

2020-054827

2020 Aug 21

9:58 AM

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

SURVIVORSHIP AFFIDAVIT

4  
On this day, August 7, 2020, before me personally appeared Rudy J. Manjarrez, surviving spouse of Jane A. Manjarrez, to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature.
2. Affiant is the surviving spouse of Jane A. Manjarrez who died a resident of Lake County, Indiana, on March 19, 2019.
3. The Affiant's spouse, Jane A. Manjarrez, and the Affiant were husband and wife when they acquired title by Special Warranty Deed dated September 3, 1969 and recorded on September 17, 1969 as Document No. 1969-331860 to the following described real estate located in Lake County, Indiana described as:

Document is NOT OFFICIAL!  
 LOT 30 IN BLOCK 4 IN HILLCREST HEIGHTS THIRD ADDITION UNIT NO. 3, IN THE CITY OF HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 32, PAGE 84, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

This Document is the property of the Lake County Recorder!  
 Commonly known as: 2825 Drexel Drive, Hobart, Indiana 46342  
 Parcel Number: 45-09-28-478-003.000-018

4. Rudy J. Manjarrez and Jane A. Manjarrez continued to own said parcel as husband and wife until Jane A. Manjarrez died on March 19, 2019, a resident of Lake County, Indiana. A copy of the Death Certificate of Jane A. Manjarrez aka Jane Ann Manjarrez is attached hereto and labeled Exhibit "A".
5. Rudy J. Manjarrez is the surviving joint owner of the property.
6. There is neither Federal estate tax nor Indiana Inheritance Tax due by reason of Jane A. Manjarrez's interest in the property described in this Survivorship Affidavit.
7. The purpose of this Affidavit is to induce the Auditor of Lake County, Indiana, to endorse this Affidavit as an instrument that is exempt from the requirements to file a sales disclosure, to remove Jane A. Manjarrez's name from the Auditor's real estate ownership records, and to direct the Recorder of

043014

**FILED**

AUG 19 2020

**JOHN E. PETALAS  
LAKE COUNTY AUDITOR**

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Lake County, Indiana to record the Affidavit and index it to the Latest Recorded Instrument in the Recorder's index records.

8. Tax bills shall be mailed to Rudy J. Manjarrez at 2825 Drexel Drive, Hobart, Indiana 46342.

9. The affiants affirms the truth of the representations in this Affidavit under penalty for perjury.

*Rudy J Manjarrez*

ADDRESS: Rudy J. Manjarrez  
2825 Drexel Drive  
Hobart, IN 46342

STATE OF INDIANA )

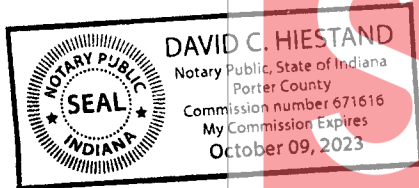
) SS

COUNTY OF PORTER )

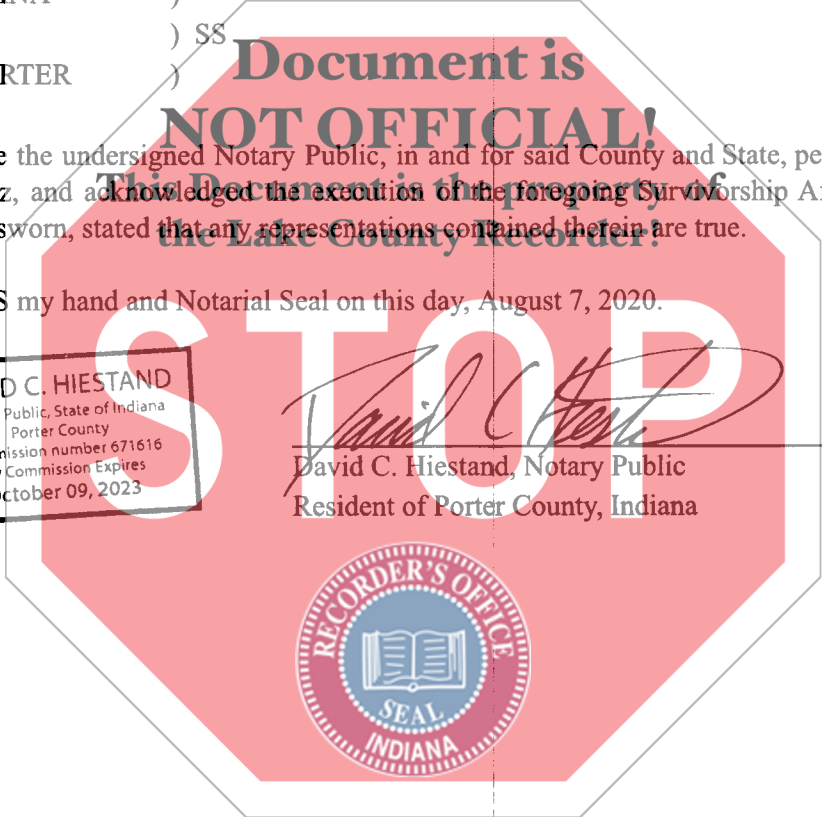
**Document is NOT OFFICIAL!**

Before me the undersigned Notary Public, in and for said County and State, personally appeared Rudy J. Manjarrez, and acknowledged the execution of the foregoing Survivorship Affidavit, and who, having been duly sworn, stated that any representations contained therein are true.

WITNESS my hand and Notarial Seal on this day, August 7, 2020.



