



AFFIDAVIT OF SURVIVORSHIP

Comes now the Affiant, and files this Affidavit of Survivorship to correct Deed as follows:

I, Ildefonso Briones, owning the property located at 4828 Indianapolis Blvd., East Chicago, Indiana, 46312, and being of sound mind and legal age states as follows:

1. On or about May 4, 1970, my former mortgage company recorded, the Lake

County Records as Document No. 257681, a Deed which shows the Affiant and Ofelia Briones
becoming owners of the following legalty described property:

LOT 15 and the North 12 1/2 feet of lot 16 in Block 2 in subdivision of the East 201 feet of the South Range 9 West of the South Residual Section 29, 100 fishing 30 North, Range 9 West of the 2nd Principal Meridian, in the City & Hast Ontage, as per planthereof, recorded in Plat Book 2 page 11, in the Office of the Reorder of Lake County, Indiana.

- 2. Affiant and Ofelia Briones own the property in joint tenancy with the right of survivorship.
- 3. That my Wife, Ofelia Briones, passed away on December 25, 2014, thereby terminating Ofelia Briones' interest in the above described property. A certified copy of the Death Certificate of Ofelia Briones is attached hereto and marked "Exhibit A".
- 4. I am requesting that the Deed ferfest only my name as survivor and that my wife's name be removed from the same.
 - 5. Further the Affiant sayeth not.

OCT 13 2015 015879

LAKE COUNTY AUDITOR

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15 MW 454 I certify under the penalty of perjury that the contents of this Affidavit are true and correct.

Ildefonso Briones

10 7 1 15 Date

STATE OF INDIANA

COUNTY OF LAKE

SUBSCRIBED AND SWORN TO before me, a Notary Public, this Document is the property of the Lake County Recorder!

This Document is the property of the Lake County Recorder!

Signature of Notary Public

County of Residence:

