STATE OF LIDIANA.

LAKE COUNTY
FILED FOR RECORD

2016 054895

2016 AUG 11 PM 3: 34

MICHAEL B. BROWN AFFIDAVIT OF SURVIVING SPOUSER

| | F | | |
|---------------------------------------|--|------------------------|--|
| STATE OF INCOUNTY OF | DIANA) Lake |) SS: | |
| Sole | edad Gonzalez | , | , being first duly sworn upon oath, deposes and says: |
| | | | |
| 1. That 1433 Pe hereto as Exhib | Arturo Gonzalez epperidge Lane Fo oit A. | | died on February 7, 2015 at 6131 . A certified copy of the death certificate is attached |
| 2. That | Arturo Gonza | lez | and Soledad Gonzalez |
| were duly and | legally married at | the time they ac | equired title as husband and wife to the following described real |
| estate, recorded | | • | Instrument # 031627 in the records of: Lake |
| County, Indian | | | |
| Lot 27 and the | North 1/2 of Lot | 26 in Block 12 i | in Hoffman's 3rd Addition to the City of Hammond, as per plat |
| | | | Office of the Recorder of Lake County, Indiana. More |
| commonly kno | own as 4646 Henr | V Hammond In | diana Key 34-117-30 |
| commonly kin | | | |
| Property addres | ss: 4646 L | enry Hammond | lindiana ent is the property of |
| Parcel ID: | 45-02- | 25-434-037.00 0 | 5023 is the property of |
| | | | County Recorder! |
| | A . | | tween them at the time they acquired title to said real estate |
| remained in eff | fect and unbroken | until the date of | f (his) than death. |
| 4 (77) | | | |
| 4. That | Soledad Gonza | | makes these representations to set forth |
| the present own | nership of title to t | the above real es | state pursuant to IC 32-17-3-1(c). |
| Frontlean offices | | | |
| Further affiant | sayeth not. | | |
| Laliand | Il m ela | | |
| Affiant signatu | re | | ERDER'S ON |
| | dad Gonzalex | | |
| Print name | dua Gonzalez | | |
| 8/11/10 | 6 | E | |
| Date | | | WOLANA JULI |
| | | | |

AUG 11 2016

JOHN E. PETALAS LAKE COUNTY AUDITOR

014597

ACKNOWLEDGEMENT

| STATE OF INDIANA) COUNTY OF Lax SS: |
|---|
| Before me, a notary public in and for said county and state, and a resident of Indiana, personally appeared Soledad Gonzalez who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. |
| Witness my hand and notary seal this day of |
| My commission expires: Document 1s Lake County My Commission Expires Jun 1, 2024 |
| I affirm, under the penalties for perjury, that I have taken reasonable eare to redact each Social Security number in this document, unless required by the Lake County Recorder! |
| This document was prepared and affirmation made by: Preparer's signature Print name |
| After recording, please return instrument to: |