*David C. Hiestand*  
David C. Hiestand, Notary Public  
Resident of Porter County, Indiana



EXECUTED AND DELIVERED in my presence:

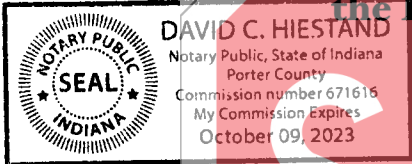


Witness: Erin C. Cosmos

STATE OF INDIANA )  
 ) SS:  
COUNTY OF PORTER )

Before me, the undersigned Notary Public, in and for said County and State, personally appeared Erin C. Cosmos, being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by Rudy J. Manjarrez in the above-named subscribing witness' presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

WITNESS my hand and Notarial Seal on this day, August 7, 2020



*David C. Hiestand*  
David C. Hiestand, Notary Public  
Resident of Porter County, Indiana

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. David C. Hiestand

THIS INSTRUMENT PREPARED BY/RETURN TO:

David C. Hiestand, #27158-64  
Hiestand Law Office, LLC  
117 Broadway  
Chesterton, Indiana 46304  
(219) 926-2188



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No 000402

EDR No 0000070008

State No 013591

1. Decedent's Legal Name (First, Middle, Last) <b>JANE ANN MANJARREZ</b>		1a. Maiden Name (If female) <b>WARD</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>05:40 AM</b>	4. Date Of Death (Month/Day/Year) <b>03/19/2019</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>80</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>10/05/1938</b>	
8. Birthplace (City and State or Foreign Country) <b>ELWOOD, IN</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>RIVERWALK VILLAGE</b>							
12. City Or Town, State, And Zip Code <b>NOBLESVILLE, IN, 46060</b>				13. County Of Death <b>HAMILTON</b>		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name <b>RUDOLPH JOSEPH MANJARREZ</b>		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation <b>SECRETARY</b>		17. Kind Of Business/Industry <b>CLERICAL</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>HAMILTON</b>		18b. City Or Town <b>NOBLESVILLE</b>			
18c. Street And Number <b>295 WESTFIELD ROAD</b>				18d. Apt. No.	18e. Zip Code <b>46060</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>			
22. Parent's Name (First, Middle, Last) <b>WILLIAM WARD</b>		23. Parent's Name (First, Middle, Last) <b>LOIS ANN BALL</b>		23a. Parent's Last Name Before First Marriage <b>UNKNOWN</b>			
24. Informant's Name <b>KIM TALEVSKI</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>21548 SHOREVISTA LANE, NOBLESVILLE, IN 46062</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>CALUMET PARK CEMETERY</b>		25c. Location - City, Town, And State <b>MERRILLVILLE, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>CALUMET PARK FUNERAL CHAPEL, 7535 TAFT STREET, MERRILLVILLE, IN 46410</b>				27a. Funeral Home License Number <b>FH10400032</b>	
27b. Signature Of Indiana Funeral Service Licensee <b>WHITNEY M. KANE, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee) <b>FD21700014</b>				27d. Cause Of Death (See Instructions And Examples) <b>DEMENTIA</b>	
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>DEMENTIA</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		Approximate Interval Onset To Death <b>UNKNOWN</b>				Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 <input type="checkbox"/> Unknown, Pregnant Within The Past Year		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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)		38. Apt. No.	
39. Describe How Injury Occurred		38a. City Or Town		38b. Street & Number		38c. Zip Code	
41. Signature, Of Person Certifying Cause Of Death: <b>TIMOTHY P WALBRIDGE, 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>01064701A</b>		45. Date Certified <b>03/21/2019</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>TIMOTHY P WALBRIDGE, 5150 SHELBYVILLE RD, INDIANAPOLIS, IN 46237</b>		46. Additional Funeral Service Provider		49. For Registrar Only - Date Filed (Month/Day/Year) <b>MAR 22 2019</b>			

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

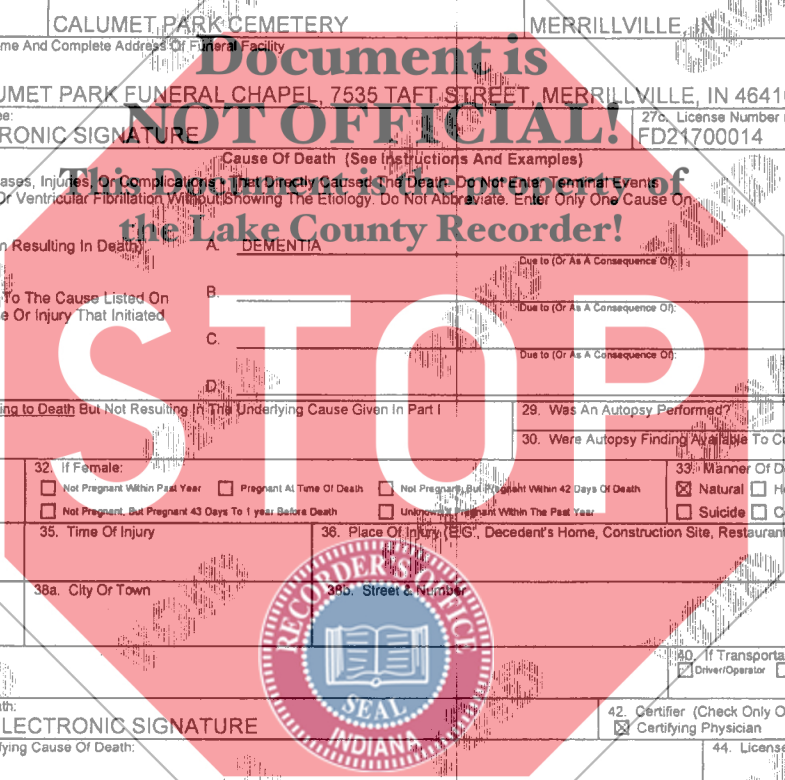


Exhibit "A"

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.  
**WARNING:** ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.  
STATE OF INDIANA