AFFIDAVIT OF SURVIVORSHIP	
STATE OF Indiana COUNTY OF Lake  AKA ROSA MAGDALENA OTANO RAD  RAD  STATE OF  AKA ROSA MAGDALENA OTANO RAD  RAD  STATE OF  AKA ROSA MAGDALENA OTANO RAD  RAD	0017-
I, Magdalena Rosa Otano, residing at Memilyile, 120 46410, in the country of Lake in the state of Todiana and being duly sworn, do hereby depose and attest that:	-04367
1. The Decedent, <u>Ismael Otano</u> , is named in the attached death certificate.	71
2. The Decedent died on legally married at the time.  Document 157 - 24 Marie 24 TOTALO	
3. The names of the Decedent's survivors are I Modelle of This Document is the property of This Document is the property of	
4. My relationship to the Decedent was	
5. At the time of death, the Decedent was the joint owner of Garage Add Add Add Add Add Add Add Add Add Ad	
6. The property is legally described as follows: Lot 1 IN BLOCK 51, IN GARY LAND COMPANY'S FIRST SUBDIVISION IN	
45-08-04-338-001.000-600	
May doland Rasa Donas O7/14/2017  Affiant Date  MAGDALENA ROSA OTVANO	
MAGNALENA ROSA OTANO	
Subscribed and sworn to before me  this / Color Tuly 20 17	
1 Motary Public),	
14 1 00	S,st
My commission expires March 28 20 21 ash	JUS
ROGELIO TORRES  #I AFFIRM, UNDER THE PENAL PERJURY THAT I HAVE TAKEN ABLE CARE TO REDACT EACH SEAL SECURITY NUMBER IN THIS DO	REASON I SOCIAI

Notary Public, State of Indiana

My Commission Expires March 28, 2021

JOHN E. PETALAS LAKE COUNTY AUDITOR UNLESS REQUIRED BY LAWY

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 127757

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MAEL OTANO Social Security Number   6a	a. Age - Yrs	6b. Under 1 Y	ear   6c. Under	1 Month 6d. U	Jnder 1 Day	6e. Under 1 Hour	7. Date of	MALE Birth (Month/Da		6:42 AM 8. Birthplace (Ci	ty and State	06/21/2017 or Foreign Country)
- 11:	90	Months	Days	Hour	s     1   1   1   1   1   1   1   1   1	Minutes	0	5/21/1927		LARES, PI	بسار	
ver in U.S. Armed Forces?		ath Occurred in A	Hospital:			10a. If Death Occurr	ed Somewh	nere Other Than	A Hospital	*******	100	
Yes 🛛 No 🔲 Unknow	n 🗆 Inpati	ient 🗆 Emergen	cy Department Ou	utpatient D	ead on Arriva	Hospice Facility Other (Specify)	M Dece	edent's Home	☐ Mursir	g Home/Long-ter	m Care Fac	ality
Facility Name (If Not Institution WEST 57TH AVI		eet and Number)	Francisco   Production	t [ from ] ]	parameter white		-					The second secon
City Or Town, State, And Zi	ip Code	H-H	The state of the s		in the second	13. County Of	Death	out I southful I		14. Marital St	E de Indresed de	September 2 Statement 1 1 p
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Surviving Spouse's Name	THE STATE OF	Harman Harman		15a. Last N	Name Before	First Marriage		6. Decedent's l	Jsual Occup	pation	17. Kind	d Of Business/Industry
GDALENA ROSA Residence - State	OTANO		18a. County	RIVERA	Α	18b. City Or Town		TEEL WO	RKER		STEEL	L MILL
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WEST 57TH AVE	ENUE									10	410	⊠ Yes □ No
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Method Of Disposition  Burial Cremation D	onation 🛛 Er		. Place Of Disposi	tion (Name Of	Cemetery, Cr	rematory, Other Place)	25c. Loca	ition - City, Towr	n, And State			
Removal From State Other (Specify):		RII	OGELAWN	FUNERAL	HOME		GARY,	IN IN				
Was Coroner Contacted?	27.	. Name And Com										
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