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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 OCT 12 PM 4:01

MICHAEL B. BROWN
RECORDER

2017 069284

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Elizabeth Gonzalez and Victor M. Tellez, being first duly sworn, under penalty of perjury, state as follows:

1. Elizabeth Gonzalez and Victor M. Tellez are adults, with personal knowledge of all facts stated herein. Elizabeth Gonzalez is a resident of Lake County, Indiana, and currently resides at 1128 N. Oakwood, Griffith 46319. Victor M. Tellez is a resident of St. Joseph County and resides at 20891 Hush Breeze Court, South Bend, Indiana 46614.

2. Elizabeth Gonzalez and Victor M. Tellez are adult children of Manuel Tellez, who is now deceased and who resided in Lake County, Indiana, at the time of his death.

3. During his life, Manuel Tellez owned the property commonly known as 4202 Elm Street, East Chicago, Indiana (the "Real Estate"), the legal description for said property is as follows:

Lot Four (4) and the East Forty (40) feet of Lot Three (3), Park Homes Subdivision, in the City of East Chicago, as shown in Plat Book 30, page 6, in Lake County, Indiana.

Key No. 45-03-27-107-003.000-024

4. Manuel Tellez executed a Transfer on Death Deed dated August 4, 2016 which was recorded on August 12, 2016 as document number 2016 055069 (the "TOD Deed"), which TOD Deed named Elizabeth Gonzalez and Victor M. Tellez as the parties to whom the Real Estate would be transferred upon his death.

5. Manuel Tellez passed away on September 9, 2017.

6. As a result of Manuel Tellez's passing, Elizabeth Gonzalez and Victor M. Tellez became the sole fee simple owners of the Real Estate.

7. This Affidavit is made by the undersigned to confirm that by operation of law, upon the passing of Manuel Tellez, Elizabeth Gonzalez and Victor M. Tellez as the named parties on the TOD Deed are now the sole fee simple owners of the Real Estate, each as to an undivided 1/2 interest.

[Signatures and Names appear on Following Page.]

OCT 12 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

027914

\$251.00

1/3

✓ #2806

Further affiant sayeth not.

Elizabeth Gonzalez
Elizabeth Gonzalez

Victor M. Tellez
Victor M. Tellez

STATE OF INDIANA)
COUNTY OF LAKE)

Document is NOT OFFICIAL!

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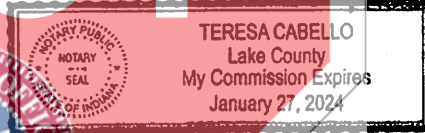
Before me, the undersigned, a Notary Public in and for said County and State, this 10TH day of October, 2017 appeared personally Elizabeth Gonzalez and Victor M. Tellez, who stated that the facts contained in the foregoing Affidavit are true and correct and acknowledged the execution of the above and foregoing Affidavit.

WITNESS my hand and Notarial Seal.

Teresa Cabello

Notary Public

My Commission Expires: 1-27-2024
My County of Residence: LAKE



"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: Marco A. Molina

Prepared by:

Marco A. Molina
4704 Indianapolis Boulevard
East Chicago, IN 46312
(219) 397-4000



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

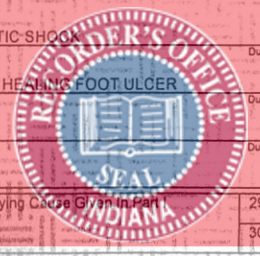
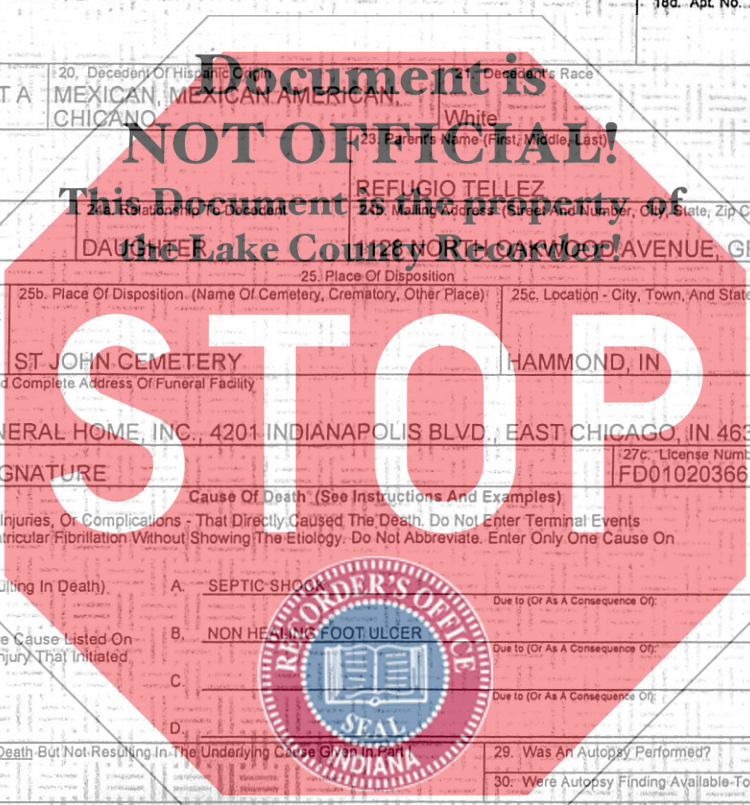
Tracking No. 135020

Local No. 003138

EDR No 00000597697

State No

1. Decedent's Legal Name (First, Middle, Last) MANUEL TELLEZ				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 07:13 PM	4. Date Of Death (Month/Day/Year) 09/09/2017		
5. Social Security Number [REDACTED]		6a. Age - Yrs 81	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) 09/07/1936		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) MUNSTER COMMUNITY HOSPITAL						12. City Or Town, State, And Zip Code MUNSTER, IN, 46321		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. Last Name Before First Marriage		16. Decedent's Usual Occupation RESTAURANT OWNER		17. Kind Of Business/Industry CASA BLANA RESTAURANT		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town EAST CHICAGO		18c. Street And Number 4202 ELM 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 SOME COLLEGE CREDIT, BUT NOT A DEGREE			20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO		21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) ELIAS TELLEZ				23. Parent's Name (First, Middle, Last) REFUGIO TELLEZ			23a. Parent's Last Name Before First Marriage ROSAS			
24. Informant's Name ELIZABETH GONZALEZ				25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ST JOHN CEMETERY						25c. Location - City, Town, And State HAMMOND, IN
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)		25c. Location - City, Town, And State						
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) FD01020366						
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. SEPTIC SHOCK								Approximate Interval: Onset To Death DAYS		
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. NON HEALING FOOT ULCER								Approximate Interval: Onset To Death MONTHS		
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. DIABETES								Approximate Interval: Onset To Death		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input 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 THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		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"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: SRIDIVYA KUMAR, 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: SRIDIVYA KUMAR, 4802 BROADWAY, GARY, IN 46408				
44. License Number 01073307A				45. Date Certified 09/11/2017		46. Additional Funeral Service Provider: LAKE COUNTY HEALTH OFFICE				
47. *Akas				48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) SEP 12 2017				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
SEP 12 2017

NOT VALID UNLESS

RAISED SEAL AFFIXED