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2019-086588

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

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )

2019 Dec 13 1:28 PM

**SURVIVORSHIP AFFIDAVIT**

**ENRIQUE LOPEZ**, being first duly sworn, deposes and says:

1. I am the son of *Genovea Lopez*, who died on 11-26-2018 (see Death Certificate).
2. I reside at 7121 Van Buren Ave., Hammond, IN 46324.
3. My mother and myself were the owners of the following properties located in Lake County:

*Common address:* 7121 Van Buren Ave, Hammond, IN 46324


*Legal Description:* Lots 42 and 43, Block 5, Re-subdivision of Parts of Jackson Terrace in the City of Hammond, as shown in Plat Book 18, page 4, in Lake County, Indiana

*Parcel #:* ~~45-06-12-433-006-000-023~~  
**This Document is the property of the Lake County Recorder!**

4. The current *Quitclaim Deed*, Instrument # 2018-036187, filed on June 11, 2018 in the Office of the Recorder, shows the owners as myself, Enrique Lopez and my mother, Genovea Lopez and as the survivor, am the sole owner of the said property.
4. My mother was a widow and never remarried. There are no other person or persons who have an interest in the said property, and no Estate has been opened, nor will an Estate be opened, nor are there any creditors to be satisfied.

*I affirm under pain and penalty of perjury, the foregoing is true and accurate.*

Dated: 11-7-19

  
Enrique Lopez



054257

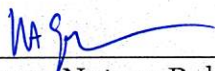
**FILED**

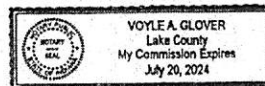
DEC 13 2019

**NOTARY SEAL**

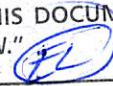
**JOHN E. PETALAS**  
LAKE COUNTY AUDITOR

*Before me, a Notary Public, in and for the County of Lake, State of Indiana, appeared Enrique Lopez, and being first duly sworn, affixed his signature hereto on 11 / 07 / 2019.*

  
Voyle A. Glover, Notary Public  
My commission expires 7/20/2024  
Resident of Lake County



*This document prepared by Voyle A. Glover, Attorney at Law, 101 W. 75<sup>th</sup> Pl., Merrillville, IN 46410 (219) 736-1420*

"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: 

42500  
Cash JTB



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 178054

Local No 903999

EDR No 00000678093

State No 058289

1. Decedent's Legal Name (First, Middle, Last) <b>GENOEVA LOPEZ</b>				1a. Maiden Name (If female) <b>ACEVES</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>09:25 PM</b>	4. Date Of Death (Month/Day/Year) <b>11/26/2018</b>					
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>79</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>08/19/1939</b>		8. Birthplace (City and State or Foreign Country) <b>JUANACATLAN, MX</b>					
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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify):								
11. Facility Name (If Not Institution, Give Street and Number) <b>SYMPHONY OF CROWN POINT</b>						12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</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>HAMMOND</b>		18d. Apt. No.		18e. Zip Code <b>46324</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>MEXICAN</b>		22. Parent's Name (First, Middle, Last) <b>MANUEL TORRES ACEVES</b>		23. Parent's Name (First, Middle, Last) <b>MARIA ACEVES</b>		23a. Parent's Last Name Before First Marriage <b>DEJESUS MUNIZ</b>			
24. Informant's Name <b>ENRIQUE LOPEZ</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7121 VAN BUREN AVENUE, HAMMOND, IN 46324</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>ST JOSEPH CEMETERY</b>		25c. Location - City, Town, And State <b>HAMMOND, IN</b>									
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>HILLSIDE FUNERAL HOME &amp; CREMATION CENTER, 8941 KLEINMAN ROAD, HIGHLAND, IN 46322</b>		27a. Funeral Home License Number: <b>FH11700003</b>		27b. Signature Of Indiana Funeral Service Licensee: <b>KEVIN BRYANT NORDYKE, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD29600005</b>		Approximate Interval: Onset To Death			
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. <b>CARDIOPULMONARY ARREST</b> Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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													
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input 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		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)		<b>NOT VALID UNLESS</b>					
41. Signature, Of Person Certifying Cause Of Death: <b>ALEXANDER A STEMER, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01025591A</b>		45. Date Certified <b>11/29/2018</b>			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>ALEXANDER A STEMER, 761 45TH STREET, MUNSTER, IN 46321</b>						46. Additional Funeral Service Provider:		47. *AKAs:					
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>NOV 29 2018</b>							
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>													

