

2016 054895

2016 AUG 11 PM 3: 34

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVING SPOUSE

3

STATE OF INDIANA)
COUNTY OF Lake) SS:

Soledad Gonzalez, being first duly sworn upon oath, deposes and says:

1. That Arturo Gonzalez died on February 7, 2015 at 1433 Pepperidge Lane Fort Worth, TX 76131. A certified copy of the death certificate is attached hereto as Exhibit A.

2. That Arturo Gonzalez and Soledad Gonzalez were duly and legally married at the time they acquired title as husband and wife to the following described real estate, recorded on April 13, 1989 as Instrument # 031627 in the records of: Lake County, Indiana:

Lot 27 and the North 1/2 of Lot 26 in Block 12 in Hoffman's 3rd Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 1, Page 99, in the office of the Recorder of Lake County, Indiana. More commonly known as 4646 Henry Hammond, Indiana Key 34-117-30

Property address: 4646 Henry Hammond Indiana
Parcel ID: 45-02-25-434-037.000-023

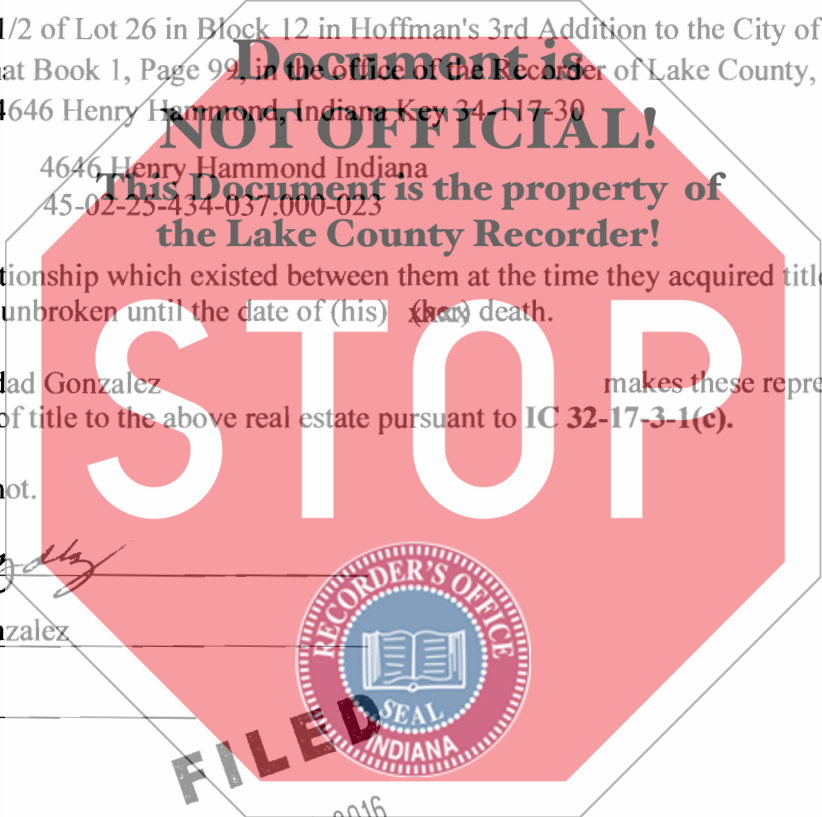
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That Soledad Gonzalez makes these representations to set forth the present ownership of title to the above real estate pursuant to IC 32-17-3-1(c).

Further affiant sayeth not.

