CTATE OF PORTION LAKE COUNTY FILED FOR RECORD

2017 002768

2017 JAN 17 AM 9: 09



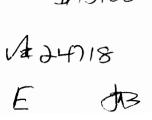
Fidelity National THIEORDER
Insurance Company,

## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA	)
COUNTY OF LAKE	) SS: )
Nilsa I. Leal	, being first duly sworn upon oath, deposes and says:
1. That Victor L. Leal, Jr.	died on March 21 2012 at East Chicago, IN
	(Cav State)
2. That Nilsa I. Leal	and Victor L. Leal, Jr. were duly and legally married at the time they were duly and legally married at the time they
Lot 49 in The Park 2r	nd Addition to the Town of Griffith, as per plat thereof, recorded in Plat Book 37, page 6, in order of Lake County, Indiana.
	which existed between them at the time they acquired title to said real estate remained in effect and
	connection with the death of said decedent have been paid in full.
5. That all of the assets of said	decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts nt's life were not sufficient to uccessitate payment of liederal Estate Tax.
	it s me were its to cuttiff that the state ray.
Further affiant sayeth not.	NOT OFFICIAL!
	Wilsay Lear Affair Affair Signature
	his Document is the property of RENEE E. SMITH
STATE OF INDIANA ) SS COUNTY OF LAKE	the Lake County Recorder!
Before me. a Notary Public in an	d for said County and State, personally appeared Nilsa I, Leal
who acknowledged the execution therein contained are true. Witne	of the foregoing instrument, and who having been duly sworn, stated that any representations essimy hand and Notary Scal this 19 day of
Resident of LAKE	County, Indiana Signature Renee & Smith
My Commission Expires:	2-2-2017 Rense E Smith
I affirm, under the penalties for punless required by law Kristie B	regirry, that I have taken reasonable care to redact each Social Security number in this document.
This instrument prepared by Kris	N- OPEN
FI	010307
IANI	10.00-