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

| S | TATE OF TE | MENT OF ST | | CER | TIFICAT | TE OF DE | | ST | | LE NUM | | | | 02014 |
|--|--|--|--|--|--|--|---|--|--|---|--|---|--|--|
| 1. L | LEGAL NAME OF DE | CEASED (Includ | te AKA's, if a | any) (First, M | fiddle, Last) | | | | (Maiden) |) | 2. DATE (mm-do | | ACTUAL | OR PRESU |
| | RTURO GONZA | | | | | | | | į | | (******* | | JARY 7, | 2015 |
| 3. S | SEX | 4. DATE OF B | IRTH (mm- | dd-yyyy) | AGE-Last (Years) | Birthday | IF UNDE | R 1 YR Days | F UNDER 1 Hours | DAY Min | 6. BIRTH | HPLACE (C | ty & State of | or Foreign Cour |
| | ALE | | MBER 1 | 1952 | ,, | 62 | | | | | MEXIC | | | |
| 7. \$ | SOCIAL SECURITY | NUMBER | 8, | MARITAL S | TATUS AT T | IME OF DEAT | н 🗵 ма | arried | 9. SURVIVI | NG SPOUSE'S | NAME (If | wife, give na | ime prior to | first marriage) |
| | | | | Widowed | Divorce | ed 🔲 Neve | r Married 🔲 Ur | known | SOLEDA | D SII VA | | | | |
| 10a | a. RESIDENCE STRI | ET ADDRESS | | | | | | | 10b. APT. | NO. 10c. | CITY OR 1 | TOWN | | |
| ١., | 100 DEDDEDID | SE I ANE | | | | | | | 1 | | | | | |
| | 133 PEPPERIDO d. COUNTY | JE LANE | | 10e. STATE | | | | 10f. | ZIP CODE | | RT WOF | SIDE CITY | LIMITS? | |
| | | | 1 | | | | | | | | 1 - | Yes | | ·h |
| TA | ARRANT FATHER'S NAME | | | TEXAS | | 140 | TOWNERS IN | 761 | 31 | 1551108 | | 103 | | <u> </u> |
| ļ'''. | . FATHER'S NAME | | | | | \ 12 | . MOTHER'S NA | ME PHIOR I | OFINSTM | AHHIAGE | | | | |
| SA | ALVADOR GON | ZALEZ _ | | | | ¹ N | ARIA DE LO | S ANGEL | ES SAU | CEDA | | | | |
| 16.6 | DEATH OCCURRED | IN A HOCOTAL | | LEGEN | TH OCCUPE | 13. PLACE O | F DEATH (CHEC | K ONLY ON | E) | | | | | |
| - | _ | :R/Outpatient | | | | | g Home 🔯 De | | | ther (Specify) | 1 | | | |
| ᆫ | COUNTY OF DEAT | | | | | | MITS, GIVE PREC | | | | j ot institution | n, give stree | t address) | - |
| | | | 1 | | | | | , | | | | | , | |
| | ARRANT | | FOF | RT WORT | [H, 761 <u>31</u> | | | | | EPPERIDG | | | | . i |
| 17. | , INFORMANT'S NAM | ME & RELATION | SHIP TO DE | ECEASED | | 18. MAIL | ING ADDRESS (| OF INFORMA | NT (Street | and Number,C | ity, State, Zig | Code) | | - |
| ١., | NA E CONZAL | EZ DAUGU | TEO | | | 4400.5 | CDDEDIGO | | -ODT 146 | | , | | | i |
| 19. | NA E. GONZAL METHOD OF DISP | OSITION | ii <u>CN</u> | | 20. 8 | SIGNATURE A | PEPPERIDGE NO LICENSE NU | MBER OF F | UNERAL DI | RECTOR OR | PERSON | 21. | | |
| ⊠ | Burial | Cremation | | Donation | ACT | ING AS SUCH | | | | 7 | | 21. | | Unknow |
| | Entombment | ☐ Re | moval from s | state | l | | NOTON DV | E(E0TE) | | | | Section | LAST SU | PPER |
| | Other (Specify) | | | | | LLIAN JOH 11936 | NSTON ,BY | ELECTRO | DNIC SIG | INATURE - | | Block | | |
| 22. | PLACE OF DISPOS | ITION (Name of | cemetery, c | rematory, oth | | | LOCATION (Cit | y/Town, and | State) | | | Lot | 22 | |
| 1 | | | • | | | i | | | • | | | Soace | 2 | |
| 24 | OUNT OLIVET | CEMETERY | | | $\overline{}$ | | ORT WORTH | | ELECTION | ********* | | | | 4 |
| 24. | NAME OF FUNERA | L FACELIT | | | / | 25 | 5. COMPLETE AL | DHESS OF | FUNERALI | -ACIDLEY (Stre | et and Nun | nber, Çity, S | state, Zip C | ode) |
| GI | REENWOOD F | H CREMAT | ION - GR | EENWO | DD CHAP | Elo 3 | 100 WHITE S | SETTLEM | ENTRO | AD, FORK | WORTH | I, TX 761 | 07 | |
| 26. | . CERTIFIER (Check | only one) | | | | | | | | | _ | | | |
| | Certifying physician-To Medical Examiner/Just | | | | | | zated. | d at the time of | ate and stone | ment does to the | | | | |
| 27. | SIGNATURE OF CE | RTIFIER | JII the basis c | o can a salar | , distroctives | 28 | DATE CERTIFI | ED (mm-dd-) | (yyy) 29 | UCENSE NUI | ABER : | Manner state 30. TIME OF | ea. F DEATH(A | ctual or presum |
| | | | | 1 | | Ψ | | T | | | • | | | |
| 31. | USAN WEATHE . PRINTED NAME, A | DORESS OF CE | RUTHON | treet and Nu | ober, City,St | | FEBRUAR | Y 10 201 | | | | | | PM |
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| sı | | | | | Joct | ate,Zip Code) | nt is 1 | 4 | | pert | y o | € TITU | 02:47 F OF CERT | |
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