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### Affidavit of Survivorship

State of Indiana

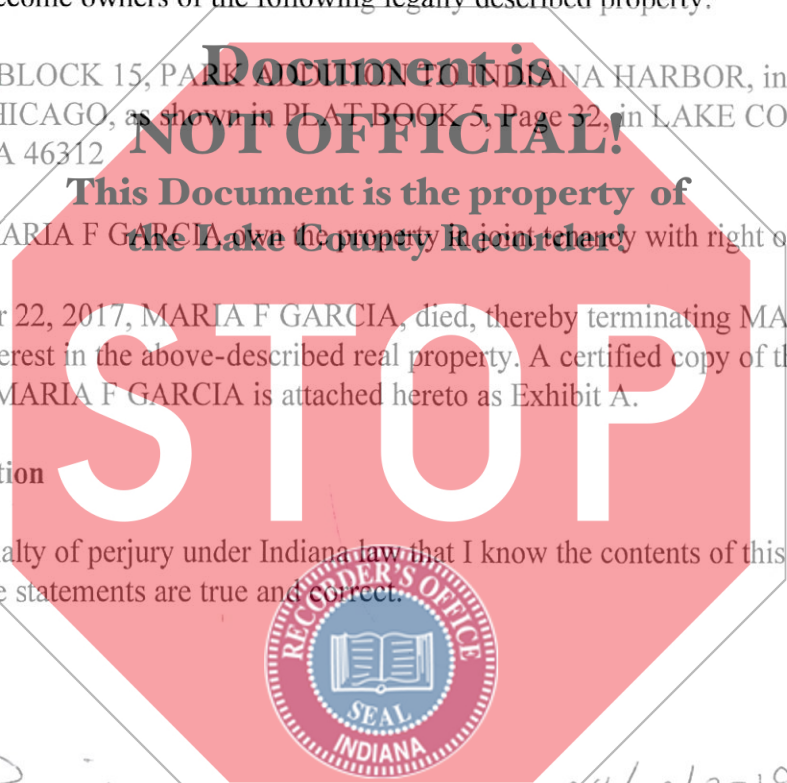
County of Lake

I Beatrice Garcia, residing at 5915 EAST WINDSTONE TRAIL, CAVE CREEK, Arizona 85331, being of legal age, depose and say that:

2019 019524

1. On October 10, 2005, by Quit Claim Deed recorded in Book/Volume 5, Page 32, of the LAKE County records as document number 30-491-26 ('the Deed'), the Affiant and MARIA F GARCIA become owners of the following legally described property:

LOT 26, BLOCK 15, PARK ADDITION TO INDIANA HARBOR, in the CITY OF EAST CHICAGO, as shown in PLAT BOOK 5, Page 32, in LAKE COUNTY, INDIANA 46312



2019 APR -2 12:22

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

MICHAEL B. ROWAN RECORDER

2. Affiant and MARIA F GARCIA own the property in joint tenancy with right of survivorship.
3. On September 22, 2017, MARIA F GARCIA, died, thereby terminating MARIA GARCIA's interest in the above-described real property. A certified copy of the death certificate of MARIA F GARCIA is attached hereto as Exhibit A.

#### Oath or Affirmation

I certify under penalty of perjury under Indiana law that I know the contents of this affidavit signed by me and that the statements are true and correct.

*Beatrice Garcia*

Beatrice Garcia

Date 04/02/2019

**FILED**

APR 02 2019

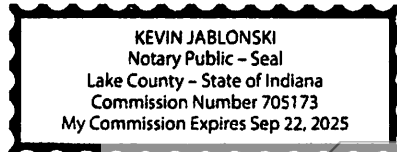
040923

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

\$25<sup>06</sup>  
cash  
[Signature]

STATE OF INDIANA, COUNTY OF LAKE, ss:

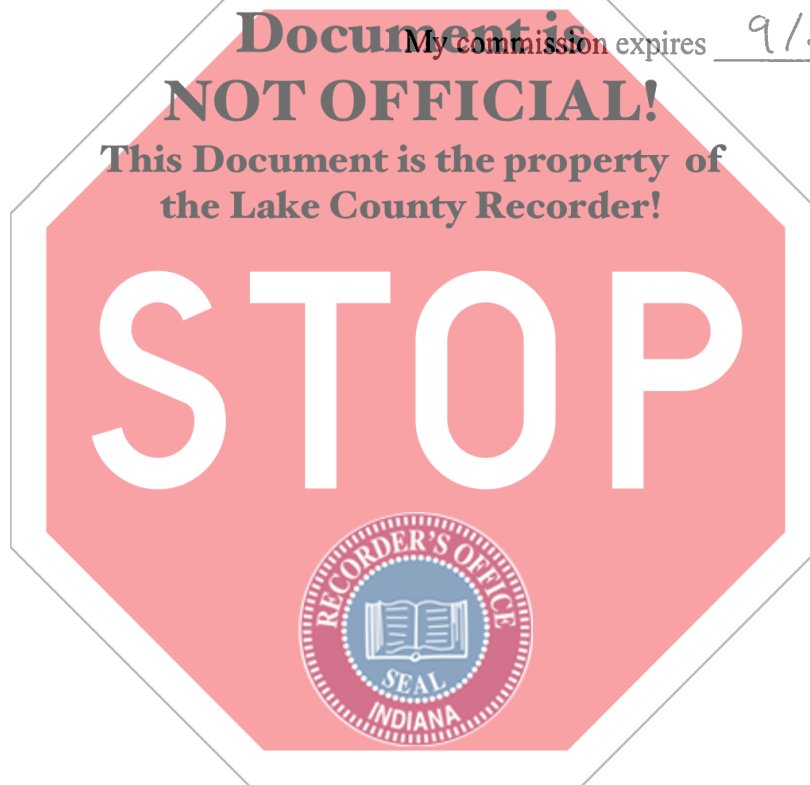
This Affidavit was acknowledged before me on this 2 day of April, 2019 by Beatrice Garcia, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.



[Signature]  
Notary Public

Notary  
Title (and Rank)

My commission expires 9/22/2025





**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH - RESUBMIT**

Local No **000208**

EDR No **000000600224**

State No **047938**

1. Decedent's Legal Name (First, Middle, Last) <b>MARIA F GARCIA</b>				1a. Maiden Name (if female) <b>FALCONE</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>08:09 AM</b>	4. Date Of Death (Month/Day/Year) <b>09/22/2017</b>		
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>87</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>10/07/1929</b>		8. Birthplace (City and State or Foreign Country) <b>SABINAS HILDAGO NUEVO LEON, MX</b>		
9. Ever in 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) <b>ST CATHERINE HOSPITAL INC</b>										
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 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 <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>		
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>EAST CHICAGO</b>						
18c. Street And Number <b>4218 DRUMMOND STREET</b>						18d. Apt. No.	18e. Zip Code <b>46312</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>MEXICAN, MEXICAN AMERICAN, CHICANO</b>			21. Decedent's Race <b>White</b>					
22. Parent's Name (First, Middle, Last) <b>NUNZIANTE FALCONE</b>				23. Parent's Name (First, Middle, Last) <b>TOMASITA FALCONE</b>			23a. Parent's Last Name Before First Marriage <b>HERNANDEZ</b>			
24. Informant's Name <b>SONNY PARKER</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2936 EAST HAWTHORNE, TUCSON, AZ 85716</b>						
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) <b>EVERGREEN MORTUARY</b>			25c. Location - City, Town, And State <b>TUCSON, AZ</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375</b>					27a. Funeral Home License Number: <b>FH10200037</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>HENRY J BLAKE, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01019406</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. <u>UNKNOWN</u> 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. _____      Due to (Or As A Consequence Of):										
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>NONE</b>						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" 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						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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: <b>TAREK KUDAIMI, 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>TAREK KUDAIMI, 801 MAC ARTHUR BOULEVARD, #305, MUNSTER, IN 46321</b>						44. License Number <b>01044239A</b>		45. Date Certified <b>09/27/2017</b>		
46. Additional Funeral Service Provider: <b>EVERGREEN MORTUARY</b>						47. "Akai:"				
48. Signature of Local Health Officer: <b>GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>NOV 03 2017</b>				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										
6: 88 49: 10/03/2017 7: 1928/10/07										