

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)SS:
COUNTY OF LAKE)

On this 31st day of August, 2015, before me personally appeared Margarita Ruiz, who being duly sworn on her oath states the following:

That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows: Lot 7, Guadalupe Subdivision, being a Resubdivision of Parcel 2 of Prairie Park Unit No. 5, in the City of East Chicago, as shown in Plat Book 45, page 46, and as shown in Certificate of Correction recorded June 13, 1975, as Document No. 303107, in Lake County, Indiana.

Parcel ID: 45-03-27-253-021-000-024
Commonly known as: 4430 W. Guadalupe Circle, East Chicago, IN 46312

That said premises were formerly owned as tenants by the entireties by Emilio Ruiz and Margarita Ruiz, husband and wife.

That said Emilio Ruiz died on 01/29/2015, a resident of Lake County, Indiana leaving no Will.

That by reason of the death of Emilio Ruiz, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.

At the time of the death of Emilio Ruiz, said parties, namely, Emilio Ruiz and Margarita Ruiz, were husband and wife and have not been divorced.

Further Affiant saith not.

Margarita Ruiz
Margarita Ruiz

Subscribed and sworn to before me, the undersigned, a Notary Public in and for said County and State, this 31st day of August, 2015, personally appeared Margarita Ruiz, and acknowledged the execution of the foregoing Affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

"Official Seal"
M. Christine Gamez
Notary Public, State of Indiana
Resident of Lake County, IN
My commission expires
November 10, 2022

M. Christine Gamez
M. Christine Gamez, Notary Public
Commission Expires: 11/10/2022
County of Residence: Lake

015606

This instrument was prepared by: Stephen B. Cohen, Attorney, 900 Ridge Road, Suite K, Munster, IN 46321

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 SEP 23 AM 10:49

MICHAEL B. BOBIN
RECORDER

2015 0655661

FILED

SEP 28 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

14-
nm
cm
CS
nr

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000025

EDR No 000000429927

State No

1. Decedent's Legal Name (First, Middle, Last) **EMILIO RUIZ** 1a. Maiden Name (If female) 2. Sex **MALE** 3. Time Of Death **12:25 PM** 4. Date Of Death (Month/Day/Year) **01/29/2015**

5. Social Security Number 6a. Age - Yrs **85** 6b. Under 1 Year 6c. Under 1 Month 6d. Under 1 Day 6e. Under 1 Hour 7. Date of Birth (Month/Day/Year) **05/22/1929** 8. Birthplace (City and State or Foreign Country) **SAN LORENZO, PR**

9. Ever in U.S. Armed Forces? 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) **4430 WEST GUADALUPE CIRCLE** 12. City Or Town, State, And Zip Code **EAST CHICAGO, IN, 46312** 13. County Of Death **LAKE** 14. Marital Status At Time Of Death: Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name **MARGARITA RUIZ** 15a. (If Wife) Give Maiden Last Name **DELGADO** 16. Decedent's Usual Occupation **STEELWORKER** 17. Kind Of Business/Industry **INLAND STEEL COMPANY**

18. Residence - State **INDIANA** 18a. County **LAKE** 18b. City Or Town **EAST CHICAGO** 18c. Street And Number **4430 WEST GUADALUPE CIRCLE** 18d. Apt. No. 18e. Zip Code **46312** 18f. Inside City Limits? Yes No

19. Decedent's Education **8TH GRADE OR LESS** 20. Decedent Of Hispanic Origin **PUERTO RICAN** 21. Decedent's Race **White**

22. Father's Name (First, Middle, Last) **CECILIO RUIZ** 23. Mother's Name (First, Middle, Last) **LORENZA RUIZ** 23a. Mother's Maiden Last Name **GARCIA**

24. Informant's Name **MARGARITA RUIZ** 24a. Relationship To Decedent **WIFE** 24b. Mailing Address (Street And Number, City, State, Zip Code) **4430 WEST GUADALUPE CIRCLE, EAST CHICAGO, IN 46312**

25a. Method Of Disposition: Burial Cremation Donation Entombment Removal From State Other (Specify): 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **ST JOHN CEMETERY** 25c. Location - City, Town, And State **HAMMOND, IN**

26. Was Coroner Contacted? Yes No 27. Name And Complete Address Of Funeral Facility **FIFE FUNERAL HOME, INC., 4201 INDIANAPOLIS BLVD., EAST CHICAGO, IN 46312** 27a. Funeral Home License Number **FH83001512**

27b. Signature Of Indiana Funeral Service Licensee: **JOHN P. FIFE, BY ELECTRONIC SIGNATURE** 27c. License Number Of Licensee: **FD01020366**

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. **COLON CANCER** Due to (Or As A Consequence Of):
B. Due to (Or As A Consequence Of):
C. Due to (Or As A Consequence Of):
D. Due to (Or As A Consequence Of):
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. 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? Yes Probably No Unknown 32. If Female: 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 33. Manner Of Death: 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: **MATTHEW A. MAZUR, BY ELECTRONIC SIGNATURE** 42. Certifier (Check Only One) Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **MATTHEW A. MAZUR, 5454 HOMAN AVE., HAMMOND, IN 46311** 44. License Number **02003607A** 45. Date Certified **01/30/2015**

46. Additional Funeral Service Provider: 47. Akas: 48. Signature Of Local Health Officer: **BERRI C. BROWNING, VIA ELECTRONIC SIGNATURE** 49. For Registrar Only - Date Filed (Month/Day/Year) **JAN 30 2015**

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)