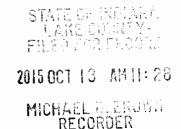


2015 069547



## 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 5418 Walsh Ave., East Chicago, Indiana, 46312, and being of sound mind and legal age states as follows:

1. On or about April 27, 2005, my former mortgage company recorded, in Book No. Page No. of the Lake County Records as Document No. 2004 015137, a Deed which shows the Affiant and Ofelia Briones becoming owners of the following legally described property:

LOT 2, EXCEPT THE NORTH 14 PLET THEREOF, AND THE NORTH 26 FEET OF LOT 3, IN BLOCK 3, IN RESUBDIVISION OF BLOCKS 2 AND 3 IN ROXANA PARK FIFTH ADDITION TO EAST CHICAGO (AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31 PAGE 20, IN THE OFFICE OF THE RECORDER 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 of lest only my name as survivor and that my wife's name be removed from the same.
  - 5. Further the Affiant sayeth not.

y my name as survivor and OCT 13 2015 O15880

LAKE COUNTY AUDITOR

Page 1 of 2

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

Soldeform Som in

7/16/2015

STATE OF INDIANA )

) ) SS:

COUNTY OF LAKE

TIAN MILLER
Lake County

My Commission Expires
July 6, 2022

SUBSCRIBED AND SWORN TO before me, a Notary Public, this  $\underline{16}$ 

day of July

, 2015.

My Commission Expires:

County of Residence:

Stocument 18

his Documed Naticis the property

This Document is the property of the Lake County Recorder!

STOP

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No.

39787

Local No 004230	E	EDR No 000000422510			State No 059845    2. Sex			
			, ,				5.00.414	
OFELIA BRIONES  5 Social Security Number   6a. Age - Yrs   6b. Under 1	Year 6c. Under 1 Mo	RODRIGUE nth 6d. Under 1 Day	6e. Under 1 Hous	r 7. Date	of Birth (Month/		5:23 AM 8. Birthplace (City	12/25/2014 and State or Foreign Country)
		Na	I I I I I I I I I I I I I I I I I I I	$\dashv$	04/00/400	_	CAMEDON	TV
81 Months  9. Ever in U.S. Armed Forces? 10. If Death Occurred in	Days A Hospital:	Hours	Minutes 10a, If Death Occ	curred Some	04/28/193 where Other Th		<u>CAMERON</u>	, IX
	ency Department Outpati	ent Dead on Arrival	Hospice Facili	. —	ecedent's Home	☐ Nursin	g Home/Long-term	Care Facility
11. Facility Name (If Not Institution, Give Street and Number		ent 🔲 Dead on Antvar	Other (Specify	y)				
MUNSTER COMMUNITY HOSPITAL	,							
12. City Or Town, State, And Zip Code				Of Death	lus At Time Of Death  Married, But Separated   Divorced			
MUNSTER, IN, 46320				LAKE Widowed Never Married				
15. Surviving Spouse's Name	n Last Name							
ILDEFONSO BRIONES		SECRETARY SCHOOL CITY OF EAST						
18. Residence - State	18a. County		18b. City Or To		<u> </u>	111		CHICAGO
INDIANA	LAKE		EAST CHI	CAGO				
18c. Street And Number	LAKE		LAST CITI	CAGO	18	Bd. Apt. No.	18e. Zip C	Code 18f. Inside City Limits?
5602 BARING AVENUE							400	⊠ Yes □ No
19 Decedent's Education	20. Decedent Of His	panie Origin	21.	Decedent's	Race		463	312
DAGUELOBIO DEODEE (DA AD DO)	MEXICAN, ME	EXICAN AMERIC						
BACHELOR'S DEGREE (BA, AB, BS)  22. Father's Name (First, Middle, Last)	CHICANO		23. Mother's Name		le, Last)		23a, M	other's Maiden Last Name
MANUEL RODRIGUEZ 24. Informant's Name 24a. Relationship To Decedent				LISA RODRIGUEZ  4b. Mailling Address (Street And Number, City, State, Zip Code)				<u></u>
	•	602 BARING AVENUE, EAST CHICAGO, IN 46312						
ILDEFONSO BRIONES	HUSBAND		e Of Disposition	GAVEN	IUE, EAST	CHICAG	50, IN 46312	
⊠ Burial     □ Cremation     □ Donation     □ Entombment       □ Removal From State     □ Other (Specify):     R	5b. Place Of Disposition	(Name Of Cemetery, Cre		GAR	ocation - City, To	wn, And State		27a. Funeral Home License Number;
☐ Yes ☒ No		<b>B</b> UCI						
27b. Signature Of Indiana Funeral Service Licensee:	RAL HOME, INC	, 4201 INDIANA	POLIS BLVE	EAS	CHICAGO			FH83001512
JOHN P. FIFE , BY ELECTRONIC SIGN	ATURE	OI O	14141			1020366	er (Of Licensee):	
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injury Such As Cardiac Arrest, Respiratory Arrest, Or Ventripot A Line. Add Additinal Lines If Necessary.	ries, Or Complications - ular Fibrillation Without	That Directly Caused	Instructions And The Death. Do Not Do Not Abbreviate	Examples Enter Dain Enter Oni	HENECOR Interested Tope Cally One Cally	HEALTH	E WITH THE	Approximate Interval: Onset  To Death
Immediate Cause (Final Disease Or Condition Resulting		KLEBSIELLA PNEU		Due to (Or As	100	1 0 5 2	15	FEW DAYS
	ausa Listad On B	MULTIPLE MYELON	40	20010 (01 71	וואכיו	1032	וו כו	FEW MONTHS
Sequentially List Conditions, If Any, Leading To The Ci Line A Enter The Underlying Cause (Disease Or Injury	ause Listed Oll	MOLTIFEE MITELO	MA	Due to (Or At	r As A Consequence Of):			TEW MONTHS
The Events Resulting In Death) Last	C.	END STAGE RENAL	LDISEASE	3 Due to /Or Ar	A Consequence Of).		,	FEW MONTHS
	D.	ACUTE RESPIRATO	DRY FAILURE	LA	KE COUNT	Y HEALT	H OFFICER	FEW DAYS
Part II. Enter Other Significant Conditions Contributing to Deat				29. Was	An Autopsy Perf	ormed?	Yes	⊠ No
				30. Were	Autopsy Finding	Available To	Complete The Car	
	remaie: ot Pregnant Within Past Year	7 Pregnant At Time Of Reath	Not Pregnant, But Preg	nant Within 42 D		3. Manner Ot		cident Pending nvestigation
Yes   Probably   No   Unknown	of Pregnant, But Pregnant 43 Days	To 1 year Refore Death	Unknown If Pregnant W	Whin The Past Y	aar F	☐ Suicide ☐	Could Not Be Det	aimined
34. Date Of Injury (Month/Day/Year) 35.	ime Of Injury	36. Place	Of Injury (E.C., Dec	cedent's Hor	ne, Construction	Site, Restaura	ant, Wooded Area)	37. Injury At Work?
38. Location Of Injury - State 38a.	d. c. T	E0					200 401 110	Yes No
So. Location of injury - State	City Or Town		eet & Number				38c. Apt. No.	38d. Zip Code
39. Describe How Injury Occurred						0. If Aransnor	tation Iniuny Speci	
Describe Now Hijdry Occurred			SEAL			Driver/Operator	tation Injury, Speci	ALDWINLESS
41. Signature, Of Person Certifying Cause Of Death:		E.	WOLANA W	22	42. Cephfier	(Check Only	One)	
KISHORE B KHANKARI, BY ELECTRO  43. Name, Address And Zip Code Of Person Certifying Cause					☑ Øertifyın	g Physician 44. Licen	Coroner se Number	Heath Officer 45. Date Certified
						1		
KISHORE B KHANKARI , 7906 SOUTH CRANDON AVENUE, # 2, CHICAGO, IL 60617 01064748A 01/02/2015  46 Additional Funeral Service Provider. 47. 14kas:								01/02/2015
						ı		
48. Signature of Local Health Officer:  49. For Registrar Only   Date Filed (Month/Day/Year):  SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  JAN 05 2015								• •
		ENT TO CERTIFICATE	OF DEATH (ENT	RY OR OF	RIGINAL)		JAN 05 20	10
						1		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 the state is a perfect of the state agency in order to pursue responsibility.