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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 069547

2015 OCT 13 AM 11:28

MICHAEL B. BROWN
RECORDER

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 FEET THEREOF, AND THE NORTH 26 FEET OF LOT 3, IN BLOCK 3, IN THE SUBDIVISION OF BLOCKS 3 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 reflect only my name as survivor and that my wife's name be removed from the same.

5. Further the Affiant sayeth not.



FILED 015880
OCT 13 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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Cash



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 39787

Local No 004230

EDR No 00000422510

State No 059845

Form fields including: 1. Decedent's Legal Name (OFELIA BRIONES), 2. Sex (FEMALE), 3. Time Of Death (05:23 AM), 4. Date Of Death (12/25/2014), 7. Date of Birth (04/28/1933), 8. Birthplace (CAMERON, TX), 11. Facility Name (MUNSTER COMMUNITY HOSPITAL), 13. County Of Death (LAKE), 14. Marital Status (Married), 15. Surviving Spouse's Name (ILDEFONSO BRIONES), 16. Decedent's Usual Occupation (SECRETARY), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (EAST CHICAGO), 18c. Street And Number (5602 BARING AVENUE), 18d. Apt. No., 18e. Zip Code (46312), 18f. Inside City Limits? (Yes), 19. Decedent's Education (BACHELOR'S DEGREE), 20. Decedent Of Hispanic Origin (MEXICAN, MEXICAN AMERICAN, CHICANO), 21. Decedent's Race (White), 22. Father's Name (MANUEL RODRIGUEZ), 23. Mother's Name (ELISA RODRIGUEZ), 23a. Mother's Maiden Last Name (GARZA), 24. Informant's Name (ILDEFONSO BRIONES), 24a. Relationship To Decedent (HUSBAND), 24b. Mailing Address (5602 BARING AVENUE, EAST CHICAGO, IN 46312), 25. Place Of Disposition (RIDGELAWN CEMETERY, GARY, IN), 25c. Location - City, Town, And State (GARY, IN), 26. Was Coroner Contacted? (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 (DL 01020366), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (KLEBSIELLA PNEUMONIA, MULTIPLE MYELOMA, END STAGE RENAL DISEASE, ACUTE RESPIRATORY FAILURE), 28. 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? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (Unknown), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death: (Natural), 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? (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), 41. Signature, Of Person Certifying Cause Of Death: (KISHORE B KHANKARI, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One): (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: (KISHORE B KHANKARI, 7906 SOUTH CRANDON AVENUE, # 2, CHICAGO, IL 60617), 44. License Number (01064748A), 45. Date Certified (01/02/2015), 46. Additional Funeral Service Provider, 47. Akas, 48. Signature of Local Health Officer: (SUSAN W. BEST, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only: (Date Filed (Month/Day/Year): JAN 05 2015)

