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2017 MAR 27 PM 1:24

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

MICHAEL B. BROWN  
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Octavio Cantero and Rosalba Martinez, being duly sworn upon their oaths, and state as follows:

That ADOLFO CANTERO, OCTAVIO CANTERO and ROSALBA MARTINEZ, were the owners, as JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP, of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots 41 and 42 in Block 6 in the Baldwin Addition to Gary, in the City of Hammond, as per plat thereof recorded in Plat Book 10, Page 35, in the Office of the Recorder of Lake County, Indiana.

Tax Key No. 45-07-10-102-019.000-023

More commonly known as: 6615 Idaho Avenue  
Hammond, IN 46323

And that Adolfo Cantero, passed away on January 29, 2017 (a copy of his death certificate is attached hereto), thereby extinguishing his interest, which interest passed to the affiants herein as survivors.

That as a result of the passing of Adolfo Cantero, on January 29, 2017, the affiants acquired title to the real estate as Joint Tenants with Rights of Survivorship.

That no Federal Estate Tax or Indiana Inheritance Tax was due and owing as a result of the death of Adolfo Cantero from his estate.

That more than 45 days have passed since the death of Adolfo Cantero.

That as a result of Adolfo Cantero's death, OCTAVIO CANTERO and ROSALBA MARTINEZ, are now the sole fee simple owners of the real estate. That OCTAVIO CANTERO and ROSALBA MARTINEZ are Husband and Wife and have been Husband and wife at all times since they owned any interest in the Real Estate. That this document is prepared to induce the Lake County Auditor to list this Real Estate in the names of OCTAVIO CANTERO and ROSALBA MARTINEZ, as Husband and Wife.

Octavio Cantero  
Octavio Cantero

Rosalba Martinez  
Rosalba Martinez

**FILED**

[Notary Block appears on following page.]

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now on 2641

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JOHN E. PETALAS  
LAKE COUNTY AUDITOR

RN

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

I, the undersigned, a Notary Public in and for the aforesaid County and State, hereby certify that on this day Octavio Cantero and Rosalba Martinez, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, personally appeared before me and acknowledged that they signed, sealed and delivered the foregoing instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal on March 16, 2016.



TERESA CABELLO  
Lake County  
My Commission Expires  
January 27, 2024

**NOT OFFICIAL!**

This Document is the property of *Teresa Cabello*  
the Lake County Recorder, 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." Marco A. Molina

Prepared by:

Marco A. Molina  
4704 Indianapolis Boulevard  
East Chicago, IN 46312  
(219) 397-4000





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 114349

Local No 000359

EDR No 00000557555

State No 004600

1. Decedent's Legal Name (First, Middle, Last) ADOLFO CANTERO			1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 08:55 AM	4. Date Of Death (Month/Day/Year) 01/29/2017	
5. Social Security Number	6a. Age - Yrs 72	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) 08/03/1944		8. Birthplace (City and State or Foreign Country) SELAYA GUANAJUATO, MX
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) 7515 MAGNOLIA STREET					12. City Or Town, State, And Zip Code HAMMOND, IN, 46324		13. County Of Death LAKE	
14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			15. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation LANDSCAPER	
17. Kind Of Business/Industry LABOR			18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND	
18c. Street And Number 7515 MAGNOLIA STREET			18d. Apt. No.		18e. Zip Code 46324		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO		21. Decedent's Race MEXICAN		22. Parent's Name (First, Middle, Last) ARNULFO CANTERO		
23. Parent's Last Name Before First Marriage ARISA		24. Informant's Name SALVADOR CANTERO		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 7515 MAGNOLIA STREET, HAMMOND, IN 46324		
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) ST JOHN ST JOSEPH CEMETERY		25c. Location - City, Town, And State HAMMOND, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-HAMMOND, 5840 HOHMAN AVE, HAMMOND, IN 46321		27a. Funeral Home License Number FH83002819		27b. Signature Of Indiana Funeral Service Licensee APOLINARIO MORENO, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD20600073		
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. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. DYSPHAGIA, ALZHEIMERS DISEASE AND PERIPHERAL VASCULAR DISEASE Due to (Or As A Consequence Of) B. _____ Due to (Or As A Consequence Of) C. _____ Due to (Or As A Consequence Of) D. _____ Due to (Or As A Consequence Of) 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								Approximate Interval: Onset To Death YEARS
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I.								29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input 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 type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Not Pregnant, But Pregnant 13 Days To 1 Year Before Death		33. 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		34. Date Of Injury (Month/Day/Year) FEB 14 2017		
35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH OFFICER		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				NOT VALID UNLESS				
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, BY ELECTRONIC SIGNATURE				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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383				44. License Number 01031582A		45. Date Certified 01/30/2017		
46. Additional Funeral Service Provider								
47. **Kas								
48. Signature Of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) JAN 31 2017		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								

