

2015 072389

2015 OCT 26 PM 1:37

MICHAEL B. BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-03-29-181-032.000-024

RICARDO ROMERO, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **MARCELA G. ROMERO**, died without leaving a will on July 16th, 2011 at Munster, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 28 AND THE WEST 1/2 OF LOT 29 IN BLOCK 26 IN SUBDIVISION OF THE NORTHWEST 1/4 OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 9 WEST OF THE 2nd PRINCIPAL MERIDIAN, IN THE CITY OF EAST CHICAGO, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2 PAGE 13, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: **1014 W 145TH STREET, EAST CHICAGO, IN 46312**

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, your Affiant saith naught.

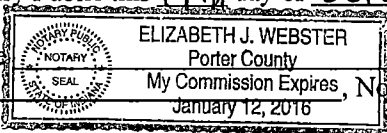


Ricardo Romero
RICARDO ROMERO

STATE OF INDIANA, COUNTY OF LAKE, INDIANA

Subscribed and sworn to before me, a Notary Public this 19th day of OCTOBER, 2015

My Commission Expires: _____ Signature _____
City of Residence: _____ Printed _____



ELIZABETH J. WEBSTER
Porter County
My Commission Expires, Notary Public
January 12, 2016

This instrument prepared by

MATTHEW W. DEULLEY, Attorney-at-Law, ID No.278134-45.

No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

Matthew W. Deulley
Signature of Preparer

ELIZABETH J WEBSTER
Printed Name of Preparer

016133

COMMUNITY TITLE COMPANY

FILE NO 158680 LAKE CO.

\$13.00
M.E
O.M

FILED
OCT 22 2015
JOHN ESPINALAS
LAKE COUNTY AUDITOR

#158680



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002158

EDR No 000000209320

State No 030937

1. Decedent's Legal Name (First, Middle, Last) MARCELA G ROMERO		12. Maiden Name (if female) JIMENEZ		2. Sex FEMALE	3. Time Of Death 03:25 AM	4. Date Of Death (Month/Day/Year) 07/16/2011	
5. Social Security Number [REDACTED]	6a. Age - Yrs 62	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) 01/16/1949	
8. Birthplace (City and State or Foreign Country) MEXICO CITY, MX		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 checked="" type="checkbox"/> Hospice Facility <input 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) RILEY HOSPICE RESIDENCE		12. City Or Town, State, And Zip Code MUNSTER, IN, 46321		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 RICARDO ROMERO		16a. County LAKE		16b. City Or Town EAST CHICAGO		16. Decedent's Usual Occupation HOMEMAKER	
17. Kind Of Business/Industry OWN HOME		18a. Street And Number 1014 WEST 145TH STREET		18b. Apt. No.		18c. Zip Code 46312	
18. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, Other		21. Decedent's Race Other		18d. Inlake City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22. Father's Name (First, Middle, Last) RUFINO JIMENEZ		23. Mother's Name (First, Middle, Last) DOLORES JIMENEZ		24a. Mother's Maiden Last Name LUNA		24b. Mailing Address (Street And Number, City, State, Zip Code) 1014 WEST 145TH STREET, EAST CHICAGO, IN 46312	
24c. Relationship To Decedent HUSBAND		25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" 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) REGIONAL CREMATION SERVICES		25c. Location - City, Town, And State MUNSTER, IN	
26. Yes/No Coronor's Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. Approximate Interval: Onset To Death. PANCREATIC CANCER	
28. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. 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	
31. Old Tobacco Use Contributed To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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 42 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Cause Of Death (See Instructions And Examples) PANCREATIC CANCER		34. Date Of Injury (Month/Day/Year)	
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: JAMES A WALLACE, 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: JAMES A WALLACE, 801 MACARTHUR BLVD, MUNSTER, IN 46321		44. License Number 01065055		45. Date Certified 07/17/2011	
46. Additional Funeral Service Provider		47. *Ages:		48. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year): JUL 18 2011	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

