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SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA
COUNTY OF LAKE

2016 016328
)

2016 MAR 17 AM 10:29

MICHAEL B. BROWN
RECORDER

On this 19th day of February, 2016, before me personally appeared Bertha Villagomez who being duly sworn on her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

Lots 47 and 48, Block 28, Manufacturer's Addition to the City of Hammond, as shown in Plat Book 2 page 24 in the Office of the Recorder of Lake County, Indiana.
Parcel ID: 45-07-10-151-001.000-023
Commonly known as: 6703 Parrish Avenue, Hammond, IN 46323

2. That said premises were formerly owned as joint tenants with the right of survivorship and not as tenants in common by Jose Antonio Balboa, Martha A. Balboa, Antonio Balboa and Bertha Villagomez.

3. That said Martha A. Balboa died on July 1, 2014, a resident of Lake County, Indiana leaving no Will.

4. That by reason of the death of Martha A. Balboa, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.

5. That on the date of the death of Martha A. Balboa said parties, namely, Jose Antonio Balboa and Martha A. Balboa, were husband and wife and have not been divorced, Antonio Balboa and Bertha Villagomez are their children.

Further Affiant sayeth not.

Bertha Villagomez

Subscribed and Sworn to before me, the undersigned, a Notary Public in and for said County and State, this 19th day of February, 2016, personally appeared Bertha Villagomez and acknowledged the execution of the foregoing Affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

"Official Seal"
M. Christine Gamez
Notary Public, State of Indiana
Resident of Lake County, IN
My commission expires
November 10, 2022



M. Christine Gamez
Notary Public

FILE

MAR 17 2016

JOHN E. PETALAS
LAKE COUNTY RECORDER

AMOUNT \$ 14-
CASH _____ CHARGE _____
CHECK# 1138
OVERAGE _____
COPY _____
NON-CONF *RR*

21250



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

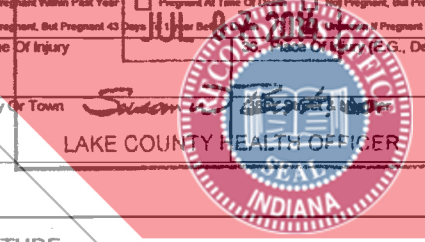
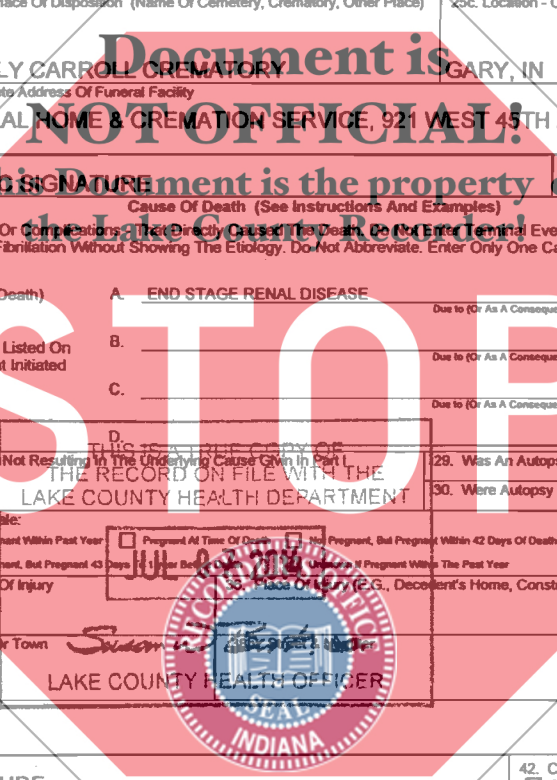
Tracking No. 22577

Local No 002078

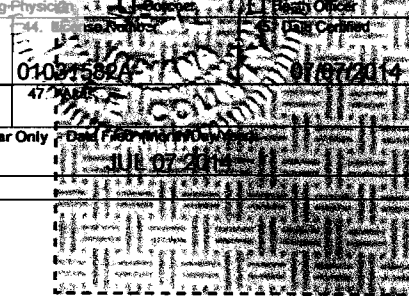
EDR No 00000392939

State No

1. Decedent's Legal Name (First, Middle, Last) MARTHA A BALBOA				1a. Maiden Name (If female) MARTINEZ		2. Sex FEMALE	3. Time Of Death 11:27 AM	4. Date Of Death (Month/Day/Year) 07/01/2014	
5. Social Security Number [REDACTED]	6a. Age - Yrs 68	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) 05/20/1946		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 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) 6703 PARRISH AVENUE									
12. City Or Town, State, And Zip Code HAMMOND, IN, 46323					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 JOSE' ANTONIO BALBOA			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation BAKER		17. Kind Of Business/Industry BAKERY	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18c. Street And Number 6703 PARRISH AVENUE		18d. Apt. No.	18e. Zip Code 46323
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 NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) ENRIQUE MARTINEZ			23. Mother's Name (First, Middle, Last) RAMONA MARTINEZ			23a. Mother's Maiden Last Name TORREZ			
24. Informant's Name JOSE' ANTONIO BALBOA		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 6703 PARRISH AVENUE, HAMMOND, IN 46323					
25. Place Of Disposition									
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 CREMATORY			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): 6208700086			
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. END STAGE RENAL DISEASE Due to (Or As A Consequence Of): 2 YEARS									
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. _____ Due to (Or As A Consequence Of): _____ C. _____ Due to (Or As A Consequence Of): _____ D. _____ Due to (Or As A Consequence Of): _____									
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 type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 43 Days After Birth <input type="checkbox"/> Pregnant, 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 Suburban		38b. Apt. No.		38d. Zip Code			
39. Describe How Injury Occurred									
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, 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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. Date Of Death 07/01/2014			
46. Additional Funeral Service Provider:						47. Date Of Death 07/01/2014			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only 11/07/2014			



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