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↓ **SURVIVORSHIP AFFIDAVIT**

Comes now Maria J. Bermea, being first duly sworn upon her oath,  
and states and follows:

1. That the affiant is the owner in fee simple of the following  
described real estate located in Lake County, Indiana more particularly  
described as follows:

The South 50 feet of Lot 8 in Block 2 in Hartman's Gardens 2<sup>nd</sup>  
Addition to the City of Hammond, as per plat thereof, recorded in  
Plat Book 16, page 9, in the Office of the Recorder of Lake County,  
Indiana.

Commonly known as 6708 Delaware Avenue, Hammond, Indiana.

Parcel No.: 45-07-09-277-010.000-023

2. That the affiant and the decedent Francisco J. Bermea were  
married on July 31, 1987. That the decedent and the affiant were  
husband and wife at the time they acquired title to said real estate as  
tenants by the entireties by deed of conveyance dated October 9, 2001,  
and recorded in the Office of the Lake County Recorder.

3. That the marital relationship which existed between the  
affiant and the decedent continued unbroken from the time they so  
acquired title to said real estate until the death of Francisco J. Bermea  
on March 22, 2014, at which time the affiant acquired title to the real  
estate as surviving tenants by the entirety.

4. That the gross value of the estate of the decedent as  
determined for the purpose of Federal Estate Taxes was less than

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

MICHAEL B. BROWN  
RECORDER

463

027129

FILED

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JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

5. That the decedent's estate was not subject to Indiana Inheritance Taxes.

6. I have personal knowledge of the above and foregoing facts.

Further, your Affiant saith not.



STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Maria J. Bermea, who acknowledged the execution of the foregoing Survivorship Affidavit.

WITNESS my hand and Notarial Seal this 2 day of October, 2014.

*Cheryl Hipp*  
Cheryl Hipp, NOTARY PUBLIC

"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."  
PREPARED BY: *MB*

My Commission Expires: 11-16-18  
My County of Residence: Porter

*preper by*  
*J. Sustin Murphy*  
*Attorney at Law*



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 14921

Local No 001052

EDR No 00000377137

State No 015019

1. Decedent's Legal Name (First, Middle, Last) <b>FRANCISCO JAVIER BERMEA</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>19:00</b>		4. Date Of Death (Month/Day/Year) <b>03/22/2014</b>		
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>50</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
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 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 checked="" 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>6708 DELAWARE AVENUE</b>										12. City Or Town, State, And Zip Code <b>HAMMOND, IN, 46323</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>MARIA JESUS BERMEA</b>				15a. (If Wife) Give Maiden Last Name <b>NAVARRO</b>		16. Decedent's Usual Occupation <b>TECHNICIAN</b>			17. Kind Of Business/Industry <b>MANUFACTURING</b>			
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>HAMMOND</b>			18c. Street And Number <b>6708 DELAWARE AVENUE</b>		18d. Apt. No.	
18e. Zip Code <b>46323</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>		20. Decedent Of Hispanic Origin <b>MEXICAN, MEXICAN AMERICAN, CHICANO</b>		21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>JESUS BERMEA</b>				23. Mother's Name (First, Middle, Last) <b>FANNIE AVILA BERMEA</b>				23a. Mother's Maiden Last Name <b>AVILA</b>				
24. Informant's Name <b>MARIA BERMEA</b>				24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>6708 DELAWARE AVENUE, HAMMOND, IN 46323</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>HEIGHTS CREMATORY</b>			25c. Location - City, Town, And State <b>CHICAGO HEIGHTS, IL</b>						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>CROWN CREMATION SERVICES, 850 N. MADISON STREET, CROWN POINT, IN 46307</b>						27a. Funeral Home License Number: <b>FH11300014</b>				
27b. Signature Of Indiana Funeral Service Licensee: <b>PHILLIP RICHARD SALLIE, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20700050</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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death) A. LIGATURE SUSPENSION (HANGING)</b> <b>Sequentially 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</b>										Approximate Interval: Onset To Death		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I										28. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input 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. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. Date Of Injury (Month/Day/Year) <b>03/22/2014</b>		35. Time Of Injury <b>17:10</b>		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>RESIDENCE</b>				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
38. Location Of Injury - State <b>INDIANA</b>		38a. City Or Town <b>HAMMOND</b>		38b. Street & Number <b>6708 DELAWARE STREET</b>		38c. Apt. No.		38d. Zip Code <b>46323</b>				
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <b>NOT VALID UNLESS</b>						
41. Signature, Of Person Certifying Cause Of Death: <b>GEORGE DELIPOPOULOS, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>GEORGE DELIPOPOULOS, 2900 W. 93RD AVENUE, CROWN POINT, IN 46307</b>						44. License Number		45. Date Certified <b>04/04/2014</b>				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>APR 04 2014</b>						

