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STATE OF INDIANA)
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COUNTY OF LAKE)

SS: IN RE: MARIA BADAJOZA, AKA MARIA T. CHAVEZ, DECEDENT

2016 048568

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent Maria Badajoza also known as Maria T. Chavez, died intestate on January 18, 2011, while domiciled in East Chicago, Indiana.

2. That forty-five (45) days have elapsed since the death of the decedent.

3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, or is contemplated to be filed.

4. That the following named person is the only heir of the decedent:

FRANK BADAJOZA JR., 3920 Parrish Avenue, East Chicago, IN, son of decedent

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided under IC §29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.

6. That among the decedent's probate assets are two parcels of real estate which were owned by the decedent located in Lake County, Indiana, more particularly described as follows:

3rd Addition Indiana Harbor All Lot 35 Block 13

Key No: 45-03-21-479-029.000-024

Commonly known as: 3920 Parrish Avenue, East Chicago, IN 46312

7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant: NONE



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 AUG - 1 AM 9:28
MICHAEL B. BROWN
RECORDER

24838

FILED

JUL 29 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

non \$16,000
com ✓ 3094
\$1.00 over- JAB

8. That the individual entitled to the real estate as a result of the decedent's death is as follows:

FRANK BADAJOZA JR., 3920 Parrish Avenue, East Chicago, IN, son of decedent

9. That by reason of the above-stated matters, the affiant requests that the above-Listed real estate of Maria Badajoza as known as Maria T. Chavez, be transferred to him pursuant to the laws of testate distribution, in accordance with the provisions of IC §29-1-8-1, §29-1-8-2, and §29-1-8-3.

I swear or affirm that the foregoing is true and accurate to the best of my knowledge and belief.

Juanita De Jesus
JUANITA DEJESUS, Affiant

STATE OF Ind
COUNTY OF Lake

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Before me, the undersigned, a Notary in and for said County and State, this 22 day of July, 2016 personally appeared JUANITA DEJESUS and acknowledged the execution of the foregoing Affidavit for Transfer of Real Property. In witness whereof, I have hereto subscribed my name and affixed my official seal.

My commission expires: _____ Signature Robert L. Lewis

Resident of _____ County _____, Notary Public

Robert L. Lewis, 10070-45
ROBERT L. LEWIS & ASSOCIATES
2148 West 11th Avenue
Gary, Indiana 46404
(219) 944-2755-phone



Robert L. Lewis
Notary Public
Seal
Porter County, State of Indiana
Commission # 658939
Commission expires 10/5/22

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

JANET WEAVER
Affiant



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000016

EDR No 00000177562

State No 002109

1. Decedent's Legal Name (First, Middle, Last) MARIA T CHAVEZ				1a. Maiden Name (If female) DE ALBA		2. Sex FEMALE	3. Time Of Death 07:12 AM	4. Date Of Death (Month/Day/Year) 01/18/2011		
5. Social Security Number [REDACTED]		6a. Age - Yrs 91	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) 01/08/1920		8. Birthplace (City and State or Foreign Country) ZACATECAS, 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 checked="" 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 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) ST CATHERINE HOSPITAL INC										
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312					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 checked="" type="checkbox"/> Widowed <input 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 NURSE'S AIDE		17. Kind Of Business/Industry HEALTH CARE		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town EAST CHICAGO				
18c. Street And Number 3920 PARRISH AVENUE						18d. Apt. No.	18e. Zip Code 46312	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education UNKNOWN			20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) JESUS DE ALBA				23. Mother's Name (First, Middle, Last) JUANA DE ALBA			23a. Mother's Maiden Last Name DEL RIO			
24. Informant's Name JUANITA M DEJESUS			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 3822 FIR STREET, EAST CHICAGO, IN 46312					
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) ST JOHN-ST JOSEPH CEMETERY, HAMMOND, IN			25c. Location - City, Town, And State				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility OLESKA-PASTRICK FUNERAL HOME, 3934 ELM STREET, EAST CHICAGO, IN 46312					27a. Funeral Home License Number: FH86000155			
27b. Signature Of Indiana Funeral Service Licensee: JOSE G FLORES, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20700904				
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.									Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. PNEUMONIA Due to (Or As A Consequence Of):										
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. DECUBITUS STAGE 2 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 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 (IES, 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: KANTILAL S PATEL, 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: KANTILAL S PATEL, 525 527 WEST CHICAGO AVENUE, EAST CHICAGO, IN 46312						44. License Number 01043474A		45. Date Certified 01/20/2011		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: PAULA BENCHIK-ABRINKO, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 21 2011				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal. IVRA-20 (7/05)

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT