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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2015 071933

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2015 OCT 23 AM 9:18

AFFIDAVIT OF SURVIVORSHIP MICHAEL B. BROWN
RECORDER

Comes now **Michael R. Castillo (a/k/a Michael Castillo, Michael A. Castillo and Michael A. Castillo, Jr.)**, being duly sworn upon his oath and states as follows:

1. That he is competent and has personal knowledge of the facts contained herein.
2. That at the time of her death, **Carmen Castillo** was the owner in fee simple, tenancy by the entirety with Michael A. Castillo, Jr. (a/k/a Michael Castillo, Michael R. Castillo and Michael A. Castillo) of the following described real estate located at 1421 North Elmer Street, Griffith, IN 46319 and more particularly described as follows:

LOT 53 IN PARK 2ND ADDITION TO THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 37, PAGE 6 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 1421 N. Elmer Street, Griffith, Lake County, Indiana, 46319
Permanent Real Estate Index Number 45-07-26-254-001-006

3. That Michael Castillo (a/k/a Michael A. Castillo and Michael A. Castillo, Jr. and Michael R. Castillo) and Carmen Castillo were husband and wife and acquired title as tenants by the entirety to said real estate.
4. That the marital relationship which existed between Michael Castillo (a/k/a Michael R. Castillo and Michael A. Castillo and Michael A. Castillo, Jr.) and Carmen Castillo continued unbroken from the time they acquired title to said real estate until the death of Carmen Castillo on June 25, 2015.
5. That the gross value of the estate of Carmen Castillo was determined for purpose of Federal Estate Taxes was less than the value required for the filing and her estate was not subject to Federal Estate Tax.
6. That the estate of Carmen Castillo was not subject to Indiana Inheritance Taxes.



Michael R. Castillo
Michael R. Castillo (a/k/a Michael Castillo, Michael A. Castillo and Michael A. Castillo Jr.)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Michael R. Castillo (a/k/a Michael Castillo and Michael A. Castillo and Michael A. Castillo, Jr.) and acknowledged the execution of the foregoing document. Witness my hand and seal this 2 day of October, 2015.

JoEllen Pilirow
JoEllen Pilirow, Notary Public
Resident of Lake County

My Commission Expires: Feb. 27, 2016

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.

FILED
OCT 22 2015 *Robert L. Tupa*

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 57988

Local No 002186

EDR No 00000455709

State No 031121

1. Decedent's Legal Name (First, Middle, Last) CARMEN CASTILLO			1a. Maiden Name (If female) CORNEJO			2. Sex FEMALE	3. Time Of Death 10:17 AM	4. Date Of Death (Month/Day/Year) 06/25/2015	
5. Social Security Number [REDACTED]	6a. Age - Yrs 79	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 02/15/1936		8. Birthplace (City and State or Foreign Country) HARVEY, IL	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) 1421 NORTH ELMER STREET									
12. City Or Town, State, And Zip Code GRIFFITH, IN, 46319				13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name MICHAEL CASTILLO			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation SECRETARY		17. Kind Of Business/Industry INLAND STEEL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH		18d. Apt. No.	18e. Zip Code 46319	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 1421 NORTH ELMER STREET		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED	20. Decedent Of Hispanic Origin HISPANIC	21. Decedent's Race White					
22. Father's Name (First, Middle, Last) JOSE CORNEJO			23. Mother's Name (First, Middle, Last) FRANCISCA CORNEJO			23a. Mother's Maiden Last Name MENDEZ			
24. Informant's Name MICHAEL CASTILLO			24a. Relationship To Decedent HUSBAND			24b. Mailing Address (Street And Number, City, State, Zip Code) 1421 NORTH ELMER STREET, GRIFFITH, IN 46319			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) RIDGELAWN CEMETERY			25c. Location - City, Town, And State GARY, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319					27a. Funeral Home License Number: FH10600026			
27b. Signature Of Indiana Funeral Service Licensee: RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08700086			
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. ACUTE CEREBROVASCULAR ACCIDENT Due to (Or As A Consequence Of): B. COMPLICATIONS FROM FRONTOTEMPORAL DEMENTIA Due to (Or As A Consequence Of): C. NONE Due to (Or As A Consequence Of): D. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307						44. License Number 02002441A		45. Date Certified 06/30/2015	
46. Additional Funeral Service Provider:						47. *Aka:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 01 2015			



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
Approximate Interval: 7 DAYS
13 YEARS
NONE
Susan W. Best, M.D.
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED