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2020-081093

2020 Nov 6

8:42 AM

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

**AFFIDAVIT OF SURVIVORSHIP**

Property Address: 4528 East 20th Court, Lake Station, IN 46405  
Property County: Lake

**Luis Cruz-Lopez**, of adult age, being first duly sworn, upon deposes and says:

That **Luis Cruz-Lopez**, is the joint tenant with rights of survivorship of Theresa A Roa, deceased, who died on December 22,2003 a resident of Lake County, Indiana.

That affiant and said decedent, as joint tenants with rights of survivorship acquired title to the following described real estate located in Lake County, IN to wit:

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Julie Cruz-Lopez recorded June 28, 2011 as Document No. 2011 034956 and File Recorded on 2013 086487 in the Office of the Office of the Recorder of Lake County, Indiana.

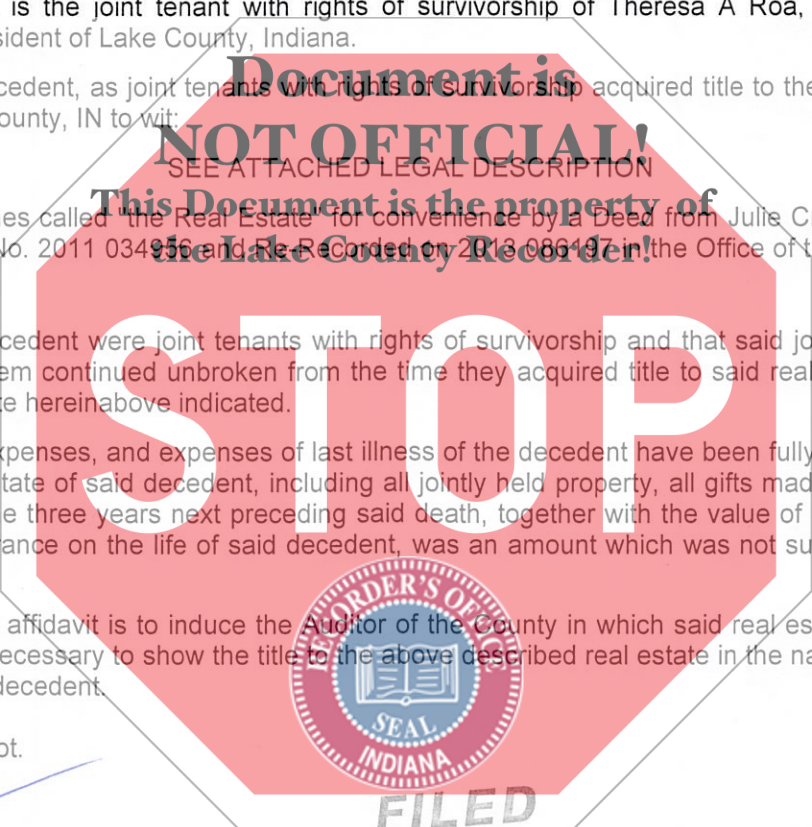
That affiant and said decedent were joint tenants with rights of survivorship and that said joint tenancy with rights of survivorship between them continued unbroken from the time they acquired title to said real estate until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of **Luis Cruz-Lopez**, surviving spouse of the decedent.

Further, Affiant sayeth not.

\_\_\_\_\_  
**Luis Cruz-Lopez**



FILED

NOV 02 2020

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

MTC File No.: 20-38084 (AOS)

**HOLD FOR MERIDIAN TITLE CORP**

Page 1 of 3

25-RM  
CHK 7433

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Luis Cruz-Lopez** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 23rd day of October, 2020.

