

STATE OF INDIANA)
) SS 2017 043037
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 JUL 13 PM 2:15
MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

4
Comes now FRANCISCO A. ROMERO, being duly sworn upon his oath, and states as follows:

That FRANCISCO A. ROMERO is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows: See Exhibit "A"



And that Maria L. Romero a/k/a Maria Luisa Romero was Francisco's mother and she retained a life estate in the Real Estate as set forth in a Deed dated as of October 4, 2012 and recorded as Document No. 2012 082603 on November 21, 2012.

And that Maria L. Romero a/k/a Maria Luisa Romero passed away on April 4, 2013, as set forth in the attached Death Certificate of Maria L. Romero a/k/a Maria Luisa Romero, a copy of which is attached hereto and incorporated herein.

That upon the passing of Maria L. Romero a/k/a Maria Luisa Romero, her life estate was extinguished, and the Real Estate should be solely in the name of her son, Francisco A. Romero.

That no Federal Estate Tax or Indiana Inheritance Tax was due and owing as a result of the death of Maria L. Romero a/k/a Maria Luisa Romero from his estate.

That more than 45 days have passed since the death of Maria L. Romero a/k/a Maria Luisa Romero.

That as a result of Maria L. Romero a/k/a Maria Luisa Romero's death, Francisco A. Romero, is now the sole fee simple owner of the real estate. This document is prepared to induce the Auditor of Lake County, Indiana to list Francisco A. Romero as the sole owner of this Real Estate.

25.
ok. 2744
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FILED
JUL 13 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR

SIGNATURE APPEARS BELOW
025531

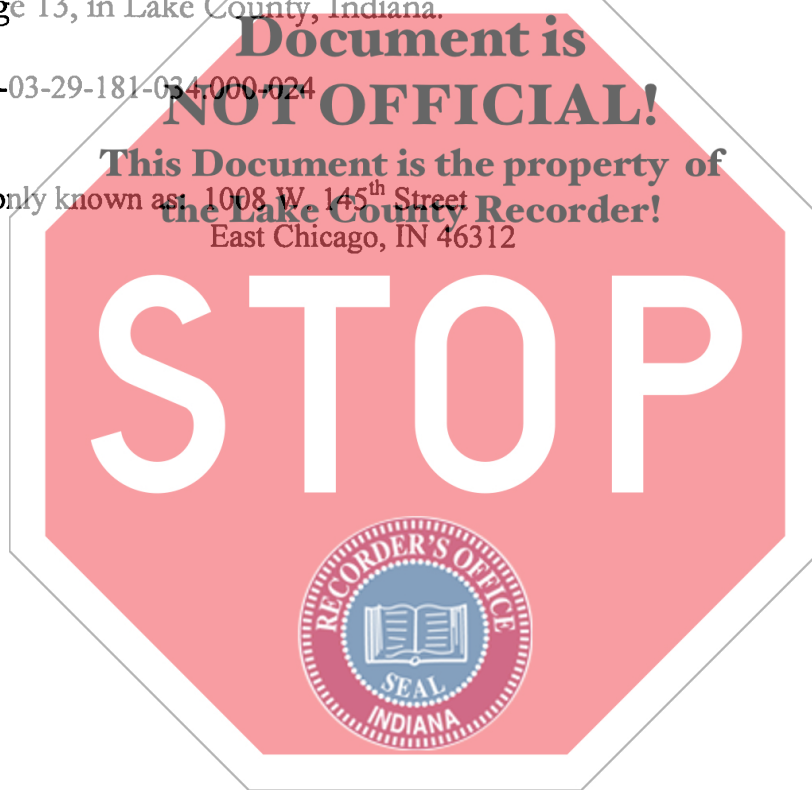
EXHIBIT A

LEGAL DESCRIPTION

Lot 31, Block 26, Subdivision of Part of the Northwest Quarter of Section 29, Township 37 North, Range 9 West of the Second Principal Meridian, in the City of East Chicago, as shown in Plat Book 2, Page 13, in Lake County, Indiana.

Key No. 45-03-29-181-034,000-024

More commonly known as: 1008 W. 145th Street
East Chicago, IN 46312



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

842986



Local No 000079

EDR No 000000316909

State No

1. Decedent's Legal Name (First, Middle, Last) MARIA LUISA ROMERO				1a. Maiden Name (If female) UNKNOWN		2. Sex FEMALE	3. Time Of Death 03:20 AM	4. Date Of Death (Month/Day/Year) 04/04/2013	
5. Social Security Number 310-46-1067	6a. Age - Yrs 87	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) 06/10/1925		8. Birthplace (City and State or Foreign Country) MEXICO CITY, 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 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) ST CATHERINE HOSPITAL INC									
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312				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. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town EAST CHICAGO		18c. Street And Number 1008 WEST 145TH STREET	18d. Apt. No.	18e. Zip Code 46312	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 White					
22. Father's Name (First, Middle, Last) UNKNOWN UNKNOWN		23. Mother's Name (First, Middle, Last) UNKNOWN UNKNOWN		23a. Mother's Maiden Last Name UNKNOWN					
24. Informant's Name FRANCISCO A ROMERO		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 4837 CEDAR AVENUE, HAMMOND, IN 46327					
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 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 FIFE FUNERAL HOME, INC., 4201 INDIANAPOLIS BLVD., EAST CHICAGO, IN 46312				27a. Funeral Home License Number: FH83001512			
27b. Signature Of Indiana Funeral Service Licensee: JOHN P. FIFE, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FDO1020366							
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.									Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death) A. DISEMINATED INTRAVASCULAR COAGULATION									
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									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I.									
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 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 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		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	
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 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)			
41. Signature, Of Person Certifying Cause Of Death: JAIME EDUARDO RUIZ-MONTERO, 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: JAIME EDUARDO RUIZ-MONTERO, 4320 FIR STREET, SUITE 410, EAST CHICAGO, IN 46312				44. License Number 01052348A		45. Date Certified 04/05/2013			
46. Additional Funeral Service Provider:				47. *Akas:					
48. Signature of Local Health Officer: ARVIND KAKODKAR, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year): APR 05 2013					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									