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2020-011115

2020 Feb 13

2:04 PM

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

STATE OF INDIANA)
) SS:
COUNTY OF Lake)

AFFIDAVIT OF SURVIVORSHIP (REAL ESTATE)

Comes now the affiant, Gregorio Arce, and for his affidavit deposes and says:

1. That the affiant and Cruz Arce were married on Dec 25, 1959, and such marital state continued until the death of Cruz Arce on October 28, 2003
See Attached Death Certificate.
2. That the affiant and the decedent, Cruz Arce, were the owners as tenants by the entireties of the following-described parcel of real estate located in Lake County, Indiana:

Lot 30, Block 5, North Side Addition, in the City of Hammond, as shown in Plat Book 1, Page 77, in Lake County, Indiana

Parcel No: 45-02-25-328-010.000-023

Location of Real Estate: 207 Hanover Street, Hammond, IN 46327

3. That all bills, expenses, and taxes attributable to the estate of the late Cruz Arce have been paid.

Further affiant sayeth not.

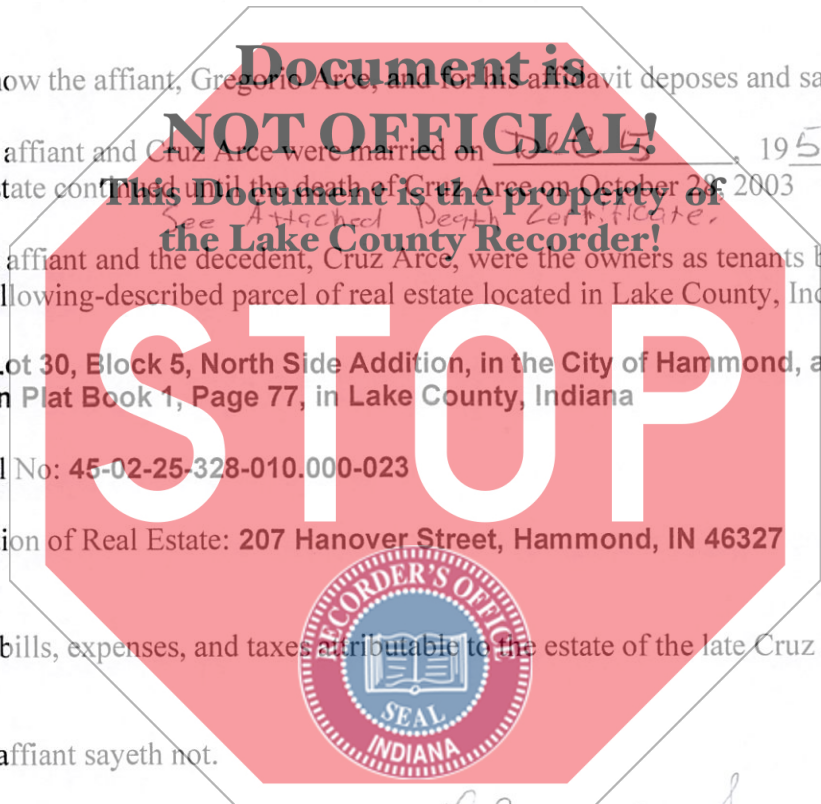
Gregorio Arce
Gregorio Arce

FILED

FEB 13 2020

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

050875

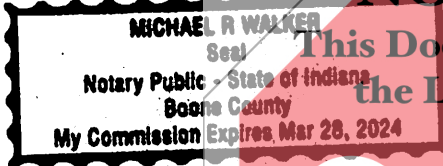


Handwritten notes:
\$2500
JW
CC

STATE OF INDIANA)
) SS:
COUNTY OF Lake)

Before me, a Notary Public, in and for said County and State, this 13 day of February, 2020, personally appeared **Gregorio Arce (affiant)**, who acknowledged the execution of the foregoing *Affidavit of Survivorship* to be his free and voluntary act.

Witness my hand and seal.



Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Michael R. Walker
Notary Public
Michael R. Walker
Printed Name

My Commission Expires: March 24, 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. **L. Charles Lukmann, III**, Attorney.

This Instrument Prepared By:
L. Charles Lukmann, III
HARRIS WELSH & LUKMANN
107 Broadway
Chesterton, Indiana 46304
Telephone: (219) 926-2114

Future Real Estate Tax Statements to:
Northern Indiana Commuter Transportation
District
33 E. US Highway 12
Chesterton, IN 46304



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

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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE INDIANAHOND HEALTH DEPARTMENT.

Date Issued Oct 31, 2003
 State No. Franklin J. Spreme da M.D.
 Hammond Health Commissioner

Local No. 831

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

FORMANT

DISPOSITION

USE OF
ATH

CERTIFIER

LTH
ICER

1. DECEASED—NAME (First, Middle, Last) Cruz Arce		2. SEX Female	3a. TIME OF DEATH 9:30A M	3b. DATE OF DEATH (Month, Day, Yr) October 28, 2003	
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 67	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Sept. 13, 1936	
7. BIRTHPLACE (City and State or Foreign Country) Puerto Rico	8. PLACE OF DEATH (Check only one. See instructions.)				
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? None	HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			
9a. FACILITY NAME (If not institution, give street and number) 207 Hanover St.		9b. CITY, TOWN, OR LOCATION OF DEATH Hammond	9c. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Gregorio Arce	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	12b. KIND OF BUSINESS/INDUSTRY Home		
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hammond	13d. STREET AND NUMBER 207 Hanover St.		
13e. ZIP CODE 46327	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.) Puerto Rican	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12		18. FATHER'S NAME (First, Middle, Last) Domingo Lopez			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Fabianan Morales		20. INFORMANT'S NAME (Type/Print) Gregorio Arce			
21. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 207 Hanover St. Hammond, IN 46327		22. Relationship Husband			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 31, 2003 Ridgelawn Cemetery		21c. LOCATION—City or Town, State Gary, IN	
22a. EMBALMER'S NAME John T. Noble		22b. EMBALMER'S LICENSE NO. 9000031	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of License) 8601763	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Homes#3002819 5840 Hohman Hammond, IN 46320		
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 (Final disease or condition resulting in death)		a. HYPOTENSION AND PNEUMONIA		Approximate Interval Between Onset and Death 10 MINUTES	
b. METASTATIC ADENOCARCINOMA OF LIVER		c. 3 MONTHS			
26. 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.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> MD			
29c. MEDICAL LICENSE NO. 01042940		29d. DATE SIGNED (Month, Day, Year) Oct. 31, 2003			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) N. Gupta, M.D. 200 E. 89th Merrillville, IN 46410					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) October 31, 2003	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34a. 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)			

