

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 AUG -2 PM 12: 12

MICHAEL B. BROWN
RECORDER

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STATE OF INDIANA)
COUNTY OF LAKE)

2016 049031

)SS:

AFFIDAVIT OF SURVIVORSHIP

Comes now Josephine Martinez, and upon being duly sworn does attest and say:

- 1. That the affiant is the spouse of Rodolfo Martinez, deceased.
- 2. That Josephine Martinez and Rodolfo Martinez, acquired the following property as Husband and Wife during the term of their marriage.

All of Lot 34, South 20' of Lot 35, in Block 2, Woodbury Park Addition to Gary, Indiana, as per plat thereof, as same appears of record in the Recorder's Office of Lake County, Indiana.

Commonly known as: 4045 Ohio St., Gary, Indiana 46409
Parcel No.: 45-08-27-281-006.000-004

- 3. That Josephine Martinez and Rodolfo Martinez remained married until the death of Rodolfo Martinez on the 29th day of July, 1981.
- 4. That Josephine Martinez became the fee simple owner of the property at the death of Rodolfo Martinez.

I affirm under the penalties for perjury that the foregoing statements are true.



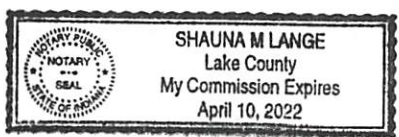
Josephine Martinez
Josephine Martinez

STATE OF INDIANA)
COUNTY OF LAKE)

)SS:

Subscribed and sworn to before me this 26 day of July, 2016.

My Commission Expires: 4-10-22



Shauna M. Lange, Notary Public
Resident of Lake County

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

Shauna M. Lange

FILED
AUG 02 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR

This Instrument Prepared by: Law Offices of Patricia A. Rees,, 5341 Central Ave., Portage, IN 46368, (219) 947-1692.

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TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Disposition Permit Issued /
Provisional Certificate Yes No

EMBALMER'S NAME James Gholston
FUNERAL DIRECTOR'S SIGNATURE *Robert Whittle*
LICENSE No. 419
FUNERAL DIRECTOR'S LICENSE No. 968
FUNERAL HOME No. 242

Local No. 117-81

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. JULY 29, 1981

1. DECEASED—NAME RODOLFO MARTINEZ		FIRST MIDDLE LAST		2. SEX MALE		3. DATE OF DEATH (MONTH, DAY, YEAR) JULY 29, 1981	
4. RACE White		5a. AGE—At birth 36		5b. UNDER 1 YEAR MOS. _____ DAYS _____ HOURS _____ MINS _____		6. DATE OF BIRTH (Mo., Day, Yr.) April 8, 1925	
7b. CITY, TOWN OR LOCATION OF DEATH Crown Point		8. CITIZEN OF WHAT COUNTRY USA		7c. HOSPITAL OR OTHER INSTITUTION—Name (if not in other, give street and number) St. Anthony's Hospital		9. COUNTY OF DEATH Lake	
9. SOCIAL SECURITY NUMBER [REDACTED]		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (if wife, give maiden name) Josephine		12. IF HOSP. OR INST. Indicate DOA, OP, Emer., Inst., Inpatient (Specify) Inpatient	
13. RESIDENCE—STATE Indiana		14a. CITY, TOWN OR LOCATION Lake Gary		14b. KIND OF BUSINESS OR INDUSTRY Electric Welder & Operator		15. WAS DECEDENT EVER IN U.S. ARMED SERVICES? Yes	
15a. STREET AND NUMBER 4045 Ohio Street		15b. IS DECEASED OF SPANISH OR PORTUGUESE ORIGIN? NO		15c. IS DECEASED OF CUBAN, PUERTO RICAN, ETC. ORIGIN? NO		16. INSIDE CITY LIMITS (Specify YES or NO) Yes	
16. FATHER—NAME Dis Martinez		17. MOTHER—Maiden Name Marla Rodriguez		18. CITY OR TOWN Gary, Indiana		19. STATE Indiana	
18a. BIRTH INFORMATION—NAME (of child) Josephine Martinez		18b. MAILING ADDRESS 4045 Ohio Street		18c. CITY OR TOWN Merrillville, Ind.		19. STATE Indiana	
19a. BIRTH DATE (Month, Day, Year) Aug. 1, 1951		19b. FUNERAL HOME—NAME AND ADDRESS Stilnovich, Palmer & Wlatroffk 4213 Bdwy. Gary, Indiana		19c. LOCATION Merrillville, Ind.		20. STATE Indiana	
20a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		20b. CEMETERY OR CREMATION, HOME Calumet Park Cem.		20c. HOUR OF DEATH 11:00		21. DATE SIGNED (Mo., Day, Yr.) 7/29/81	
21. NAME OF ATTENDING PHYSICIAN Dr. Robert Woodburn		21b. MAILING ADDRESS 8127 Merrillville, Road		21c. DATE RECEIVED BY LOCAL HEALTH OFFICER 7-30-81		22. HEALTH OFFICER—SIGNATURE <i>James Gholston</i>	
22. IMMEDIATE CAUSE Star damaged multiple hepato cellular carcinoma.		23. INTERVAL BETWEEN ONSET AND DEATH		24. INTERVAL BETWEEN ONSET AND DEATH		25. INTERVAL BETWEEN ONSET AND DEATH	

SBH 06-003 REV. 10/77 State Form 35430