

**Affidavit of Survivorship**

I, V-Esther Caldwell, residing at 2300 Fairview Road, apt. O105, Costa Mesa, California 92626, being of legal age, deposes and says that:

1. On or about July 22, 2015, by Quitclaim deed, recorded as document number 201504594 Lake County, Indiana, the Affiant and Celestine Caldwell became joint legal owners (with rights of survivorship) of the following legally described property:

Lot 9 and 10 and the South 1/2 of Lot 8, Orchard Park Addition to Gary, as per plat there recorded in Plat Book 6, Page 26, in the Office of the Recorder of Lake County Indiana. commonly known as: 1536 Rutledge Street, Gary, Indiana 46404 key number: 45-08-08-327-023.000-004

2. Affiant and V-Esther Caldwell owned the property in joint tenancy with right of survivorship.
3. On February 24, 2016, Celestine Caldwell, died, thereby terminating Celestine Caldwell's interest in the above-described real property. A certified copy of the death certificate of Celestine Caldwell is attached hereto as Exhibit A.

I certify under penalty of perjury under Indiana law that I know the contents of this affidavit signed by me and that the statements are true and correct.

V-Esther Caldwell  
V-Esther Caldwell

July 19, 2016  
Date

STATE OF Calif., COUNTY OF Orange, ss:

This Affidavit was acknowledged before me on this 19th day of July, 2016 by V-Esther Caldwell, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

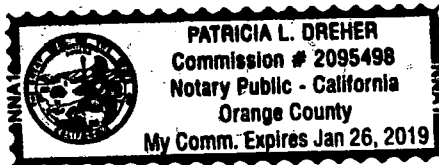
Patricia L Dreher  
Notary Public

My commission expires 1/26/2019

**FILED**

AUG 02 2016

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

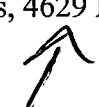


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LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B. BROWN  
RECORDER  
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**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of Orange

On 7/14/16 before me, Patricia L. Dreher, Notary Public  
Date Here Insert Name and Title of the Officer

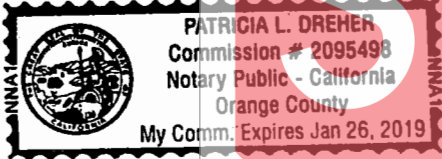
personally appeared V - Ester Calvelo  
Name(s) of Signer(s)

**NOT OFFICIAL!**

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by using the signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Patricia L. Dreher  
Signature of Notary Public



Place Notary Seal Above

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Affidavit Survivorship Document Date: 7/14/16  
Number of Pages: 1 Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: V - Ester Calvelo  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF ORANGE**

**HEALTH CARE AGENCY**

1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CALIFORNIA 92701

3052016040677

**CERTIFICATE OF DEATH**

3201630003322

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Print) CELESTINE		2. MIDDLE -		3. LAST (Family) CALDWELL		
	4. DATE OF BIRTH mm/dd/yyyy 07/10/1933			5. AGE Yrs. 82	6. UNDER ONE YEAR Months Days	7. UNDER 24 HOURS Hours	8. SEX F
	9. BIRTH STATE/FOREIGN COUNTRY TN	10. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) WIDOWED		13. HOUR (24 Hours) 0030
	13. EDUCATION - Highest Level/Degree GED		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) BLACK		
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CAR SALESPERSON			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AUTOMOTIVE SALES			19. YEARS IN OCCUPATION 10	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 2300 FAIRVIEW ROAD						
	21. CITY COSTA MESA	22. COUNTY (Print) ORANGE	23. ZIP CODE 92626	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY CA		
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP V-ESTHER CALDWELL, DAUGHTER						
	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 2558, COSTA MESA, CA 92628						
SPOUSE/STEP PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/STEP PARENT - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -		
	31. NAME OF FATHER/PARENT - FIRST OTTO		32. MIDDLE -		33. LAST (BIRTH NAME) CARNEY		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	35. NAME OF MOTHER/PARENT - FIRST ESTHER		36. MIDDLE -		37. LAST (BIRTH NAME) PREWITT		
	38. DISPOSITION DATE mm/dd/yyyy 03/01/2016		39. PLACE OF FINAL DISPOSITION OAK HILL CEETERY 4450 HARRISON STREET, GARY, IN 46409				
PLACE OF DEATH	41. TYPE OF DISPOSITION(S) TRBU		42. SIGNATURE OF EXAMINER DAVID SWEETIN		43. LICENSE NUMBER EMB9021		
	44. NAME OF FUNERAL ESTABLISHMENT MIDGLEY-GARDENSIDE MORTUARY		45. LICENSE NUMBER FD1557		46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.		
CAUSE OF DEATH	101. PLACE OF DEATH HOAG MEMORIAL HOSPITAL PRESBYTERIAN		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> ETC		
	104. COUNTY ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1 HOAG DRIVE		106. CITY NEWPORT BEACH		
PHYSICIAN'S CERTIFICATION	107. CAUSE OF DEATH Enter the chosen events -- disease, injury, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) SEPTIC SHOCK Secondary (B) BACTEREMIA Underlying (C) SPONTANEOUS BACTERIAL PERITONITIS Cause (D) LUNG CANCER				108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) DAYS 15-01029-BA (B) DAYS (C) DAYS (D) YEARS		
	109. BIOPSY PERFORMED? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				110. AUTOPSY PERFORMED? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CORONER'S USE ONLY	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Event not ICD-10) END STAGE RENAL FAILURE, HEPATITIS C, CONGESTIVE HEART FAILURE				113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: [REDACTED] Date: 02/22/2016 Place: [REDACTED]		115. SIGNATURE AND TITLE OF PHYSICIAN RICHARD MEDHAT MANSOUR M.D.		116. LICENSE NUMBER A81902		
117. DATE mm/dd/yyyy 02/22/2016		118. SIGNATURE AND TITLE OF PHYSICIAN RICHARD MEDHAT MANSOUR M.D. 510 SUPERIOR, SUITE 290, NEWPORT BEACH, CA 92663		119. DATE mm/dd/yyyy 02/23/2016			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE, mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

**CERTIFIED COPY OF VITAL RECORD**  
STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED March 7, 2016

003734915

*Eric G. Handler* H.O.  
ERIC G. HANDLER, MD  
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



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