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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 059100

2016 AUG 30 AM 10:52

MICHAEL B. BROWN  
RECORDER

1603781

**SURVIVORSHIP AFFIDAVIT**

Comes now Raul Aldape, who being duly sworn upon His oath, deposes and says:

That Raul Aldape is the surviving spouse of Eva Aldape, deceased, who died domiciled in Lake County, Indiana, on 2/6/15

That affiant and Eva Aldape acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

LOT 136 IN THE PARK 4TH ADDITION TO THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 37, PAGE 4, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property address:  
525 East 40th. Place, Griffith, IN 46319  
Tax ID No.: 45-07-26-257.002.000.006

Affiant states that Raul Aldape and Eva Aldape continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Eva Aldape's death. The Parties acquired title to the premises by Deed recorded 7-20-2000 and Instrument Number 200051255 in the Office of the Recorder of Lake County, Indiana.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate County Authority of Lake County, Indiana, to transfer the above-described real estate to Raul Aldape.

Executed this 9th Day of August, 2016

Raul Aldape 

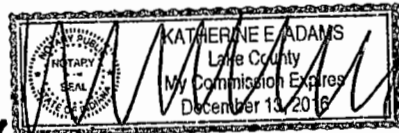


STATE OF INDIANA

COUNTY OF ~~\*\* ERROR RETRIEVING DATA \*\*~~ Lake

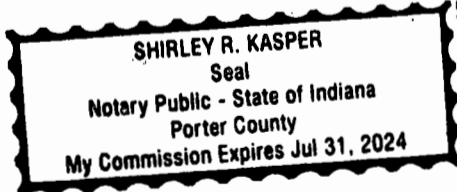
Subscribed and sworn to before me, a Notary Public in and for said county and state this 9th day of August, 2016.

Notary Public ~~\*\* ERROR RETRIEVING DATA \*\*~~  
County of Residence: ~~\*\* ERROR RETRIEVING DATA \*\*~~  
My Commission expires: ~~\*\* ERROR RETRIEVING DATA \*\*~~



This document prepared by:

File No. 1603781



J R A

014824

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 Andrea A Plasencia

\$13

**FILED**

AUG 24 2016

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

CEH 1820501078

CHICAGO TITLE INSURANCE COMPANY



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

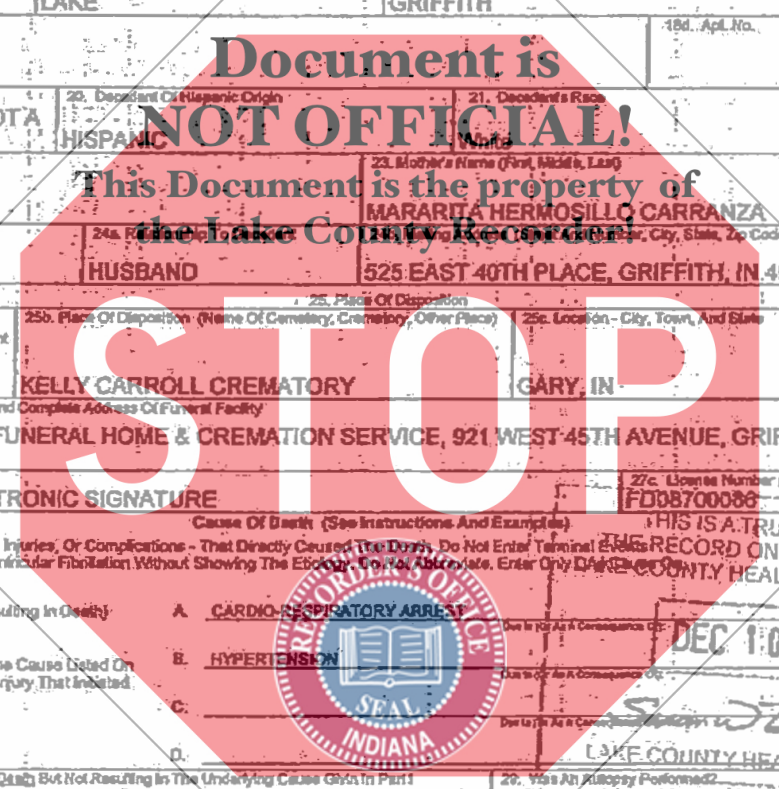
Tracking No. 72932

Local No 004050

EDR No 00000483225

State No

1. Decedent's Legal Name (First, Middle, Last) <b>EVA DEL CARMEN ALDAPE</b>				1a. Maiden Name (if female) <b>CARRANZA</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>06:05 AM</b>	4. Date Of Death (Month/Day/Year) <b>12/08/2015</b>		
5. Social Security Number <b>?</b>	6a. Age - Yrs <b>58</b>	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) <b>04/07/1957</b>		8. Birthplace (City and State or Foreign Country) <b>AUTLAN, MX</b>		
9. 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 checked="" 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 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) <b>COMMUNITY HOSPITAL</b>										
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>				13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name <b>RAUL ALDAPE</b>			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry: <b>OWN HOME</b>		
18a. Residence - State <b>INDIANA</b>		18b. County <b>LAKE</b>		18c. City Or Town <b>GRIFFITH</b>		19. Apt. No.		19. Zip Code <b>46319</b>		
19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>		20. Decedent Of Hispanic Origin <b>HISPANIC</b>		21. Decedent's Race <b>White</b>		19. Apt. No.		19. Zip Code <b>46319</b>		
22. Father's Name (First, Middle, Last) <b>JUAN MANUEL CARRANZA</b>			23. Mother's Name (First, Middle, Last) <b>MARARITA HERMOSILLO CARRANZA</b>			23a. Mother's Maiden Last Name <b>CONTRERAS</b>				
24. Informant's Name <b>RAUL ALDAPE</b>			24a. Relationship To Decedent <b>HUSBAND</b>			24b. Informant's Address (Street, City, State, Zip Code) <b>525 EAST 40TH PLACE, GRIFFITH, IN, 46319</b>				
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" 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) <b>KELLY CARROLL CREMATORY</b>			25c. Location - City, Town, And State <b>GARY, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>WHITE FUNERAL HOME &amp; CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319</b>				27a. Funeral Home License Number: <b>FH10600026</b>				
27b. Signature Of Indiana Funeral Service Licensee: <b>RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08700086</b>				
28. Part I. 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 A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death): A. <b>CARDIO-RESPIRATORY ARREST</b> B. <b>HYPERTENSION</b> C. D. Sequential List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last						28. Cause Of Death (See Instructions And Examples): <b>THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.</b> <b>DEC 10 2015</b>		Approximate Interval - Onset To Death: <b>5 DAYS</b>		
Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I: <b>END STAGE RENAL FAILURE ON HD; NIDDM 2</b>						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						31. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area):		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury	
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):		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Location Of Injury - State		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred:						40. If Transportation Injury, Specify: <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				
41. Signature Of Person Certifying Cause Of Death: <b>LINUS B. GANDHI, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>LINUS B. GANDHI, 2727 HIGHWAY AVENUE, HIGHLAND, IN 46322</b>						44. License Number: <b>01057594A</b>		45. Date Certified: <b>12/09/2015</b>		
46. Additional Funeral Service Provider:						47. *Alert:				
48. Signature Of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>DEC 10 2015</b>				



NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)