

2015 073207

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 29 PM 12:08

MICHAEL B. BROWN
RECORDER

4

AFFIDAVIT OF TITLE

Comes now **BRITTANY VASQUEZ**, being duly sworn upon her oath, and states as follows:

1. That the affiant is the adult daughter of RUBEN R. VASQUEZ, JR., deceased, and the court-appointed Personal Representative of the ESTATE OF RUBEN R. VAQUEZ, JR. a/k/a RUBEN RAY VASQUEZ, JR. pending in Lake Superior Court under Cause No. 45D02-1409-ES-71 and, at the time of RUBEN R. VASQUEZ JR.'s passing on **SEPTEMBER 5, 2014**, he was the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

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Lot 106 in Unit Two of Arbor Lane Addition, a planned unit development, in the City of Hobart, as per plat thereof, recorded in Plat Book 82, Page 17, in the Office of the Recorder of Lake County, Indiana.
Parcel #45-09-28-402-015.000-018
Commonly Known As: 292 Hillcrest Avenue, Hobart, IN 46342

2. That the parcel was transferred to and owned by the decedent in joint tenancy with rights of survivorship with TAMMY YARRINGTON as a result of a Quit Claim Deed recorded on March 14, 2006 as Document Number 2006-021106, but said TAMMY YARRINGTON passed away on July 24, 2010 leaving the decedent as the surviving joint tenant. (See Certificate of Death attached as Exhibit "A").
3. That based upon the decedent's passing, the parcel is presently owned and held by the ESTATE OF RUBEN R. VASQUEZ, JR. a/k/a RUBEN RAY VASQUEZ, JR. with the affiant BRITTANY VASQUEZ acting as Personal Representative of the pending Estate. (See Certificate of Death attached as Exhibit "B").

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FILED

OCT 29 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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etc

4. That the gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a federal estate tax return. That the decedent's estate is NOT subject to Indiana Inheritance Taxes.

Brittany Vasquez
BRITTANY VASQUEZ, Affiant

Document is NOT OFFICIAL!

I affirm, under the penalties for perjury, that I have taken reasonable care to read each Social Security Number in this document, unless required by law.

This Document is the property of the Lake County Recorder!

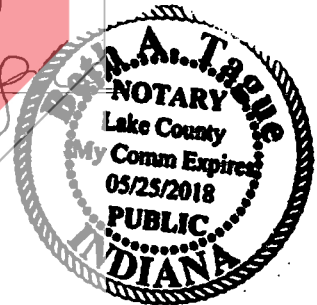
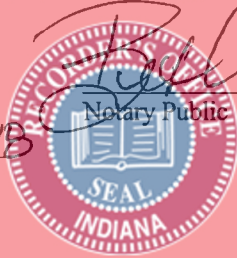
Randy H. Wyllie
Randy H. Wyllie, Attorney

STOP

STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 29th day of October, 2015.

My Commission Expires: May 25, 2018



Document Prepared By: RANDY H. WYLLIE, Attorney#17621-64, 429 West Lincoln Hwy., Schererville, IN 46375





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Tracking No.

35826

Local No 002118

EDR No 00000147237

State No 031804

1. Decedent's Legal Name (First, Middle, Last) TAMMY YARRINGTON				1a. Maiden Name (If female) YARRINGTON		2. Sex FEMALE	3. Time Of Death 05:13 PM	4. Date Of Death (Month/Day/Year) 07/24/2010	
5. Social Security Number [REDACTED]	6a. Age - Yrs 47	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) 03/09/1963		8. Birthplace (City and State or Foreign Country) GARY, IN	
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) 2710 CLAY STREET									
12. City Or Town, State, And Zip Code LAKE STATION, IN, 46405					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. (If W/fe) Give Maiden Last Name		16. Decedent's Usual Occupation HEAD BOOKKEEPER		17. Kind Of Business/Industry GOVERNMENT	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town LAKE STATION			18d. Apt. No.	18e. Zip Code 46405	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 2710 CLAY STREET									
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) ROBERT PAUL YARRINGTON				23. Mother's Name (First, Middle, Last) ERNIE LEE YARRINGTON			23a. Mother's Maiden Last Name ROBERTSON		
24. Informant's Name RUSS YARRINGTON				24a. Relationship To Decedent BROTHER		24b. Mailing Address (Street And Number, City, State, Zip Code) 3454 WEST 159 COURT, LOWELL, IN 46356			
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) KELLY-CARROLL CREMATION SERV.			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 REES FUNERAL HOME OLSON CHAPEL, 5341 CENTRAL AVE, PORTAGE, IN 46368						27a. Funeral Home License Number: FH83005613	
27b. Signature Of Indiana Funeral Service Licensee: JAMES T. BAILEY, SIGNATURE ON FILE						27c. License Number (Of Licensee): FD20100023			
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. RESPIRATORY FAILURE		Due to (Or As A Consequence Of):		Approximate Interval: Onset To Death NOV 25 2014 YRS	
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				B. ASTHMA SEVERE		Due to (Or As A Consequence Of):		YRS	
				C. COPD		Due to (Or As A Consequence Of):		YRS	
				D. PULMONARY FIBROSIS		Due to (Or As A Consequence Of):		YRS	
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 Finding 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 checked="" type="checkbox"/> Probably <input 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 checked="" 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) NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: ZLATAN STEPANOVIC, SIGNATURE ON FILE						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: ZLATAN STEPANOVIC, 1400 SOUTH LAKE PARK AVE #400, HOBART, IN 46342						44. License Number 01040860A		45. Date Certified 08/02/2010	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, SIGNATURE ON FILE						49. For Registrar Only - Date Filed (Month/Day/Year): AUG 04 2010			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
49: 7/28/2010 45: 7/27/2010									

