STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 019860

2017 MAR 29 AM 8: 55

MICHAEL B. BROWN RECORDER

SURVIVING JOINT TENANCY AFFIDAVIT

JOSE JUAN MENDOZA, hereby referred to as the affiant, states under oath that the affiant was acquainted with IRENE E. MENDOZA, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Lake County, State of Indiana, and legally described as follows:

THE SOUTH 5 FEET OF LOT 3 AND ALL OF LOTS 4, 5, 6, AND 7 IN BLOCK 15 IN TOWLE AND AVERY'S ADDITION TO THE CITY OF HAMMOND, INDIANA, (THE PLAT OF SAID ADDITION APPEARING OF RECORD IN PLAT BOOK 1, PAGE 104, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA) EXCEPTING THE PARTS THEREOF LYING SOUTHWESTERLY OF A LINE WHICH IS PARALLEL WITH AND 125.00 FEET NORTHEASTERLY, MEASURED AT RIGHT ANGLES, FROM THE CENTER LINE OF THE INDIANA EAST-WEST TOLL ROAD (A CENTER-LINE SURVEY MAP OF WHICH IS ON FILE IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA), AND EXCEPTING ALL RIGHTS IN THE PORTIONS OF ADJACENT STREETS AND ALLEYS, WHETHER VACATED OR NOT VACATED, WHICH LIE SOUTHWESTERLY OF A LINE WHICH IS PARALLEL WITH AND 125.00 FEET NORTHEASTERLY, MEASURED AT RIGHT ANGLES, FROM SAID TOLL ROAD CENTERLINE.

PARCEL NO.: 45-03-30-328-003.000-023

This Document is the property of the Lake County Recorder!

4516 ELM AVENUE HAMMOND, IN 46327

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on November 25, 2016, per attached Death Certificate, leaving no Last Will and Testament;

That the total value of decedent's probate estate was \$ 0.00;

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The affiant states no more.

Subscribed and sworn to before me this

/6+4 day of March, 2017.

Notary Public

DAVID G. CLARK NOTARY PUBLIC, STATE OF INDIANA

SEAL LAKE COUNTY MY COMMISSION EXPIRES NOVEMBER 18, 2017

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 - DAVID G. CLARK

PREPARED BY, RECORD AND RETURN TO:

David G. Clark

8840 Calumet Avenue, Suite 205

Munster, IN 46321-2546

L:\ESTATE PLANNING\Mendoza, Jose (IN)\SURVIVING JOINT TENANT AFFIDAVIT-INDIANA.wpd

022252

JOSÉ JUAN MENDOZA

FILED

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JOHN E. PETALAS LAKE COUNTY AUDITOR #13

