

2

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

2015 079765

2015 DEC -1 AM 9:47

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Comes now JOSEPH A. GUILLEN, being duly sworn upon his oath, and states as follows:

1. That I am the affiant;
2. That my wife, GERALDINE GUILLEN, died on September 30, 2015, a copy of her death certificate is attached hereto and incorporated herein as Exhibit "A";
3. That GERALDINE GUILLEN and I owned real estate located in Lake County, Indiana more particularly described as follows:

BURGE ESTATES LOT 13  
 Commonly Known As: 3133 Burge Drive, Crown Point, In 46307  
 Property No: 45-11-24-353-011,000-036



4. That the aforementioned property should be placed solely in the name of JOSEPH A. GUILLEN;
5. That it appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand (\$50,000.00) dollars;
6. That forty-five (45) days have elapsed since the death of GERALDINE GUILLEN;
7. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction;
8. That I am the sole party that is entitled to any part of this property;
9. That my wife, GERALDINE GUILLEN, and I held the aforementioned property jointly and the property should be placed solely in my name;

*Joseph A. Guillen*  
 JOSEPH A. GUILLEN, Affiant

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Before me the undersigned, a Notary Public in and for said County and State, came JOSEPH A. GUILLEN and acknowledged the execution of the foregoing instrument this 1 day of DECEMBER, 2015.

*Carmen M. Rivera*  
 Commission Expires 10/12/23  
*Carmen M. Rivera* Notary Public  
 Lake County Resident

**FILED**

NOV 19 2015

**JOHN E. PETALAS  
LAKE COUNTY AUDITOR**

**NOTARY PUBLIC SEAL INDIANA**  
**CARMEN M. RIVERA**  
 Notary Public  
 Lake County, State of Indiana  
 Commission Expires Oct. 12, 2023

05388

AMOUNT \$ 14.-  
 CASH  CHARGE \_\_\_\_\_  
 CHECK # \_\_\_\_\_  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON-COM   
 CLERK RN

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 66494



Local No 003249

EDR No 000000471759

State No 046512

1. Decedent's Legal Name (First, Middle, Last) <b>GERALDINE GUILLEN</b>			1a. Maiden Name (If female) <b>ZAVADA</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>05:00 PM</b>	4. Date Of Death (Month/Day/Year) <b>09/30/2015</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>77</b>	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) <b>01/24/1938</b>		8. Birthplace (City and State or Foreign Country) <b>GARY, IN</b>
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) <b>ST ANTHONY HOSPICE-CROWN POINT</b>					12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</b>		13. County Of Death <b>LAKE</b>	
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 <b>JOSEPH A. GUILLEN</b>		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>CASHIER</b>	
17. Kind Of Business/Industry <b>BANKING</b>		18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>CROWN POINT</b>		
18c. Street And Number <b>3133 BURGE DRIVE</b>		18d. Apt. No.		18e. Zip Code <b>46307</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>STANLEY ZAVADA</b>			23. Mother's Name (First, Middle, Last) <b>AGNES BARLOCK</b>			23a. Mother's Maiden Last Name <b>TOMAK</b>		
24. Informant's Name <b>JOSEPH A GUILLEN</b>		24a. Relationship To Decedent <b>HUSBAND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3133 BURGE DRIVE, CROWN POINT, IN, 46307</b>				
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) <b>KELLY CARROLL CREMATION SERVICE</b>		25c. Location - City, Town, And State <b>GARY, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>PRUZIN BROTHERS-MERRILLVILLE, 6360 BROADWAY-MERRILLVILLE, IN-46440</b>				27a. Funeral Home License Number: <b>FH83002453</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD01009893</b>				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. <b>LUNG CANCER</b>  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. _____ C. _____ D. _____		
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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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		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"/> Bicyclist <input type="checkbox"/> Other (Specify) <b>NOT VALID UNLESS</b>				
41. Signature, Of Person Certifying Cause Of Death: <b>KATHRYN HENKLE MULLIGAN, BY ELECTRONIC SIGNATURE</b>				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: <b>KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311</b>				44. License Number <b>01052342A</b>		45. Date Certified <b>10/03/2015</b>		
46. Additional Funeral Service Provider:				47. *Akas:				
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>OCT 05 2015</b>				



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
**OCT 05 2015**