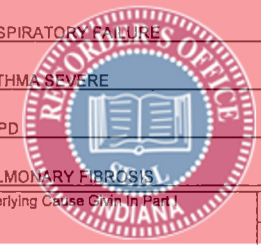
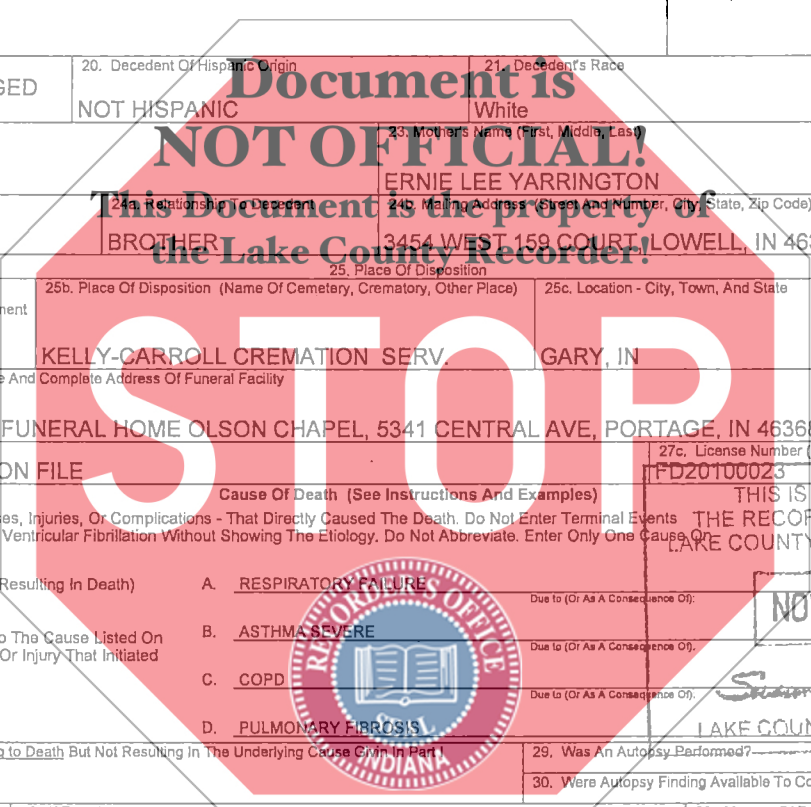


Exhibit A

RAISED SEAL AFFIXED



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No.

28803

Local No 002814

EDR No 00000403319

State No 040378

1. Decedent's Legal Name (First, Middle, Last) RUBEN RAY VASQUEZ JR		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 12:50 PM	4. Date Of Death (Month/Day/Year) 09/05/2014			
5. Social Security Number	6a. Age - Yrs 58	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) 06/22/1956			
8. Birthplace (City and State or Foreign Country) GARY, IN		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) 292 HILLCREST AVENUE				12. City Or Town, State, And Zip Code HOBART, IN, 46342		13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation MAINTENANCE OR TECH		17. Kind Of Business/Industry STEEL			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART		18d. Apt. No.		18e. Zip Code 46342	
18c. Street And Number 292 HILLCREST AVENUE		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO		21. Decedent's Race White	
22. Father's Name (First, Middle, Last) RUBEN VASQUEZ SR		23. Mother's Name (First, Middle, Last) MARY VASQUEZ		23a. Mother's Maiden Last Name GONZALES		24. Informant's Name MICHELE REYNA			
24a. Relationship To Decedent DAUGHTER		24b. Address (Street and Number, City, State, Zip Code) 5822 CREEKVIEW COURT WEST, PORTAGE, IN 46368		25. Place Of Disposition KELLY CARROLL CREMATION SERVICES, GARY, IN		25a. Method Of Disposition <input checked="" 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)	
25c. Location - City, Town, And State		26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME OLSON CHAPEL, 5341 CENTRAL AVE, PORTAGE, IN 46368		27a. Funeral Home License Number FB41200016		27c. License Number (Of Licensee) FD20800088	
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.		28. Cause Of Death (See Instructions And Examples)		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? <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 checked="" type="checkbox"/> No	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. PULMONARY ARREST		Due to (Or As A Consequence Of):		Approximate Interval Onset Of Death MINUTES		31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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	
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. B. HYPERTENSION		Due to (Or As A Consequence Of):		YRS		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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
C. CHRONIC OBSTRUCTIVE PULMONARY DISEASE		Due to (Or As A Consequence Of):		YRS		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury	
D.		Due to (Or As A Consequence Of):		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		38. Location Of Injury - State		38a. City Or Town	
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)		38b. Street & Number		38c. Apt. 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: MARK EDWIN RITTER, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01037402A	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MARK EDWIN RITTER, 2022 KELLE DRIVE, CHESTERTON, IN 46304		45. Date Certified 09/10/2014		46. Additional Funeral Service Provider		47. AKA		48. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	
48. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) SEP 10 2014		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		RAISED SEAL AFFIXED		NOT VALID UNLESS	

Exhibit "B"