STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 027692

2015 MAY -8 AM 9: 36

MICHAEL B. BROW! RECORDER

# Document is NOT OF FYCTAL! TECENSEDJOENE TENANGY OF FEIDA VII

the Lake County Recorder! 2334 ANNA ST., SCHERERVILLE, INDIANA 46375

45-11-16-482-017.000-36

PREPARED BY:
GLORIA DEL BOSQUE
STANDARD BANK AND TRUST CO.
77253WJ98<sup>TH</sup> ST.

HICKORY HILLS, 3L 60805



OCONNOFITITLE SERVICES, INC. 162 V. HUBBARD ST CHICAGO, IL 60654

### FILED

MAY 0 7 2015

JOHN E. PETALAS LAKE COUNTY AUDITOR

OR
AMOUNT \$ 15

CASH \_\_\_\_ CHARGE \_\_\_
CHECK # 51286

OVERAGE \_\_\_
COPY \_\_\_
NON - COM \_\_\_
CLERK \_\_\_\_

### DECEASED JOINT TENANCY AFFIDAVIT

State of Indiana)

SS.

County of Lake)

#### DECEASED JOINT TENANCY AFFIDAVIT

Nicholas Luna, hereinafter called Affiant(s) being duly sworn states that he resides at 2334 Anna Street, Schererville, IN 46375. That he was acquainted with Nelda Luna, hereinafter referred to as Deceased, and at the time of her death, was one of the owners of the land in Lake County, Indiana, described as:

Lot 2, Rita's Addition, Unit 1, to the Town of Schererville, as shown in Plat Book 61, Page 47, Lake County, Indiana. PIN #45-11-16-482-017.000-036

That the deceased died August 22nd, 2014 as evidenced by a certified copy of Deceased's death certificate attached hereto.

That the deceased died: Leaving no Last Will & Testament which is attached hereto. The Leaving a I the Probate Division original of the unprov Box of the Probate Division of the Circuit Court fecorder! That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in Joint Tenancy at the time of the death of the Deceased, does not exceed the sum of \$10.00 dollars. Affiant makes this affidavit for the purpose of inducing the Real Estate Index to issue its Title Insurance Policy describing the above-mentioned property. Subscribed and sworn before/me this day of Notary Public Nicholas Luna 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. NOTARY PUBLIC - INDIANA KE COUNTY My Comm. Expires Feb 22, 2016

20163

DULY ENTERED FOR TAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFER

MAY 0 7 2015

JOHN E. PETALAS LAKE COUNTY AUDITOR

# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Tracking No.

