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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 043868

2017 JUL 18 PM 12:13

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)
) SS:
COUNTY OF LAKE)

Roberta L. Martinez, being first duly sworn upon oath, deposes and says:

1. That David K. Martinez died on October 13, 2014 in Lake County, Indiana (**see attached copy of death certificate, with social security number redacted**).
2. That David K. Martinez and Roberta L. Martinez were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 13 in Northwoods Unit No 1, in the Town of Schererville, as per plat thereof, recorded in Plat book 70, Page 28, and as amended by certification of change recorded as Document No. 93048277, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 7661 Hamlin Street, Schererville, Indiana 46375

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Roberta L. Martinez
ROBERTA L. MARTINEZ

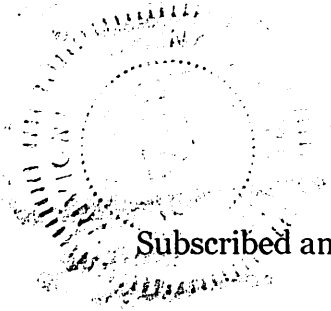
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JUL 18 2017

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

031167

\$25.00
cash JAB



Subscribed and sworn to before me, a Notary Public this 14th day of July 2017.

[Handwritten Signature]

Connie L. Bauswell, *Notary Public*

My Commission Expires: 08/25/2021
County of Residence: Porter County, Indiana

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

This Instrument prepared by: Connie L. Bauswell, Law Office of Connie L. Bauswell, 57 Franklin Street, Suite 203, Valparaiso, Indiana 46383





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 33151

Local No 003362

EDR No 000000409751

State No 047790

1. Decedent's Legal Name (First, Middle, Last) DAVID K MARTINEZ				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 21:55	4. Date Of Death (Month/Day/Year) 10/13/2014	
5. Social Security Number		6a. Age - Yrs 59	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) 09/02/1955		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN
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 MARGARET MERCY HEALTHCARE CENTERS-HAMMOND						13. County Of Death LAKE		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	
12. City Or Town, State, And Zip Code HAMMOND, IN, 46320			15a. (If Wife) Give Maiden Last Name ADER			16. Decedent's Usual Occupation STEELWORKER		17. Kind Of Business/Industry STEEL	
15. Surviving Spouse's Name ROBERTA MARTINEZ		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 7661 HAMLIN STREET		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO		21. Decedent's Race MEXICAN		23a. Mother's Maiden Last Name STULL	
22. Father's Name (First, Middle, Last) MANUEL MARTINEZ			23. Mother's Name (First, Middle, Last) BETTY MARTINEZ			24. Informant's Name ROBERTA MARTINEZ			
24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 7661 HAMLIN STREET, CROWN POINT, IN 46307						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) GEISEN CREMATION CENTRE		25c. Location - City, Town, And State CROWN POINT, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307						27a. Funeral Home License Number. FH10700031	
27b. Signature Of Indiana Funeral Service Licensee: LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD09000013			
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. <u>ACUTE RESPIRATORY FAILURE</u> Due to (Or As A Consequence Of):									SEVERAL WEEKS
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. <u>END STAGE RENAL DISEASE</u> Due to (Or As A Consequence Of):									SEVERAL YEARS
C. <u>INTRACEREBRAL BLEED</u> Due to (Or As A Consequence Of):									SEVERAL MONTHS
D.									
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 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			
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: TAPAN DESAI, 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: TAPAN DESAI, 761 45TH STREET, STE. 108, MUNSTER, IN 46321						44. License Number 01072935A	45. Date Certified 10/24/2014		
46. Additional Funeral Service Provider: LAKE COUNTY HEALTH OFFICER						47. Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 24 2014			



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
OCT 24 2014
Susan W Best, M.D.
LAKE COUNTY HEALTH OFFICER