

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 049023

2017 AUG -7 AM 10:35

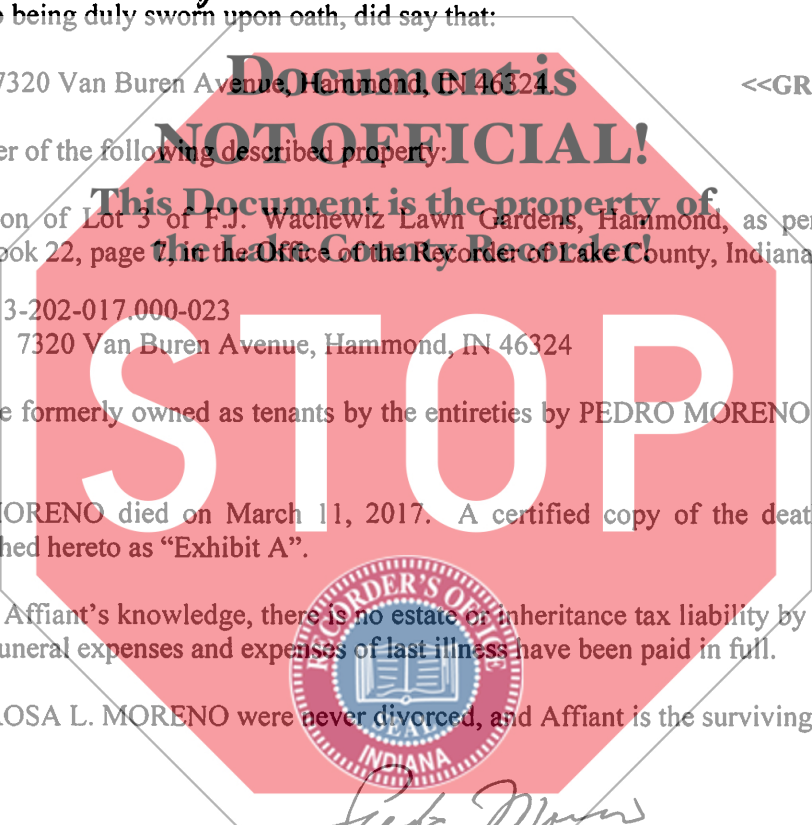
MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**SURVIVORSHIP AFFIDAVIT**

On the 2<sup>nd</sup> day of August, 2017, before me personally appeared PEDRO MORENO to me personally known, who being duly sworn upon oath, did say that:

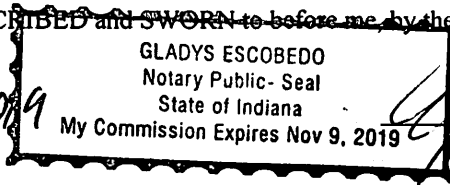
- Affiant resides at 7320 Van Buren Avenue, Hammond, IN 46324 <<GRANTEE'S ADDRESS
- Affiant is the owner of the following described property:  
Lot 7 in re-division of Lot 3 of F.J. Wachewiz Lawn Gardens, Hammond, as per plat thereof, recorded in Plat Book 22, page 7, in the Office of the Recorder of Lake County, Indiana.  
Key No.: 45-06-13-202-017.000-023  
Property Address: 7320 Van Buren Avenue, Hammond, IN 46324
- Said premises were formerly owned as tenants by the entireties by PEDRO MORENO and ROSA L. MORENO, husband and wife.
- Said ROSA L. MORENO died on March 11, 2017. A certified copy of the death certificate of ROSA L. MORENO is attached hereto as "Exhibit A".
- That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.
- That Affiant and ROSA L. MORENO were never divorced, and Affiant is the surviving spouse of said decedent.



Pedro Moreno  
PEDRO MORENO

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 2<sup>nd</sup> day of August, 2017.

My Commission Expires: 1/9/2019  
Resident of LAKE County.



[Signature], Notary Public

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. Thomas L. Kirsch

**FILED**

PREPARED BY and MAIL TO: THOMAS L. KIRSCH, 131 Ridge Road, Munster, IN 46321, 219-836-1384

AUG 07 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

026100

*Handwritten notes:*  
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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

EXHIBIT

A

Local No 000065

EDR No 00000565817

State No

1. Decedent's Legal Name (First, Middle, Last) <b>ROSA L MORENO</b>		1a. Maiden Name (If female) <b>GARZA</b>		2. Sex <b>FEMALE</b>		3. Time Of Death <b>07:45 PM</b>		4. Date Of Death (Month/Day/Year) <b>03/11/2017</b>	
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5. Social Security Number <b>000000000</b>		6a. Age - Yrs <b>65</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>05/03/1951</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>	
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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)			
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11. Facility Name (If Not Institution, Give Street and Number) <b>REGENCY HOSPITAL OF NORTHWEST INDIANA, LLC</b>									
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12. City Or Town, State, And Zip Code <b>EAST CHICAGO, IN, 46312</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		
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15. Surviving Spouse's Name <b>PEDRO MORENO SR</b>		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation <b>CAREGIVER</b>		17. Kind Of Business/Industry <b>HEALTHCARE</b>	
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18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>		18d. Apt. No.		18e. Zip Code <b>46324</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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18c. Street And Number <b>7320 VAN BUREN AVENUE</b>										18d. Apt. No.		18e. Zip Code <b>46324</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>			20. Decedent Of Hispanic Origin <b>MEXICAN, MEXICAN AMERICAN, CHICANO</b>			21. Decedent's Race <b>White</b>		
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22. Parent's Name (First, Middle, Last) <b>ROBERTO GARZA SR</b>		23. Parent's Name (First, Middle, Last) <b>MARIA GARZA</b>		23a. Parent's Last Name Before First Marriage <b>GUTIERREZ</b>	
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24. Informant's Name <b>PEDRO MORENO SR</b>		24a. Relationship To Decedent <b>HUSBAND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7320 VAN BUREN AVENUE, HAMMOND, IN 46324</b>	
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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) <b>COMMUNITY CREMATION SERVICE</b>		25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>	
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26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>ANTHONY &amp; DZIADOWICZ FUNERAL HOME, INC.-MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321</b>		27a. Funeral Home License Number: <b>FH83002916</b>	
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27b. Signature Of Indiana Funeral Service Licensee <b>RENEE MARIE LARSON, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD29900130</b>	
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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) <b>A. END STAGE RENAL DISEASE</b>		Approximate Interval To Death	
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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>B.</b>		Due to (Or As A Consequence Of):	
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<b>C.</b>		Due to (Or As A Consequence Of):	
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<b>D.</b>		Due to (Or As A Consequence Of):	
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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	
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31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" 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	
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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	
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38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
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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)			
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41. Signature, Of Person Certifying Cause Of Death: <b>VATSAL PATEL, BY ELECTRONIC SIGNATURE</b>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>VATSAL PATEL, 4321 FIR ST, EAST CHICAGO, IN 46312</b>				44. License Number <b>02004478A</b>		45. Date Certified <b>03/16/2017</b>	
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46. Additional Funeral Service Provider:				47. *Akas:			
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48. Signature of Local Health Officer: <b>GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE</b>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAR 17 2017</b>			
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)