JAN 13 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR 913,00



S AN OFFICIAL CUPY OF RECORD OF DEATH. ORIGINAL COPY ON FILE AT INDIANA STATE DEPARTMENT OF HEALTH

722380

## INDIANA STATE DEPARTMENT OF HEALTH **CERTIFICATE OF DEATH**

Local No				EDI	R No 0000		126	9		State N		4 Date	Of Dooth (Month/Day/Year)	
Decedent's Legal Name (First, Middle, Last)				1a. Maiden Nam	e (If female)			2. Sex	3. time	Of Death	Date Of Death (Month/Day/Year)			
VICTOR L LEAL JR_									MALE		:09 AM		03/21/2012	
Social Security Number 6a. A	ge - Yrs	6b. Under 1	Year 6c.	Under 1 Month	6d. Under 1 Day	6e. Under	1 Hour	7. Date o	of Birth (Month/Da	ay/Year) 8	. Birthplace (City	and State	or Foreign Country)	
	72	Months	Day	ys	Hours	Minutes			05/03/1939		AST CHIC	AGO, I	N	
9. Ever in U.S. Armed Forces?  ☐ Yes ☒ No ☐ Unknown	☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility													
11. Facility Name (If Not Institution						L Corer (S	specify)		_					
REGENCY HOSPITAL	OF NO			NA, LLC		149 (	County O	Donth			14. Marital Stat	ue At Time	Of Death	
12. City Or Town, State, And Zip Code							Journy O	Deali			l .	Married Married, But Separated Divorced		
EAST CHICAGO, IN, 46312							LAKE Widowed Never Married   16 Decedent's Usual Occupation 17, Kind Of Business/Indi							
15. Surviving Spouse's Name				15a	a. (If Wife)Give Maide	n Last Name			16. Decedent's	Usual Occupi	ation	17. Kind	Or Business/Industry	
NILSA I LEAL				CA	ABRERA_				TEACHER			<b>PUBLI</b>	C SCHOOLS	
18. Residence - State			18a. Cour	nty		18b. Cit	y Or Tow	n						
INDIANA			LAKE			GRIFF	ITH							
18c. Street And Number									186	d. Apt. No.	18e. Zip (	Code	18f. Inside City Limits?	
1412 NORTH DWIGGII	NS AVE	ENUE									463	319	☑ Yes ☐ No	
19. Decedent's Education				cedent Of Hispa		CAN	21. De	ecedent's	Race					
DOCTORATE(PHD,ED	. , ,	/MILBJ		'	XICAN AMERI	CAN,	White	:						
PROFESSIONAL(MD,DDS,DVM,LLB,JD)  22. Father's Name (First, Middle, Last)				CHICANO			23. Mother's Name (First, Middle, Last)				23a. N	lother's Ma	her's Maiden Last Name	
VICTORIENISE						CLARA LEAL					GON	ONZALEZ		
VICTOR LEAL SR 24. Informant's Name			24	a. Relationship	To Decedent			(Street A	and Number, City,	State, Zip Co		- 100		
NILSA I LEAL	A STATE OF THE STA													
						ice Of Disposi	tion							
25a. Method Of Disposition ☐ Burial ☑ Cremation ☐ Don.	nation 🗍 E		25b. Place O	of Disposition (N	lame Of Cemetery, Cr	rematory, Othe	r Mace)	25C. L	ocation - City, Tov	wn, And State				
Removal From State	_				Doct	ıme	ent	115						
Other (Specify): 26. Was Coroner Contacted?	27	Name And C	WOODL		EMATORY	17	T	<u>JFOR</u>	ESTPARK	, IL		27a. Fu	neral Home License Number:	
	-	, Marilo Mila e	/	N	OT O	$\mathbf{F}\mathbf{F}$	IC		AL!					
☐ Yes ☒ No			JNERAL	HOME, 9	039 KLEINMA	N ROAD	HIGH	ILAND	), IN 46322	Jean Ca Number	er (Of Licentae)		300021	
27b. Signature Of Indiana Funeral DAVID R. PETERSON	I, BY E	LECTRO	NIC SIG	NATURE	ocumen	it is t	ne j	pro	per 600	8601585	ior (or Electrico).			
28. Part I. Enter The <u>Chain Of</u> Such As Cardiac Arrest, Resp A Line. Add Additinal Lines If	piratory Arre	est, Or Ventri	uries, Or Co cular Fibrilla	omplications -	That Directly Caused Showing The Etiology	The Death.	Do Not E	nter Ter	minal Events	)n			Approximate Interval: Onset To Death	
Immediate Cause (Final Disea	•		ing In Death	n) A.	BACTERIAL END	OCARDITIS			As A Consequence Off				4 WEEKS	
					1 11 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1			Due to (Or	As A Consequence Oi)				AMEEKO	
Sequentially List Conditions, Line A. Enter The Underlying The Events Resulting In Death	Cause (Di				LINE SEPSIS				As A Consequence Off:				4 WEEKS	
				D.				Dog to (O)	AS A CONSTRUCTION CO.					
Part II. Enter Other Significant Con	nditions Cor	ntributing to De	ath But Not I		Underlying Cause Gi	vin In Part I			s An Autopsy Per		☐ Yes	⊠ N		
ANEMIA, NIDDM, COMPRESSI	ION FRAC								re Autopsy Findin			ause Of D	eath? Yes No	
31. Did Tobacoo Use Contribute			If Female: Not Pregnant W	Vithin Past Year	Pregnant At Time Of Droih	Not Pregna	nl. Bull-Pregr	ant Within 42	Days Of Death	33. Manner (  Natural		Acadent	Pending Investigation	
Yes Probably No 🗵		, /	Not Pregnant, E	But Pregnant 43 Days	To 1 year Before Dorth	Unknowa II	Pregnant W	thin The Pasi	t Year		Could Not Be D			
34. Date Of Injury (Month/Day/Ye	ar)	35	Time Of In	ijury		ace Of Injury (I		edent's H	ome, Construction	n Site, Restau	izant, vvooded Are	(a)	37. Injury At Work?	
38. Location Of Injury - State		38:	a. City OnTo	WD.	386.	Strast & Numb	0	<u>-</u>			38c. Apt. I	No.	38d Zip Code	
50. Education of Injury - State		301	a. Ony Or 40	, , , , , , , , , , , , , , , , , , ,	E 1	SEA S	7	3			300. 740.		2,5 0000	
39. Describe How Injury Occurred	<del></del> _				E	MEAU.				40 If Transp	ortation Injury, Sp	ecify:		
So. Describe from Highly Sociation					100	<b>EXPLANE</b>	in			Orlver/Operato	Passenger []	edestrien	Other (Specify)	
41. Signature, Of Person Certifyin	Y ELEC	TRONIC							42. Certifie	er (Check On ing Physician	Corone		Heath Officer	
43. Name, Address And Zip Code	of Person	Certifying Cau	use Of Death	i:						44. Lice	44. License Number 45. Date Certified			
LINUS B. GANDHI , 2727 HIGHWAY AVENUE, HIGHLAND, IN 46322									01057594A 03/22/2012					
46. Additional Funeral Service Pro	ovider:									47. *A	kas:			
48. Signature of Local Health Offi		\/\r =: =	0700	10.010::::	TUDE				49. For Regis	trar Only - [	ate Filed (Month		):	
PAULA BENCHIK-ABRINKO, VIA ELECTRONIC SIGNATURE  MAR 27 2012  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)														

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal. IVRA-20
(7/05)