2020-024558

2020 May 5

8:31 AM

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

STATE OF INDIANA)

) SS: IN RE: PHILLIP CRESPO aka PHILLIP CRESPO, JR.

COUNTY OF LAKE)

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

- That PHILLIP CRESPO aka PHILLIP CRESPO, JR., Decedent, died on December 14, 2019 while domiciled in Lake County Indiana.
- That forty-five (45) days have elapsed since the death of the decedent.
- That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.
- 4. That the following named person is the sole heir of the decedent:

Teresa Judith Velasco Arreola, Spouse C Isla Cies 3198 Col Villa Vicente Guerrero 44987 Guadalajara, Jalisco, Mexico

- That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000.00), the costs and expenses administration and reasonable funeral expenses, as provided by IC § 29-1-8-1.
- That among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

Indiana, commonly known as.

Drive, East Chicago, IN 46312-2821.

45-03-21-483-032.000-02

E. 7 Ft. Lot 17, Block 17, ALL of Lot 18, Block 17, W. 1 Ft. Lot 19, Block 17, 4th Addition Indiana Harbor in the City Of East Chicago, Lake County, Indiana as recorded in the Office of the Recorder of Lake County, Indiana, commonly known as: 1510 E. Columbus

Tax Key No: 45-03-21-483-032.000-024

LAKE COUNTY AUDITOR

AFFIDAVIT FOR TRANSFER OF THE ESTATE PROPERTY OF PHILLIP CRESPO aka PHILLIP CRESPO, JR. PAGE TWO

- 7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant: **NONE**
- 8. That the individual entitled to the real estate as a result of the decedent's death is the decedent's sole heir at law as provided under the laws of intestate succession, who has a full undivided interest, is namely:

Teresa Judith Velasco Arreola, Spouse C Isla Cies 3198 Col Villa Vicente Guerrero 44987 Guadalajara, Jalisco, Mexico

9. That the gross value of the estate of the decedent, PHILLIP CRESPO, JR., as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence, thereof, the decedent's estate was not subject to Federal Estate Tax.

Further Affiant sayeth not.

TERESA JUDITH VELASCO ARREOLA Affiant

STATE	OF	INDIANA	A

)SS:

COUNTY OF LAKE

BEFORE ME, the undersigned authority, on this day personally appeared TERESA JUDITH VELASCO ARREOLA, whom being by me duly sworn, affirmed that the foregoing statements were within her personal knowledge true and correct.

SUBSCRIBED AND SWORN to before me, on this 2 day of

Mari-Elizabeth Dawkins, A Notary Public Who resides in Lake County, Indiana

My Commission Expires: 9-25-2027

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. Prepared by:

