

2019 056627

2019 AUG 21 AM 10:44

MICHAEL B. BROWN
RECORDER

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AFFIDAVIT of SURVIVORSHIP

TAX I.D. NO.: 45-09-28-379-013.000-018

Robert P. Ramos a/k/a Roberto Ramos, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **Rosa Olavarria Gonzalez, a/k/a Rosa O. Gonzalez, a/k/a Rosa O. Ramos**, died (without leaving a will) (leaving a will) on March 27, 2018 at Hobart, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 40, IN PEMBROKE FARM, IN THE CITY OF HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 74, PAGE 42, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 126 PEMBROKE DR. E, HOBART, IN 46342

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 her 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 included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, your Affiant saith naught.

Robert P. Ramos a/k/a Roberto Ramos
Robert P. Ramos a/k/a Roberto Ramos

STATE OF INDIANA, COUNTY OF Lake SS:

Before me, the undersigned, a Notary Public in and for said county and state this 16 day of August, 2019, personally appeared **ROBERT P. RAMOS a/k/a ROBERTO RAMOS**, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Number: 666068
My commission expires: 3-30-23
Resident of Lake County
Public

Signature Kim M Rozek
Printed KIM M ROZEK, Notary

27932

This instrument prepared by:

NATHAN D. VIS, Attorney-at-Law, ID No. 29535-45
VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303
No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership. All information used supplied by title company.

FILED

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.

Kim Rozek
Signature

Kim Rozek
Printed Name

JOHN E. PETALAS
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY
FILE NO. 1916151

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CK11067

KIM M ROZEK
Notary Public, State of Indiana
Lake County
Commission # 666068
My Commission Expires
March 30, 2023