Printed Name

INDIANA STATE DEPARTMENT OF HEALTH Tracking No. **CERTIFICATE OF DEATH**

39787

Local No 004230			EDR No 000000422510			State No 059845 2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Year)					
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Nam	e (ir remaie)							
OFELIA BRIONES 5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Mont	RODRIGUEZ	6e. Under 1 Hour	7. Date o	FEMA		5:23 AM B. Birthplace (Cit	y and State	12/25/2014 or Foreign Country)	
				Minutes		04/00/40		044ED01	LTV		
307-70-3001	Months Occurred In A Hos	Days	Hours	Minutes 10a. If Death Occu		04/28/19 where Other 1		CAMERON	I, IX	-	
☐ Yes ☒ No ☐ Unknown ☒ Inpatien	☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)										
11. Facility Name (If Not Institution, Give Street and Number) MUNSTER COMMUNITY HOSPITAL											
12. City Or Town, State, And Zip Code	TIAL			13. County	of Death			14. Marital Sta	atus At Time	Of Death	
	Mamied Mamied, But Separated Divorced Widowed Never Married Unknown										
MUNSTER, IN, 46320 15. Surviving Spouse's Name	en Last Name 16. Decedent's Usual Occupation 17. Kind Of Business/Industry										
									SCHO	OL CITY OF EAST	
ILDEFONSO BRIONES		SECRETARY CHICAGO									
18. Residence - State	104.	County		16b. City Of 16	VII						
INDIANA	LAK	Œ		EAST CHIC	AGO_		18d. Apt. No.	18e. Zip	Code	18f. Inside City Limits?	
18c. Street And Number							iod. Apt. No.	100. 210	Code	Yes □ No	
5602 BARING AVENUE					46	312	M ies 🗆 Mo				
19 Decedent's Education 20. Decedent Of Hispanic Origin 21. Decedent's Race MEXICAN, MEXICAN AMERICAN,											
BACHELOR'S DEGREE (BA, A		HICANO		White				1			
22. Father's Name (First, Middle, Last)				23. Mother's Name	First, Middl	e, Last)		23a. (Mother's Ma	iden Last Name	
MANUEL RODRIGUEZ	ELISA RODR	IGUEZ			GAR	ZA					
24. Informant's Name						nd Number, C	City, State, Zip Co	ode)			
ILDEFONSO BRIONES	5602 BARING AVENUE, EAST CHICAGO, IN 46312										
ILDEFONSO BRIONES HUSBAND 5602 BARING AVENUE, EAST CHICAGO, IN 46312 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 ☐ Ento		ace Of Disposition (P	value of centerry, ore	matory, Other Place)	250. 20	Caudit's City,	Town, And State				
Removal From State	DIDO		THE OV		RAP						
Other (Specify): 26, Was Coroner Contacted? 27. N		ELAWN CEN	Facility OCU	ment	15	X' 11A			27a. Fur	neral Home License Number:	
☐ Yes ☒ No		/			W A	-					
27b. Signature Of Indiana Funeral Service Licen	E FUNERAL	HOME INC.	4201 INDIANA	AROLIS BLVD	<u>, EAST</u>	CHICA	GO IN 463	12 er (Ot Licensee):	FH830	01512	
JOHN P. FIFE , BY ELECTRON	IC SIGNAT	JRE				TH E	101000000				
28 Part I Enter The Chain Of Events - Di	seases Imuries A	or Complications -	That Directly Caused	Instructions and The Death Do Not	nter Tem	HE RECO	ORD ON FIL	€ WITH TH	E	Approximate Interval: Onset	
28. Part I. Enter The <u>Chain Of Events</u> - Dis Such As Cardiac Arrest, Respiratory Arrest A Line. Add Additinal Lines If Necessary.	Or Ventricular F	ibrillation Without S	howing The Etiology	Do Not Abbreviate	COT	Core paus	PHEALTH	DEPARTM	ENT	To Death	
Immediate Cause (Final Disease Or Condit	ion Resulting In I)eath) A	KLEBSIELLA PNEU	IMONIA			A A A P		- 1	FEW DAYS	
initiodiate classe (i mai piscase or correct	ion resembly in E	7	THE BOTE CENT PRE		Due to (Or As	A Conseque of	N U 5 2	015			
Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last	ng To The Cause	Listed On B.	MULTIPLE MYELOI	MA	Due to (Or As	A Consequence (00):		-+	FEW MONTHS	
	ase Or Injury Tha	C.	END STAGE RENA	L DISEASE		Sugar	· w Be	- t- 00	- 1	FEW MONTHS	
					Due to (Or As	KE COUN	NTY HEALT	HOFFIOE			
Part II. Enter Other Significant Conditions Contrib	ution to Dooth But	D.	ACUTE RESPIRATE			An Autopsy F	The second second second second second	1 OFFICER		FEW DAYS	
Part II. Enter Outer Significant Conditions Contrib	dung to Death But	Not Resulting in The	Onderlying Cause Givi	II III Paiti			ding Available To	Complete The C	No Of De	ath?	
31. Did Tobacoo Use Contribute To Death?	32. If Fema	aie:					33. Manner O			Yes No	
☐ Yes ☐ Probably ☐ No ☒ Unknown			Pragnant At Time Of Death	_						Pending Investigation	
34. Date Of Injury (Month/Day/Year)	1000	of Injury		Unknown It Pregnant W				Could No. Be Dant, Wooded Are		7. Injury At Work?	
			50	· ONE						☐ Yes ☐ No	
38. Location Of Injury - State	38a. Sity C	Or Town	385. St	reet & Number				38c. Apt. N	lo. 38	8d. Zip Code	
39. Describe How Injury Occurred				Sput	7		40. If Transpo	rtation Injury, Spe	ecify:	nd (take mag)	
				SEAU.			Divenoperator		VALH	runless	
41. Signature, Of Person Certifying Cause Of Di KISHORE B KHANKARI, BY EL	eath: LECTRONIC	SIGNATURE	Tonis	MINITIAL			ifier (Check Qnly ifying Physician	One) Corone	r . 🗆	Heath Officer	
43. Name, Address And Zip Code Of Person Cer						/		se Number		. Date Certified	
KISHORE B KHANKARI , 7906 SOUTH CRANDON AVENUE, # 2, CHICAGO, IL 60617 01064748A									,	01/02/2015	
46. Additional Funeral Service Provider:				, 12 000	-		47. 1 Ak		.;	!	
48. Signature of Local Health Officer:						49. For Reg	istrar Only Da	ite Filed (Month/	Day/Year).		
SUSAN W. BEST, VIA ELECTR			JAN 05 2015								
		AMENDME	ENT TO CERTIFICAT	E OF DEATH (ENT	RY OR OF	RIGINAL)					
							1				

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 of refusal XED