

2020-063593

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

2020 Sep 14 8:35 AM

3

AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Comes now VENTURA VALDIVIA, affiant, being duly sworn upon his oath, deposes and says as follows:

That VENTURA VALDIVIA and NANCY L. VALDIVIA are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The North 58 feet of the South 236 feet and the North 58 feet of the South 294 feet of the East half of Block 23, in the Third Subdivision to East Gary, now Lake Station, as show in Plat Book 10, page 36, Lake County, Indiana.

Commonly known as: 2868 New Hampshire Street, Lake Station, IN 46405

That the decedent, NANCY L. VALDIVIA and VENTURA VALDIVIA acquired title, as husband and wife, to said real estate, by deed of conveyance, and recorded in the Office of the Lake County Recorder.

That the decedent, NANCY L. VALDIVIA and affiant, VENTURA VALDIVIA, jointly held title to said real estate until the death of NANCY L. VALDIVIA on the 25th day of November, 2016, at which time this affiant acquired title to the real estate, pursuant to property law, as the surviving spouse.

Affiant further states that there has never been any administration upon the estate of said NANCY L. VALDIVIA, that the gross value of the estate of said NANCY L. VALDIVIA, deceased, taking into consideration in the evaluation thereof, the value of all her gifts in contemplation of death, including all gifts made by her in the three (3) years next preceding her death, together with the value of all her investments in joint properties and estates by the entirety, including the real estate above described, plus the proceeds of all insurance on her life, did not equal or exceed the sum of \$600,000.00 as a consequence of which her estate was not subject to federal estate tax.

This affidavit is made for the purpose of clearing the record title to the above described property.

Ventura Valdivia
VENTURA VALDIVIA, Affiant

STATE OF INDIANA)
)SS:
COUNTY OF PORTER)

Subscribed and sworn to before me a Notary Public on this the 13 day of August, 2020.

My Commission Expires: May 24, 2024
Porter County Resident



John W. Peters
John W. Peters, Notary Public

THIS INSTRUMENT PREPARED BY:
JOHN W. PETERS
Attorney at Law
6195 Central Avenue
Portage, IN 46368



FILED

SEP 11 2020

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

I affirm under the penalties of perjury, that I have taken reasonable care to redact each social security number in this document

John W. Peters

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

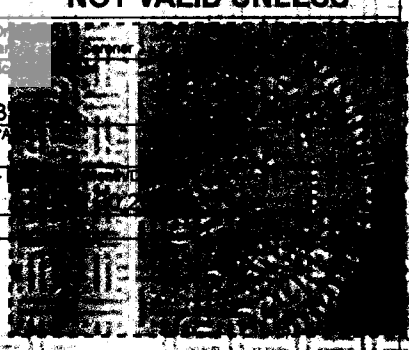
Tracking No. 106288

Local No 003826

EDR No 000000544891

State No 055541

1. Decedent's Legal Name (First, Middle, Last) NANCY J VALDIVIA				1a. Maiden Name (If female) JEFFRESS		2. Sex FEMALE		3. Time Of Death 12:27 AM		4. Date Of Death (Month/Day/Year) 11/25/2016			
5. Social Security Number [REDACTED]		6a. Age - Yrs 70		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) 03/01/1946		8. Birthplace (City and State or Foreign Country) GARY, IN											
9. Ever in U.S. Armed Forces? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Unknown				10. # Deaths 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) 2868 NEW HAMPSHIRE STREET													
12. City Or Town, State, And Zip Code LAKE STATION, IN, 46405						13. County Of Death LAKE			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 VENTURA J VALDIVIA				15a. Last Name Before First Marriage JEFFRESS				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town LAKE STATION			18d. Apt. No.		18e. Zip Code 46405		
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
18c. Street And Number 2868 NEW HAMPSHIRE STREET													
19. Decedent's Education HIGH SCHOOL GRADUATE OR BETTER				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White					
23. Parent's Name (First, Middle, Last) JACK JEFFRESS						23a. Parent's Last Name Before Marriage SIMMONS							
24. Inmate's Name VENTURA J VALDIVIA				24a. Relationship To Decedent HUSBAND				24b. Mailing Address (Street And Number, City, State, Zip Code) 2868 NEW HAMPSHIRE STREET, LAKE STATION, IN 46405					
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" 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) CALUMET PARK CREMATORY HOBART				25c. Location - City, Town, And State HOBART, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL, 7535 TAFT STREET, MERRILLVILLE, IN 46410				27a. Funeral Home License Number FH10400032					
27b. Signature Of Indiana Funeral Service Licensee: MICHELLE LYNN HANRAHAN, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee) FD20900062				27d. Signature Of Indiana Health Officer: IBRAHIM GEORGE ZABANEH, BY ELECTRONIC SIGNATURE					
28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. Enter On This Line Only. Do Not Abbreviate. Enter On This Line Only. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIO RESPIRATORY ARREST 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 B. LUNG CANCER C. CHRONIC OBSTRUCTIVE PULMONARY DISEASE													
29. Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I													
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
31. On What Date Was Cause Of Death Determined? DEC 05 2016													
32. If Female: <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Pregnant <input type="checkbox"/> Pregnant, And Date Of Delivery 33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Unknown													
34. Location Of Injury - State INDIANA				35a. City Or Town HOBART				35b. Street & Number 1500 S LAKE PARK AVE, STE 500		35c. Apt. No.		35d. Zip Code 46342	
36. Describe How Injury Occurred													
37. Injury At Work? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
38. Describe How Injury Occurred													
39. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/> Not Valid Unless													
41. Signature Of Person Certifying Cause Of Death: IBRAHIM GEORGE ZABANEH, BY ELECTRONIC SIGNATURE						42. Certifier (Check One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: IBRAHIM GEORGE ZABANEH, 1500 S LAKE PARK AVE, STE 500, HOBART, IN 46342						44. License Number: 0103							
45. Additional Funeral Service Provider:													
46. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE													
47. For Registrar Only													
48. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													
49. 11/25/2016 2016/11/25													



CERTIFICATE OF PROOF

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached.

Terrri Clark
Witness Signature

TERRI CLARK
Witness Printed Name

PROOF:

STATE OF INDIANA

COUNTY OF PORTER

Before me a Notary Public in and for said County and State, Dated on 8/13/20, personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows WITNESS- TERRI CLARK to be the individual(s) described in and who executed the foregoing instrument: that said WITNESS was present and saw said GRANTOR(S)- VENTURA VALDIVIA execute the same: and the said WITNESS at same time subscribed his/her name as a witness thereto

[Signature]
NOTARY PUBLIC SIGNATURE

John W Peters
NOTARY PRINTED NAME

Notary Name exactly as Commission 5-24-24
Notary Public- State of INDIANA
Seal
My Commission Expires: May 24, 2024
Commission No: _____