27369

1816 L	ocal No	002	2638		EC			004010	70	,	, Sta	ate No	0378	53		
Decedent's Legal Na	me (First, Middl	e, Last)				1a. Maio	den Name	(If female)		2. Se	ex	3. Time (	Of Death	4. Date	Of Death (Month/Day/Year)	
NELDA LUNA 5 Social Security Num	ber   6a. Age -	Yrs	6b. Under	1 Vent   Bo	. Under 1 Mon	VELA	40				MALE		44 AM		08/22/2014	
-			Months			+	1 Day	6a, Under 1 Hou	7. Dat	te of Birth (I	Month/Day/Y	1			or Foreign Country)	
9. Ever in U.S. Armed	Forces? 10		h Occurred In		ays	Hours		Minutes 10a. If Death Oc	curred Son	10/04. newhere Ot			AST CHI	CAGO,	IN	
☐ Yes 🗵 No 🔲					rtment Outpatie	nt 🗌 Dead o	n Arrival	☐ Hospice Faci	Hospice Facility							
11. Facility Name (If N 2334 ANNA ST	lot Institution, Gi REET	ve Stree	et and Numbe	er)								_				
12. City Or Town, State	e. And Zip Code							13. Count	y Of Death				14. Marita! Sta	_		
SCHERERVILLE, IN, 46375  15. Surviving Spouse's Name 15							LAKE  LIF Wife)Give Maiden Last Name			16. Dec				Married ☐ Married, But Separated ☐ Divorced Widowed ☐ Never Married ☐ Unknown  17. Kind Of Business/Industry		
NICHOLAS LUI	NA SR				ĺ		HOME MAKER					<b>5</b>		OWN I	HOME	
18. Residence - State		18a. Cou	inty	18b. City Or Town						JOVNITIONE						
INDIANA 18c. Street And Number				LAKE		·		SCHERE	VILLE							
											18d. Ap	ot. No.	18e. Zip	Code	18f. Inside City Limits?	
2334 ANNA STREET  19. Decedent's Education					20. Decedent Of Hispanic Origin			TO A LA SOCIAL PAGE					46	⊠ Yes □ No		
HIGH SCHOOL GRADUATE OR GED MEXICAN, MEXICAN AMERICAN,																
COMPLETED 22. Father's Name (Firs	st, Middle, Last)			_ICHIC	CANO	OT	<b>0</b>	23. Mother's Nam	tte e (First, M/c	ddle, Last)			23a.	Mother's Ma	aiden Last Name	
FERNANDO VE	ELA				his D	ocum	ent	REFUGIA V 246. Mailing Addr	D <b>c</b> o	 pert	y of	7	SAE	NZ		
NICHOLAS LUI	NA SR			Н	I I SEANG	Lake	Co	240. Maining Addr	ess (Street		er, City, State	AL DE 1	16275			
							25. Place	Of Disposition					1 463/5			
25a. Method Of Disposi  ☐ Burial ☑ Crematic ☐ Removal From State ☐ Other (Specify):	on Donation e	Ent	tombment		PRUZIN F			AND			VILLE, II					
26. Was Coroner Conta  ☐ Yes ☒ No	acted?	so	LAN-PR	UZIN F	UNERAL S N 46375	-	INC. E	BA SOLAN	-PRUZ	IN, 14 I	KENNED	Y AVE	NUE,		neral Home License Number:	
27b. Signature Of India DEAN G WAGN	na Funeral Sen	vice Lice	nsee:								27c. Licens FD0880		(Of Licensee):		200001	
28. Part I. Enter The Such As Cardiac Ar A Line. Add Additin	e <u>Chain Of Eve</u> rest, Respirato	ents - D	iseases Ini	iries Or Ci	omplications -	That Directly	Caused T	instructions An The Death. Do No Do Not Abbrevia	t Enter Te	arminal Eve	onte	0007		·	Approximate Interval: Onset To Death	
Immediate Cause (I		•	lition Resulti	ng In Death	n) A.	CARDIOPU	ILMONA	YARREST .					/		SECONDS	
Sequentially List Co	anditions If An	u Lood	ing To The (	Cours Lieu	aron B.	VASCULA	DEMEN	TIA	星	)r As A Consequ					YEARS	
Line A. Enter The C	ease Or Inju	ry That Init	<b>E</b> 4	~	OSCLEROSIS	)r As A Consequ	s A Consequence Off:			YEARS						
-					0.	E	. 💘	SEAL.	3/	)r As A Consequ	Price Of);				TEARS	
Part II. Enter Other Sign	nificant Condition	ns Contr	ibuting to De	ath But Not	D. Resulting In The			LAR ACCIDENT		/as An Auto	sy Performe	d?			YEARS	
HYPERTENSION							- WI	Time to		/	-		Yes	ause Of De		
31. Did Tobacoo Use (	Contribute To De	eath?		If,Female:	Within Past Year	7 Prognant At Tions	O'Death I	Not Present Bul P	eggant Wilhin	42 Days Of Cea	33. M	lanner Of C	eatn:	Accident	Pending Investigation	
☐ Yes ☐ Probably  34. Date Of Injury (Mor		known		Not Pregnard, I	But Pregnant 43 Days	To 1 year Before Do	agen f	Not Plagnant Bul P	WARLE	G@PY	OF I BL	licide 🔲 (	Could Not Be D	Determined	37. Injury At Work?	
34. Date Or injury (Moi	ntrivolay/ reary		35.	Time Of In	jury		0. 四限	EL GOLLA	HEALT	H DEPA	RTMENT	r. Saura	: vvoded Are		Yes No	
38. Location Of Injury	- State		38a	. City Or To	Wn			et & Number	28	-		7	33c. Apt.	Nc. 3	38d, Zip Code	
39. Describe How Injur	гу Оссипед					j		Sie	Age	ر د اد	40. If	Transport	ation Injury, Sp	ecify:	Ohr (Specify) LESS	
41. Signature. Of Person Certifying Cause Of Death:  JOHN ALLEN HOEHN, BY ELECTRONIC SIGNATURE  LAKE COUNTY HEALTH OF Certifying Physician (2 to Coroner & C																
43 Name, Address An							The Contract of the Contract o	0,0141)	.DEALT	H OFF			e Number		45 Date Certified	
JOHN ALLEN H			LINCO	LN HW	Y, SCHER	ERVILLE	, IN 46	375				020008 47. Allas			08/25/2014	
48. Signature of Local	Health Officer:									49. Fo	r Registrar C	nly - Dat	e Filed .(Month	/Day/Year)		
SUSAN W. BES		ECT	RONIC S	SIGNAT		ENT TO OFF	meic.~	E OF DEATH OF	NTOV OF				AUG 27	the first of the second		
22-First: FERNANDA 49: 08/25/2014				· ·	AMENDM	IEN IU CER	CHEICAT	E OF DEATH (E	NIKT UK	URIGINA	<b>-1</b>	12 12 13 14				
23-First: REFUGIOA																