

3.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 048704

2016 AUG -1 PM 3:36

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: Adelina Romo, Deceased
Parcel No.: 45-07-27-307.003.000-026

AFFIDAVIT OF SURVIVORSHIP

Comes now MARIA A. BLACK, being duly sworn upon her oath, and states as follows:

1. That she is an adult daughter of ADELINA ROMO, deceased, and makes this

Affidavit based upon personal knowledge.

2. Adelina Romo and Charles A. Black and Maria A. Black, Husband and Wife, are

the owners of the following described real estate located in Lake County, Indiana:

LOT 562, SOUTHTOWN ESTATES 13TH ADDITION TO THE TOWN OF HIGHLAND, AS SHOWN IN PLAT BOOK 35 PAGE 14 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 9427 O'Day Drive, Highland, Indiana 46322

3. The above-referenced real estate was transferred on November 15, 2011, by

Warranty Deed to Charles A. Black and Maria A. Black, husband and wife, subject to a life estate in favor of Adelino Romo.

4. Adelina Romo passed away on January 13, 2016, at which time her interest in the

real estate was extinguished by operation of law. (A true and accurate copy of the death

certificate of Adelina Romo, with social security number and cause of death redacted, is attached

hereto and incorporated herein by reference as Exhibit "A.")

FILED

AUG 01 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

014286
CASH
\$1500
M-c



5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested solely in Charles A. Black and Maria A. Black, husband and wife, and to induce the Auditor of Lake County, Indiana to remove the name of Adelina Romo from title and reflect the correct ownership of such real estate on said Auditor's records.



MARIA A. BLACK

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared MARIA A. BLACK, and she being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true and acknowledges the execution of the foregoing Affidavit as her free and voluntary act.

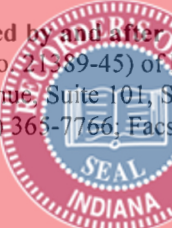
Signed and sealed this 17 day of July, 2016.
This Document is the property of the Lake County Recorder!





Notary Public

This instrument was prepared by and after recording should be returned to:
Laura L. Rybicki (Atty. No. 21389-45) of Cugan, Repay & Rybicki, P.C.
7880 Wicker Avenue, Suite 101, St. John, Indiana 46373
Telephone: (219) 365-7766; Facsimile (219) 365-4499



Mail Tax Statements To:
Charles A. and Maria A. Black
9427 O'Day Drive
Highland, IN 46322

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.

Laura L. Rybicki



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 76530

Local No 000109

EDR No 00000489771

State No 001420

1. Decedent's Legal Name (First, Middle, Last) ADELINA V ROMO		1a. Maiden Name (if female) ACEVEZ		2. Sex FEMALE	3. Time Of Death 05:40 PM	4. Date Of Death (Month/Day/Year) 01/13/2016	
5. Social Security Number [REDACTED]	6a. Age - Yrs 86	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) 09/21/1929	
8. 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) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE							
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321				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 Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME
18. Residence - State INDIANA		19a. County LAKE		18b. City Or Town HIGHLAND		18c. Street And Number 9427 O'DAY DRIVE	
18d. Apt. No.		18e. Zip Code 46322		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) CLEMENTE ACEVEZ		23. Mother's Name (First, Middle, Last) CANDIDA ACEVEZ		23a. Mother's Maiden Last Name JAUREGUI			
24. Informant's Name JOHN A VAZQUEZ		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 11429 VERMONT PLACE, CROWN POINT, IN 46307			
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) CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL, 7535 TAFT STREET, MERRILLVILLE, IN 46410				27a. Funeral Home License Number FH10400032	
27b. Signature Of Indiana Funeral Service Licensee KIMBERLY M. JONES, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) 022800087		28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Other Conditions Contributing To Death, In Chronological Order, Starting With The Immediate Cause (Final Disease Or Condition Resulting In Death) On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last. Immediate Cause (Final Disease Or Condition Resulting In Death): [REDACTED] Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death): [REDACTED]			
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		Approximate Interval, Onset To Death WEEKS	
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. Cause Of Injury (Specify): <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Assault <input type="checkbox"/> Poisoning <input type="checkbox"/> Suffocation <input type="checkbox"/> Drowning <input type="checkbox"/> Fire <input type="checkbox"/> Other (Specify):		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)		38a. City Or Town	
38. Location Of Injury - State		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		41. Signature Of Person Certifying Cause Of Death LYLE R MUNN, BY ELECTRONIC SIGNATURE			
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. License Number 01031582A		45. Date Certified 01/14/2016		46. Date Certified	
48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) JAN 14 2016					