Dawn M. Dawkins, Attorney at Law



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 217837

Local No 904624 1. Decedent's Legal Name (First, Middle, Last)			0000748	783		te No 0	62454	Of Death (Month/Day/Year)	
PHILIP CRESPO	誾誾	当門当		M	ALE	18:09	9	12/14/2019	
5. Social Security Number 6a. Age - Yrs 6b. Under	Pally Peller					1000		e or Foreign Country)	
9. Ever in U.S. Armed Forces? 10. If Death Occurred In	Days	Hours	Minutes 10a. If Death O	ccurred Somewhere Ott	02/11/1953 EAST CHICAGO, IN urred Somewhere Other Than A Hospital				
☐ Yes ☒ No ☐ Unknown ☒ Inpatient ☐ Emer	gency Department Ou	tpatient Dead on A	Arrival Other (Spec	化化工作 医二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	Home N	lursing Home	/Long-term Care Fa	cility	
11. Facility Name (If Not Institution, Give Street and Number ST ANTHONY MEDICAL CENTER OF		NT.	Married Council	Section Section 1			Heller II		
12. City Or Town, State, And Zip Code	ONO WITTON		13. Coun	ty Of Death		The second second	Marriad At Tim	e Of Death But Separated Divorced	
CROWN POINT, IN, 46307			LAKE		Widowed Ne	ver Married Unknown			
15. Surviving Spouse's Name		15a. Last Name Be	fore First Marriage	16. Dec	edent's Usual C	Occupation	17. Kin	d Of Business/Industry	
TERESA CRESPO 18. Residence - State	18a. County	VELASCO	18b. City Or	Town ARCH	ITECT	I manual I m	SELF	EMLOYED	
INDIANA	LAKE		LOWELL			William	出而出而		
18c. Street And Number					18d. Apt.	No.	18e. Zip Code	18f. Inside City Limits?	
229 ISLAND DRIVE			The second secon				46356	⊠ Yes □ No	
19. Decedent's Education	MEXICAN,	of Hispanic Origin MEXICAN AM	ERICAN,	. Decedent's Race					
BACHELOR'S DEGREE (BA, AB, BS) 22. Parent's Name (First, Middle, Last)	CHICANO			nite ne (First, Middle, Last)		Dyrette	23a. Parent's La	st Name Before First Marriage	
FELIPE CRESPO				O CRESPO			UNKNOWN		
24. Informant's Name		onship To Decedent		24b. Mailing Address (Street And Number, City, State, Zip Code)					
TERESA CRESPO	SPOUS	the state of the s	5. Place Of Disposition	3198, GUADAL	AJARA J	ALISCO,	MX 44987		
25a. Method Of Disposition ☐ Burial ☑ Cremation ☐ Donation ☐ Entombment	25b. Place Of Disposi	tion (Name Of Cemete	ry, Crematory, Other Pla	ce) 25c. Location - 0	City, Town, And	State			
Removal From State Other (Specify):	HEIGHTS CRI	FMATORY		CHICAGO	HEIGHTS	i. IL			
	Complete Address Of		HELDER THE STREET	The later of	terreller.	referre	27a. F	uneral Home License Number:	
□ Yes ☑ No CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311 FH10900001 27b. Signature Of Indiana Funeral Service Licensee: 27c. Licensee Number (Of Licensee):									
27b. Signature Of Indiana Funeral Service Licensee: CHRISTOPHER CHELBANA, BY ELE	CTRONIC SIG				FD20700		Licensee).		
Cause Of Death (See Instructions And Examples) 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.							Interval: Onset		
Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE MYOCARDIAL INFARCTION Due to (Or As A Consequence Of): HOURS						HOURS			
Sequentially List Conditions, If Any, Leading To The	Cause Listed On	B. CORONARY	ARTERY DISEASE	District As A Committee	ance Of	Ell	الجالج	YEARS	
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last C. CHRONIC ISCHEMIC HEART DISEASE						YEARS			
Due to (Or As A Consequence Of):						YEARS			
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?							0		
DIABETES 31. Did Tobacco Use Contribute To Death? 32.	If Femalo:			30. Were Autops	Avenue D. Land	nner Of Death	elete The Cause Of I	Death? Yes No	
☐ Yes ☐ Probably ☒ No ☐ Unknown	Not Pregnant Within Past Ye	ear Pregnant At Time Of 43 Days To 1 year Before Death	THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRE	Pregnant Within 42 Days Of Dea	The second second	The second secon	cide	Pending Investigation	
A STATE OF THE STA	. Time Of Injury		B. Place Of Injury (E.G.,					37. Injury At Work?	
38. Location Of Injury - State 388	a. City Or Town	3	8b. Street & Number		اعتبالم	3	BBC. Apt. No.	38d. Zip Code	
39. Describe How Injury Occurred					THE STORES	Annua II	Injury, Specify:	DUNLESS	
41. Signature, Of Person Certifying Cause Of Death: ALBERTO A. JIMENEZ, BY ELECTRO	NIC SIGNAT	UREA TRUE CO	DPY OF		Certifier (Chec			Health Officer 45. Date Certified	
43. Name, Address And Zip Code Of Person Certifying Cau ALBERTO A. JIMENEZ , 1615 E. COL	LAKE COL	INTY HEALTH C	DEPARTMENT			320		Care and a second	
ALBERTO A. JIMENEZ , 1615 E. COL 46. Additional Funeral Service Provider:	UNBUS DR.	THE PROPERTY.	HELL HELLIN	the tree		1031349/ 7. Akas:		12/19/2019	
48. Signature of Local Health Officer: DEC 2 6 2019				49. For Registrar Only Date Filed. (Month/Day/Year):					
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) DEC 20 2019									
		(R				3		新型用型用型	
	LAKEC	OUNTY HEALTS	OFFICER			124			