Soledad Gonzalez
Affiant signature
Soledad Gonzalez

Print name
Date 8/11/16



FILED

AUG 11 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

014597

15.
CASA
DR

ACKNOWLEDGEMENT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

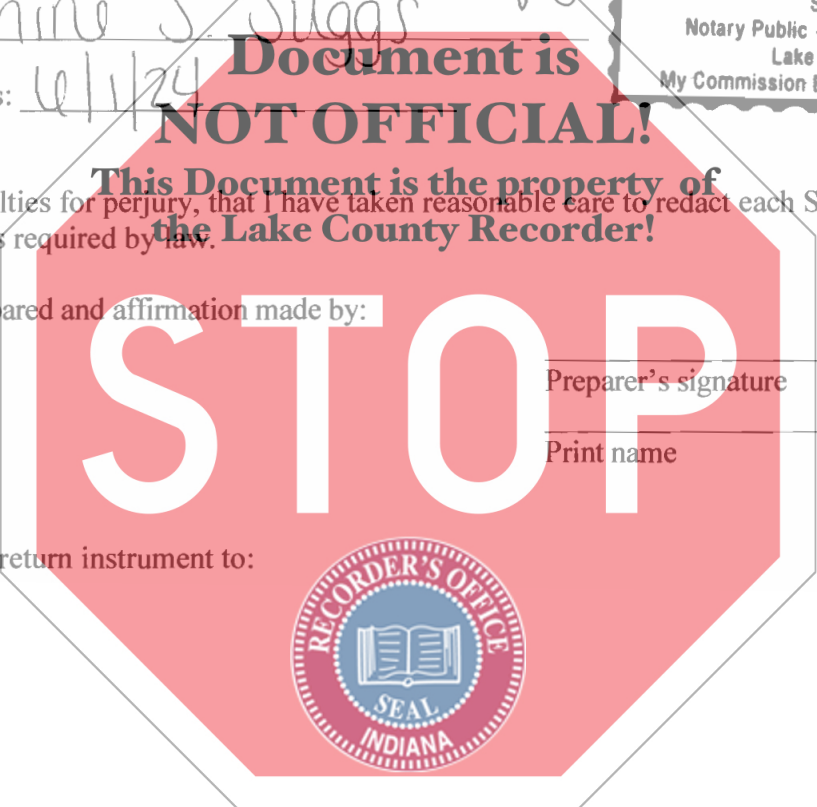
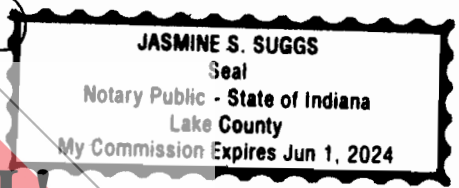
Before me, a notary public in and for said county and state, and a resident of _____ County, Indiana, personally appeared Soledad Gonzalez who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notary seal this 11th day of August, 2016.

Notary signature: Jasmine S. Suggs

Print name: Jasmine S. Suggs

My commission expires: 6/1/24



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.

This document was prepared and affirmation made by:

Preparer's signature _____

Print name _____

After recording, please return instrument to:

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
FEB 13 2015
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-15-020141

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last) ARTURO GONZALEZ
2. DATE OF DEATH (Actual or Presumed) (mm-dd-yyyy) FEBRUARY 7, 2015
3. SEX MALE 4. DATE OF BIRTH (mm-dd-yyyy) SEPTEMBER 1, 1952 5. AGE-Last Birthday (Years) 62 6. BIRTHPLACE (City & State or Foreign Country) MEXICO
7. SOCIAL SECURITY NUMBER [REDACTED] 8. MARITAL STATUS AT TIME OF DEATH [X] Married [] Widowed [] Divorced [] Never Married [] Unknown 9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) SOLEDAD SILVA
10a. RESIDENCE STREET ADDRESS 10b. APT. NO. 10c. CITY OR TOWN 10d. COUNTY 10e. STATE 10f. ZIP CODE 10g. INSIDE CITY LIMITS? [X] Yes [] No
11. FATHER'S NAME 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
13. PLACE OF DEATH (CHECK ONLY ONE)
14. COUNTY OF DEATH 15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) 16. FACILITY NAME (If not institution, give street address)
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)
19. METHOD OF DISPOSITION 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 21. Section 22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) 23. LOCATION (City/Town, and State) 24. NAME OF FUNERAL FACILITY 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)
26. CERTIFIER (Check only one) 27. SIGNATURE OF CERTIFIER 28. DATE CERTIFIED (mm-dd-yyyy) 29. LICENSE NUMBER 30. TIME OF DEATH (Actual or presumed)
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) 32. TITLE OF CERTIFIER
33. PART 1. 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 EACH.
34. WAS AN AUTOPSY PERFORMED? 35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
36. MANNER OF DEATH 37. DID TOBACCO USE CONTRIBUTE TO DEATH? 38. IF FEMALE 39. IF TRANSPORTATION INJURY, SPECIFY:
40a. DATE OF INJURY (mm-dd-yyyy) 40b. TIME OF INJURY 40c. INJURY AT WORK? 40d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City, State, Zip Code) 40f. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED
42a. REGISTRAR FILE NO. 42b. DATE RECEIVED BY LOCAL REGISTRAR 42c. REGISTRAR
EDR NUMBER 000001654947



QA05640739

VS-112 REV 1/2006

LHA

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED FEB 16 2015

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND



American Bank Note Company ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE