

# AFFIDAVIT OF SURVIVORSHIP

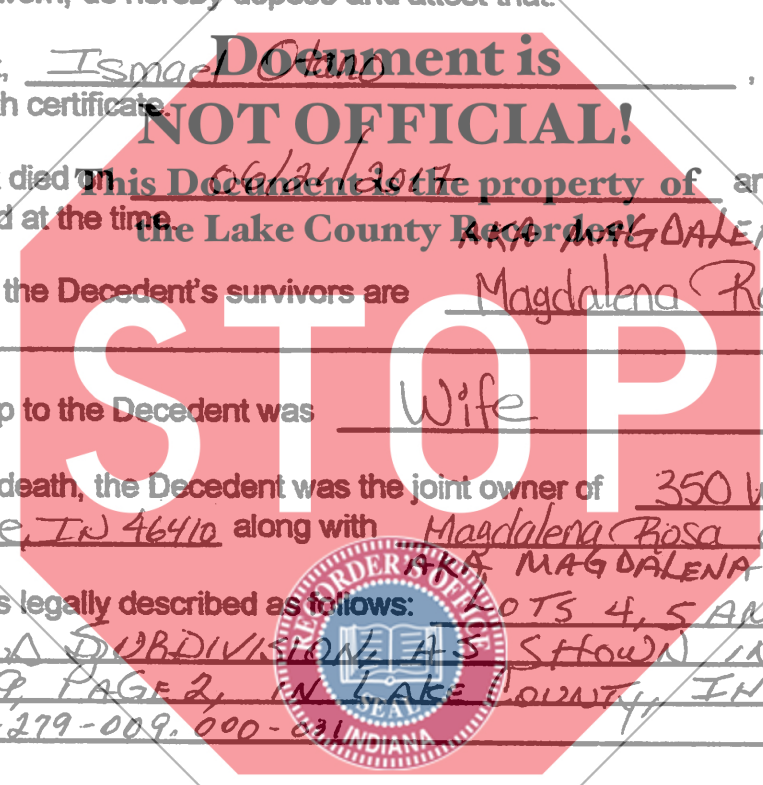
STATE OF Indiana  
COUNTY OF Lake

AKA MAGDALENA OTANO M.

350 W. 5<sup>th</sup> Ave

I, Magdalena Rosa Otano, residing at Merrillville, IN 46410  
in the county of Lake in the state of Indiana  
and being duly sworn, do hereby depose and attest that:

- The Decedent, Ismael Otano, came in some in the attached death certificate.
- The Decedent died on 06/24/2017 this Document is the property of and (was) was not legally married at the time the Lake County Recorder.
- The names of the Decedent's survivors are Magdalena Rosa Otano.
- My relationship to the Decedent was Wife.
- At the time of death, the Decedent was the joint owner of 350 W 5<sup>th</sup> Ave Merrillville, IN 46410 along with Magdalena Rosa Otano AKA MAGDALENA OTANO.
- The property is legally described as follows: LOTS 4, 5 AND 6, Block 6, Southside SUBDIVISION AS SHOWN IN PLAT BOOK 19, PAGE 2, IN LAKE COUNTY, IN 45-12-04-279-009.000-031



2017-043670  
2017-043670  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2017 JUL 17 AM 9:00  
MICHAEL BRONOWSKI  
RECORDER

Magdalena Rosa Otano

07/14/2017

MAGDALENA ROSA OTANO  
**FILED**  
004042  
JUL 17 2017

**ROGELIO TORRES**  
**SEAL**  
Notary Public, State of Indiana  
My Commission Expires March 28, 2021

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: [Signature]

Subscribed at John E. Petalas  
this LAKE COUNTY AUDITOR 14 day of July 20 17  
Rogelio Torres (Notary Public),  
Lake County.

My commission expires March 28 20 21 \$25.00  
Cash AS



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

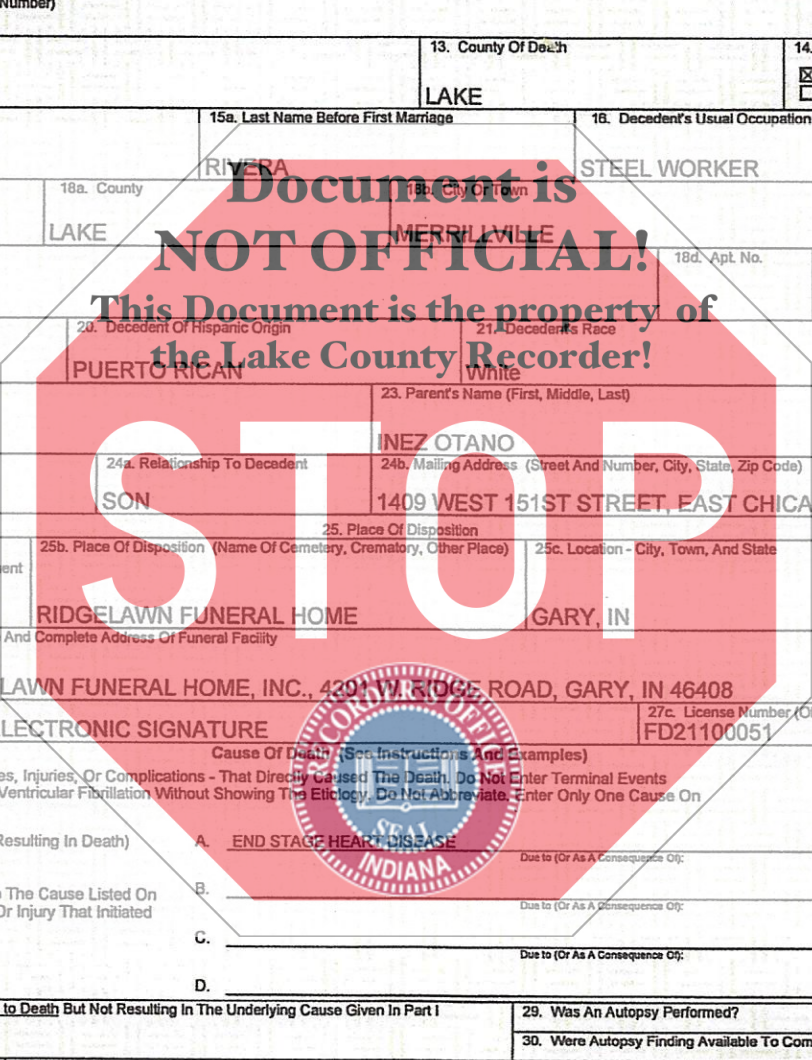
Tracking No. 127757

Local No 002160

EDR No 00000584136

State No 030957

1. Decedent's Legal Name (First, Middle, Last) <b>ISMAEL OTANO</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time Of Death <b>06:42 AM</b>		4. Date Of Death (Month/Day/Year) <b>06/21/2017</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>90</b>		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) <b>05/21/1927</b>		8. Birthplace (City and State or Foreign Country) <b>LARES, PR</b>									
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>350 WEST 57TH AVENUE</b>											
12. City Or Town, State, And Zip Code <b>MERRILLVILLE, IN, 46410</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>MAGDALENA ROSA OTANO</b>				15a. Last Name Before First Marriage <b>RIVERA</b>				16. Decedent's Usual Occupation <b>STEEL WORKER</b>		17. Kind Of Business/Industry <b>STEEL MILL</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>MERRILLVILLE</b>		18c. Street And Number <b>350 WEST 57TH AVENUE</b>		18d. Apt. No.		18e. Zip Code <b>46410</b>	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>8TH GRADE OR LESS</b>		20. Decedent Of Hispanic Origin <b>PUERTO RICAN</b>		21. Decedent's Race <b>White</b>		22. Parent's Name (First, Middle, Last) <b>ISIDORO OTANO</b>			
23. Parent's Name (First, Middle, Last) <b>INEZ OTANO</b>		23a. Parent's Last Name Before First Marriage <b>RIVERA</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1409 WEST 151ST STREET, EAST CHICAGO, IN 46312</b>					
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" 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>RIDGELAWN FUNERAL HOME</b>		25c. Location - City, Town, And State <b>GARY, IN</b>		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>RIDGELAWN FUNERAL HOME, INC., 4291 W. RIDGE ROAD, GARY, IN 46408</b>		27a. Funeral Home License Number: <b>FH10200007</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>RONALD DUANE COOPER, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD21100051</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.  Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>END STAGE HEART DISEASE</b> 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 B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____							
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.		28. 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 Findings 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 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		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		37. Injury At Work? <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) <b>LAKE COUNTY HEALTH DEPARTMENT</b>		38. Location Of Injury - State		38a. City Or Town		38b. Street & Number <b>JUN 28 2017</b>	
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: <b>KRISTINE MARIE TEODORI, BY ELECTRONIC SIGNATURE</b>									
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: <b>KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307</b>		44. License Number <b>02002441A</b>		45. Date Certified <b>06/21/2017</b>					
46. Additional Funeral Service Provider:		47. *Akas:		48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>		49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUN 22 2017</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											



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