritance tax liability by reason of the death of the decedent.
7. Affiant was the son of the deceased at the time of his death.

45-07-01-279-016-000-004

Signature: Rufino Atilano Jr.
Printed Name: Rufino Atilano, Jr.
Address: 350 Clark Road
Gary, IN 46406

State of Indiana)
)SS:
County of Lake)

Subscribed and sworn to before me, a Notary Public in and for said, by the affiant, Rufino Atilano, Jr. this 10th day of April, 2015.
Witness my hand and official seal.

My Commission Expires: 5-26-17

Dolores Campos
Notary Public

DOLORES CAMPOS
Lake County
My Commission Expires
May 26, 2017

Lake
County of Residence

20474

This instrument was prepared by: Fred S Flores, Attorney at Law, 2109 Broadway, PO Box 3656, East Chicago, IN 46312.

FILED

APR 16 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

#13
CS

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 49829

Local No 001148 EDR No 000000441144 State No 016239

1 Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
RUFINO ATILANO SR		MALE	02:20 AM	04/01/2015

5 Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
[redacted]	86					11/16/1928	MONTERERY, MX

9. Ever In U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): COMMUNITY HOSPITAL

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
MUNSTER, IN, 46321	LAKE	☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown

15 Surviving Spouse's Name	15a. (If Wife)Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
		STEEL WORKER	INLAND STEEL

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	GARY

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
350 CLARK ROAD		46406	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	HISPANIC	HISPANIC

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
RUFINO ATILANO	ROMANA ATILANO	PACHECO

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
RUFINO ATILANO JR	SON	350 CLARK ROAD, GARY, IN 46406

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	KELLY CARROLL CREMATORY	GARY, IN

26 Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	WHITE FUNERAL HOME & CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319	FH10600026

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE	FD08700086

Cause Of Death (See Instructions And Examples)

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 Additinal Lines If Necessary.

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. CARDIOMYOPATHY	
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. Due to (Or As A Consequence Of):	

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I

ACUTE RESPIRATORY FAILURE

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?
			☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: SORAJ ARORA , BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
SORAJ ARORA , 9305 CALUMET AVENUE, SUITE D-2, MUNSTER, IN 46321	02002795A	04/01/2015

46. Additional Funeral Service Provider:	47. Aka:

48 Signature of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year):
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	APR 06 2015

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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

APR 07 2015

Susan W. Best, MD
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS RAISED SEAL AFFIXED

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.