CK# 2788

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 107055

Local No 0040	21 ED	R No 0000	0054562	26		e No. ya. Barat	
Decagent's Legal Name (First, Middle, Last)		1a. Maiden Nam	e (If female)	2.	Sex 3.	Time Of Death	. Date Of Death (Month/Day/Year)
IRENE ELIZABETH MENDOZA	Start Constitution	NIETO			EMALE	14:59	11/25/2016
5. Social Security Number 6a. Age - Yrs 6b.	Under 1 Year 6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth	(Month/Day/Year)	8. Birthplace (City and	d State or Foreign Country)
9. Ever in U.S. Armed Forces? 10. If Death Occ	nths Days	Hours	Minutes		2/1962	EAST CHICAG	GO, IN
		_	10a: If Death Occum			rsing Home/Long-term Ca	re Facilitý
☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☒ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify)							
ST MARGARET MERCY HEALTHCARE CENTERS-HAMMOND							
12. City Or Town, State, And Zip Code			13. County Of	Death		14. Mantal Status /	At Time Of Death. arried, But Separated - 1 Divorced
HAMMOND, IN, 46320			LAKE	· .		☐ Widowed : I	Never Mamed Unknown
15. Surviving Spouse's Name	15a.	Last Name Before Fi	rst Marriage	16. D	ecedent's Usual Oc	cupation	7. Kind Of Business/Industry
JUAN MENDOZA 18. Residence - State	18a. County		18b, City Or Town		EMAKER	O\	WN HOME
			1				
INDIANA 18c. Street And Number	LAKE		HAMMOND		18d. Apt. No	o, 18e, Zip Code	e 18f. Inside City Limits?
4516 ELM AVENUE							⊠ Yes □ No
19. Decedent's Education	20. Decedent Of Hispan	ic Origin	121 De	edeni's Race	-	46327	<u> </u>
SOME COLLEGE CREDIT, BUT NOT A MEXICAN AMERICAN, DEGREE							
22. Parent's Name (First, Middle, Last)	CHICAN		23. Parent's Name (Fir.	st, Middle, Last)		23a. Parent	's Last Name Before First Marriage
ALFONSO TELLEZ	This Day		ILIAMITA TELL	EZ	- c	GARZA	
24. Informant's Name			UANITA TELL 246. Mailing Address (
JUAN MENDOZA	HUSBARD	ake Cou	4516 YELMAND	RUE, HAR	MOND, IN	16327	<u> </u>
25a. Method Of Disposition	25b. Place Of Disposition (Nar	25. Place	Of Disposition	25c. Location -	City, Town, And St	ate	
Burial	ent						
Other (Specify):	RIDGELAWN - MOU		EMETERY	GARY, IN			
	And Complete Address Of Funeral F	acility				27	a. Funeral Home License Number:
☐ Yes ☒ No. RIDGEL	AWN FUNERAL HOME	E, INC., 4201 \	N. R <mark>IDGE R</mark> OA	D, GARY,	IN 46408	FF	110200007
27b. Signature Of Indiana Funeral Service Licensee RONALD DUANE COOPER, BY E.	LECTRONIC SIGNATU	RE			FD2 1 000	N FILE WITH	F LTHE
			nstructions And Ex	imples)			
28. Part I. Enter The <u>Chain Of Events</u> - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines if Necessary.	entricular Fibrillation Without Sho	wing The Etiology.	ne Death. Do Not Ent Do Not Abbreviate. En	er Terminal Eviter Only One (Cause On		Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Re		ARDIOPULMONAR	1 P 10 1/2		DE	C 13 2016	
		E.O.		e to (Or As A Conseq	vence Of):		
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease O	The Cause Listed On B. — r Injury That Initiated	2 1		e to (Or As A Conseq	uence Oi):		
The Events Resulting In Death) Last	C			e to (Or As A Consequ	ence Olive a coll	NTY HEALTH OF	FICER -
	D.	E VO	EAL		EARE COU	MIT HEALIT	
Part II. Enter Other Significant Conditions Contributing	o Death But Not Resulting In The Un	derlying Cause Given	militude	9. Was An Auto			₫ No
24 Difference Use On the To Date of	00.46		30). Were Autops		To Complete The Cause	Of Death? Yes No
31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown	32. If Female: Not Pregnant Wilhin Past Year Pre	gnant At Time Of Death	Not Pregnant, But Pregnant V	Mithin 42 Days Of Dea	33, Manner th Natural		ent Pending Investigation
34. Date Of Injury (Month/Day/Year)	Not Pregnant, But Pregnant 43 Days To 1		Unknown If Pregnant Within 1 Of Injury (E.G., Decede			Could Not Be Determi	37. Injury At Work?
	oo. Timo of again	55, 11450	or injury (c.o., pessee	ne Frome, Cons	a action one, most	iotalii, rroodod rii ooy	Yes No
38. Location Of Injury - State	38a. City Or Town	38b. Stree	et & Number			38c. Apt. No.	38d. Zip Code
						_	
39. Describe How Injury Occurred		-,1-			40. If Trans	portation Injury, Specify: for Passender Paresita	ALID-UNLESS
41. Signature, Of Person Certifying Cause Of Death:				42	ł		to, unique of a secretary of a majority of the secretary
ANTHONY D. WILKO, BY ELECTRO 43. Name, Address And Zip Code Of Person Certifying				X	Certifying Physicia	Coroner	ا الله Health:Officer ما الله الله الله الله الله الله الله ا
		11. 10000			}	Branch & Carried	James & Supering & January & Sun
ANTHONY D. WILKO , 5454 HOBMAN AVE., HAMMOND, IN 46320 46. Additional Funeral Service Provider:					0200 47. %	147,3A	12/12/2016
48. Signature of Local Health Officer:				49 For			
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE							
	AMENDMENT	TO CERTIFICATE	OF DEATH (ENTRY	OR ORIGINAL	-)	France and Broken 45	the same of the sa
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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.