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

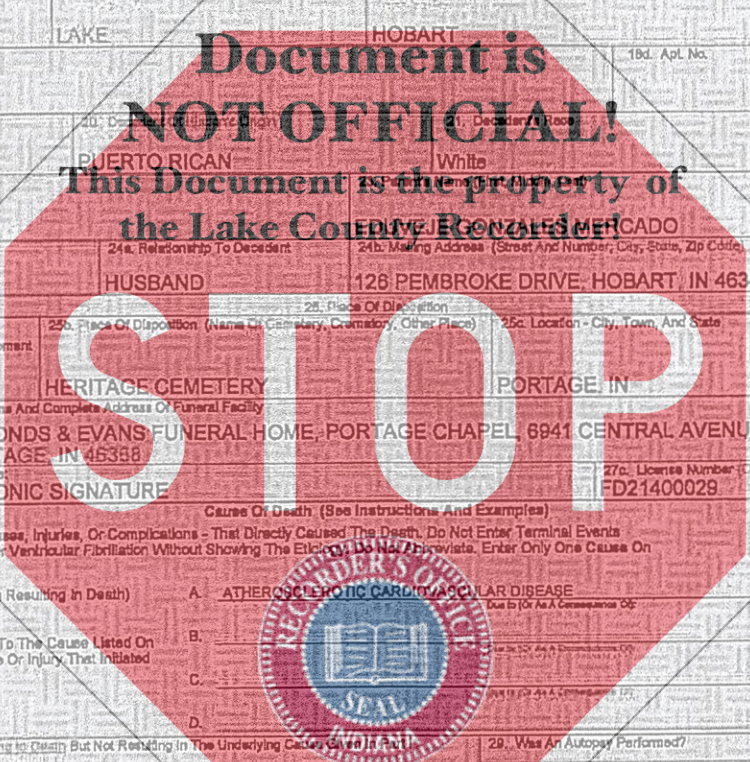
Tracking No. 155406

Local No 901162

EDR No 00000635810

State No 017273

1. Decedent's Legal Name (First, Middle, Last) ROSA OLAVARRIA GONZALEZ		1a. Maiden Name (If female) OLAVARRIA GONZALEZ		1. Sex FEMALE	3. Time Of Death 09:32 PM	4. Date Of Death (Month/Day/Year) 03/27/2018	
5. Social Security Number 000000000	6a. Age - Yrs 88	6b. Under 1 Year Months 0	6c. Under 1 Month Days 0	6d. Under 1 Day Hours 0	6e. Under 1 Hour Minutes 0	7. Date of Birth (Month/Day/Year) 09/13/1931	
8. 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 MARY MEDICAL CENTER INC				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 HOBART, IN, 46342		15a. First Name Before First Marriage		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry SELF	
15b. Surviving Spouse's Name ROBERTO RAMOS		18. Residence - State INDIANA		18a. Apt. No.		18b. Zip Code 46342	
18c. Street And Number 128 PEMBROKE DRIVE		19. Decedent's Education 8TH GRADE OR LESS		20. Decedent's Race PUERTO RICAN		21. Decedent's Ethnicity White	
22. Parent's Name (First, Middle, Last) SANTO OLAVARRIA		23a. Parent's Last Name Before First Marriage GONZALES		23b. Relationship To Decedent HUSBAND		23c. Mailing Address (Street And Number, City, State, Zip Code) 128 PEMBROKE DRIVE, HOBART, IN 46342	
24. Informant's Name ROBERTO RAMOS		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) HERITAGE CEMETERY		25c. Location - City, Town, And State PORTAGE IN	
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility EDMONDS & EVANS FUNERAL HOME, PORTAGE CHAPEL 6941 CENTRAL AVENUE, PORTAGE, IN 46388		27a. Funeral Home License Number FH19700013		27b. License Number Of Licenses FD21400029	
27c. Signature Of Indiana Funeral Service Licensee TROY P. O'BRIEN BY ELECTRONIC SIGNATURE		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. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		28. Cause Of Death (See Instructions And Examples)		Approximate Interval: Onset To Death YEARS	
28. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 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. Location Of Injury - State		36a. City Or Town		36b. 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	
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other		41. Signature, Of Person Certifying Cause Of Death: JOHN D FECZKO 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: JOHN D FECZKO 85 EAST US HIGHWAY 6, VALPARAISO, IN 46385		44. License Number 01041467A		45. Date Certified 04/05/2018		46. Additional Funeral Service Provider	
47. Signature Of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		48. For Registrar Only - Date Filed (Month/Day/Year): APR 03 2018		49. For Registrar Only - Date Filed (Month/Day/Year): APR 05 2018		50. For Registrar Only - Date Filed (Month/Day/Year):	



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

APR 03 2018

NOT VALID UNLESS



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

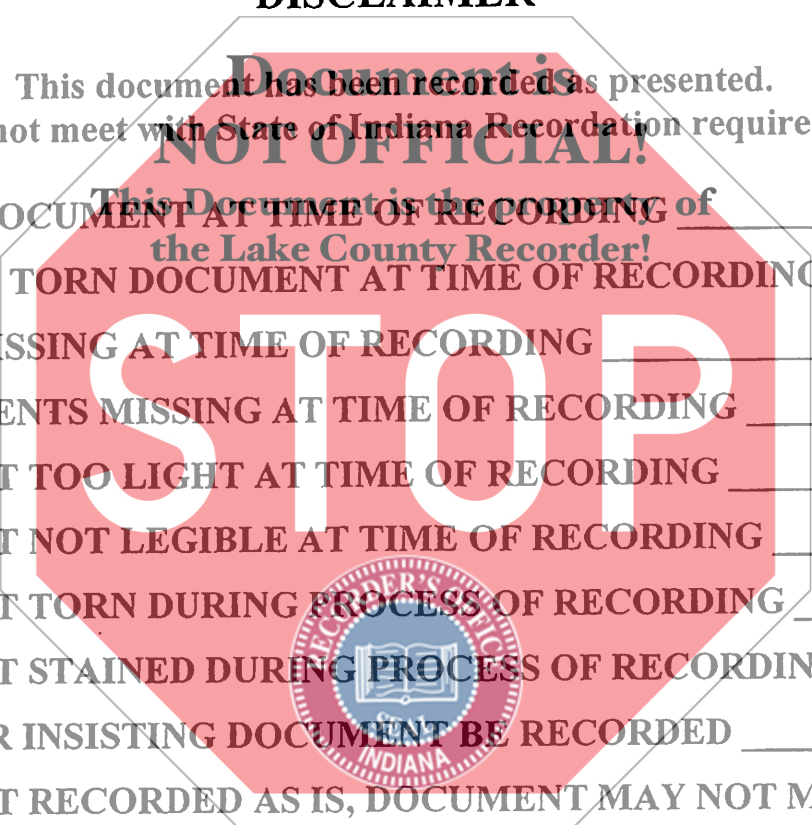
MICHAEL B. BROWN
Recorder



PHONE (219) 755-3730
FAX (219) 755-3257

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CUSTOMER INITIALS: _____ DATE: ____/____/____

EMPLOYEE INITIALS: MB DATE: 08 / 22 / 19