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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 056683

2019 AUG 21 PM 1:08

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE MATTER OF THE
ESTATE OF FRANCISCO GUZMAN
DECEASED

Mail Tax Bills to:
Lucy V. Guzman
4851 Grasselli Avenue
East Chicago, Indiana 46312

Property Address:
4851 Grasselli Avenue
East Chicago, Indiana 46312

Tax Key Numbers
45-03-28-459-023.000-024

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the Lake County Recorder!

STOP



I, **Lucy V. Guzman**, being duly sworn upon my oath, do depose and state as follows:

1. That Affiant has personal knowledge of the events contained in this Affidavit;
2. That Affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot twenty-five (25), Block twenty-one (21), Calumet Addition to East Chicago, as shown in Plat Book 8, Page 32, in Lake County, Indiana.

Commonly known as: 4851 Grasselli Avenue, East Chicago, Indiana 46312

3. That **Francisco Guzman and Lucy V. Guzman** were Husband and Wife at the time title to said real estate was acquired by them as Husband and Wife (Tenants by the Entireties) under a Warranty Deed dated the 3rd day of September, 1971 and recorded on or about the 8th day of September, 1971 as Document Number 115713;
4. That the Marital Relationship which existed between **Francisco Guzman and Lucy V. Guzman** continued unbroken from the time they so acquired title to said real estate until the death of **Francisco Guzman** on the 6th day of August, 1993, at which time **Lucy V. Guzman** acquired title to the real estate as surviving (Spouse) Tenant by the Entireties. A copy of **Francisco Guzman's** death certificate, with Social Security Number redacted is attached hereto, made a part hereof and labeled Exhibit "A";

FILED

AUG 21 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

27957

\$ 25.00
#1096
AB

5. That the gross value of the Decedent's estate as determined for Federal Estate Tax purposes, was less than that value required for filing a Federal Estate Tax Return and the Decedent's Estate was not subject to Federal Estate Tax;
6. That the Decedent's estate was not subject to Indiana Inheritance Taxes;
7. That no probate proceedings have been initiated for the Decedent and none are anticipated in that the gross value of the Decedent's estate does not require probate.

FURTHER AFFIANT SAYETH NOT

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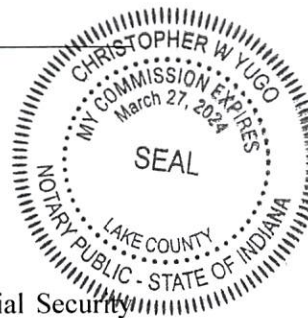
STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

Before me, the undersigned, a Notary public in and for said County, this 16th day of August, 2019, came **Lucy V. Guzman**, and acknowledged the execution of the foregoing Surviving Spouse Affidavit as her free and voluntary act.

Witness my hand and official seal.

My Commission Expires: 3/27/24
 County of Residence: Lake

Christopher W. Yugo, Notary Public
 Notary License No.: NP0681709



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

Christopher W. Yugo, Esq. _____

**Record and Return to: Christopher W. Yugo
Attorney at Law
1313 White Hawk Drive
Crown Point, IN 46307**



**Prepared by
Christopher W. Yugo, Indiana Attorney No. 17624-45
1313 White Hawk Drive
Crown Point, Indiana 46307**

INDIANA STATE DEPARTMENT OF HEALTH

Exhibit "A"

Local No. 188

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

DRIVER ONLY

1. DECEASED—NAME (First, Middle, Last) Francisco R. Guzman, Sr.		2. SEX Male	3a. TIME OF DEATH 7:15 a.m.	3b. DATE OF DEATH (Month, Day, Year) July 6, 1993	
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 64	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) Nov. 11, 1928	
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, IN	8a. WAS DECEDENT A U.S. VETERAN? No				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? n/a	8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) St Catherine Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH East Chicago	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Lucy Valdez	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Track Labor/Foreman		12b. KIND OF BUSINESS/INDUSTRY CSX Railroad Co.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION East Chicago	13d. STREET AND NUMBER 4851 Grasselli Street		
13a. ZIP CODE 46312	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Mexican	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) n/a		College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) Matias Guzman		19. MOTHER'S NAME (First, Middle, Maiden Surname) Concepcion Rodriguez			
20a. INFORMANT'S NAME (Type/Print) Lucy Guzman		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4851 Grasselli Street, E. Chicago, IN	20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, burying place, or other place) July 10, 1993 Ridgeland Cemetery		21c. LOCATION—City or Town, State Gary, Indiana	
22a. EMBALMER'S NAME Charles W. Wells		22b. EMBALMER'S LICENSE NO. FD0104372	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>David J. Pastrick</i>		24b. LICENSE NUMBER (of Licensee) FD08800012	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Oleska-Pastrick Funeral Home #155 3934 Elm St., East Chicago, IN		
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Advanced squamous cell lung cancer					
a. DUE TO (OR AS A CONSEQUENCE OF):					
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. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>M. Y. Ali</i>		29c. MEDICAL LICENSE NO. 29782	29d. DATE SIGNED (Month, Day, Year) 7-8-93		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. M. Y. Ali, M.D., 9116 Columbia Avenue, Munster, Indiana 46321					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32. DATE FILED (Month, Day, Year) 7-8-93		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

