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2019-082968

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B BROWN  
RECORDER

2019 Dec 3 10:02 AM

SURVIVORSHIP AFFIDAVIT

BT2320019-00645

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Ricardo B C  
Ricardo B. Casas, being first duly sworn upon oath, deposes and says:

1. That Rogelio G. Casas's spouse, Socorro B. Casas died  
(without leaving a will) (leaving a will) on June 4, 2006  
20  at Munster, IN 46321

2. That Rogelio G. Casas and Socorro B. Casas were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

**LOT 6, BLOCK 3, RUETH ESTATES 2<sup>ND</sup> ADDITION TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 41, PAGE 138 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

Commonly known as: 531 Evergreen Lane, Munster, Indiana 46321  
Parcel No. 45-06-24-403-008.000-027.

- 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 (his) (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 Affiant sayeth not.

Ricardo B. Casas  
Ricardo B. Casas

Subscribed and sworn to before me, a Notary Public, this 22 day of NOV  
20

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

My Commission Expires: 03 Sept 2020

County of Residence: Lake

This Instrument prepared by Ricardo B. Casas

KELSEY L PERRY  
Seal  
Notary Public - State of Indiana  
Lake County  
My Commission Expires Sep 3, 2020

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 Joanna  
Anaya

CHICAGO TITLE INSURANCE COMPANY



054025

FILED

DEC 03 2019

1820801366 #125  
am

ATTENTION ESTATE: The Social Security # is requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Tracking No. 194143

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1376-06

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) Socorro B. Casas		2. SEX Female	3a. TIME OF DEATH 11:50pm	3b. DATE OF DEATH (Month, Day, Year) June 4, 2006
4. AGE—Last Birthday (Year) 81	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) May 13, 1925	7. BIRTHPLACE (City and State or Foreign Country) Mexico
8. WAS DECEASED A U.S. VETERAN? No	9. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		

DECEASED

9b. FACILITY NAME (If not institution, give street and number) 1049 Elliot Dr.	9c. CITY, TOWN, OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake
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MARRIAGE

10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Rogelio Casas	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	12b. KIND OF BUSINESS/INDUSTRY Own Home
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RESIDENCE

13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Munster	13d. STREET AND NUMBER 531 Evergreen Lane
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IDENTIFICATION

13e. ZIP CODE 46321	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed) 12
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INFORMANTS

18. FATHER'S NAME (First, Middle, Last) Simon Balderas	19. MOTHER'S NAME (First, Middle, Maiden Surname) Juanita Montoya
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INFORMANT

20a. INFORMANT'S NAME (Type/Print) Rogelio Casas	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 531 Evergreen Lane, Munster, IN 46321	20c. Relationship Husband
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DISPOSITION

21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input 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, crematory, or other place) St. John Cemetery	21c. LOCATION—City or Town, State Hammond, IN
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EMBALMER

22a. EMBALMER'S NAME John T. Noble	22b. EMBALMER'S LICENSE NO. 9000031	23. WAS DEATH REPORTED TO CORNER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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SIGNATURE

24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b. LICENSE NUMBER (of Licensee) 1021590	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Ave, Munster, IN
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PART I

26. PART I Enter the diseases, 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.

IMMEDIATE CAUSE

a. *Retroperitoneal Sarcoma*  
DUE TO (OR AS A CONSEQUENCE OF)

CONDITIONS

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

27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No

28. WAS AN AUTOPSY PERFORMED? (Yes or no) No

29. WERE AUTOPSY FINDINGS COMPLETED PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No

CERTIFIER

29a. CERTIFIER (Check only one)  
 CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated  
 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  
 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

SIGNATURE

29b. SIGNATURE AND TITLE OF CERTIFIER  
*[Signature]*

29c. MEDICAL LICENSE NO.  
01038072

29d. DATE SIGNED (Month, Day, Year)  
8/4/06

NAME AND ADDRESS

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)  
E. Robin, MD 801 MacArthur Blvd. Munster, IN 46321

SIGNATURE

31. HEALTH OFFICER'S SIGNATURE  
*[Signature]*

32. DATE FILED (Month, Day, Year)  
August 4, 2006

MANNER OF DEATH

33. MANNER OF DEATH  
 Natural  Pending Investigation  Accidental  Suicide  Homicide  Could not be determined

DATE OF INJURY

34a. DATE OF INJURY (Month, Day, Year)

34b. TIME OF INJURY

34c. INJURY AT WORK? (Yes or no)

34d. DESCRIBE HOW INJURY OCCURRED

PLACE OF INJURY

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)

DATE PRONOUNCED DEAD

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

RAISED SEAL AFFIXED

RAISED SEAL AFFIXED