My Commission Expires: \_\_\_\_\_  
Signature of Notary Public

Commission No. \_\_\_\_\_  
Printed Name of Notary

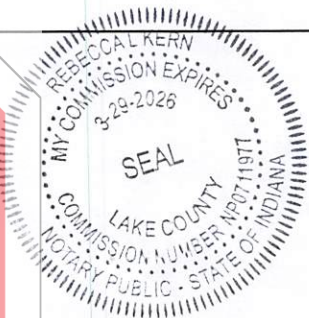
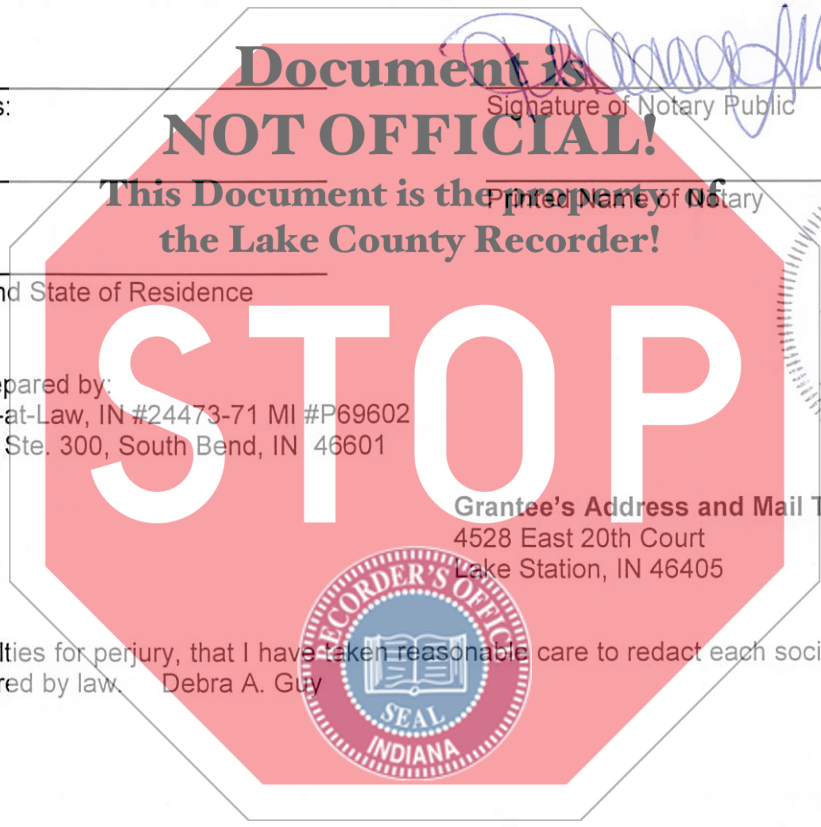
Notary Public County and State of Residence

This instrument was prepared by:  
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

**Property Address:**  
4528 East 20th Court  
Lake Station, IN 46405

**Grantee's Address and Mail Tax Statements To:**  
4528 East 20th Court  
Lake Station, IN 46405

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. Debra A. Guy



**LEGAL DESCRIPTION**

Lot 19 in Old Orchard second Subdivision as per plat thereof, recorded in Plat Book 34, page 19, in the Office of the Recorder of Lake County, Indiana.

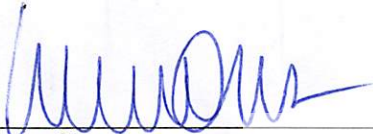
Tax ID Number(s):  
State ID Number Only

45-09-09-456-026.000-021



**CERTIFICATE OF PROOF**

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



Witness Signature

**Kerri Veronesi**

Witness Name (must be typed / printed)



**PROOF:**

State of Indiana, County of Lake ss:

Before me, a Notary Public in and for said County and State, personally appeared, the above named WITNESS to the foregoing instrument, who, being known or proved 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 **Luis Cruz-Lopez** (Name of person signing document) in the foregoing subscribing witness' presence.

WITNESS, my hand and Seal this 03 day of Oct, 2020

My Commission Expires:

Signature of Notary Public

Commission No.

Printed Name of Notary

Notary Public County and State of Residence



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to insure its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.  
 Social No. 3156-03

INDIANA STATE DEPARTMENT OF HEALTH  
 CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19.3

1. DECEASED—NAME (First, Middle, Last)		2. SEX		3a. TIME OF DEATH		3b. DATE OF DEATH (Month, Day, Yr)	
Theresa		Female		10:40PM		December 22, 2003	
4. SOCIAL SECURITY NUMBER		5a. AGE—Last Birthday (Years)		5b. DATE OF BIRTH (Mo, Day, Yr)		7. BIRTHPLACE (City and State or Foreign Country)	
151-24-4359		70		March 17, 1933		Chicago, Illinois	
8a. WAS DECEASED A US VETERAN?		8b. YEAR/LAST SERVED IN US ARMED FORCES?		9. PLACE OF DEATH (Check only one. See instructions)			
no		n/a		<input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> EP/Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number)				9c. CITY, TOWN OR LOCATION OF DEATH			
St. Mary Medical Center				Hobart			
10. MARITAL STATUS (Specify)		11. SURVIVING SPOUSE (If wife give maiden name)		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)			
widowed		n/a		Bookkeeper			
13a. RESIDENCE—STATE		13b. COUNTY		13c. CITY, TOWN OR LOCATION		13d. STREET AND NUMBER	
Indiana		Lake		Lake Station		4528 East 20th Court	
13e. ZIP CODE		13f. INSIDE CITY LIMITS		13g. ON A FARM?		13h. ON A FARM?	
46405		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
14. CITIZEN OF WHAT COUNTRY?		15. RACE—American Indian, Black, White, etc. (Specify)		16. MOTHER'S NAME (Last, Maiden, Surname) (N/A)		17. DECEASED'S EDUCATION (Specify only highest grade completed)	
USA		Mexican		Juanita		High School/Secondary (0-12) College (14 or 5+)	
18. FATHER'S NAME (Last, Middle, First)				19. MOTHER'S NAME (Last, Maiden, Surname)			
Ascencion Alvarado				Juanita			
20. INFORMANT'S NAME (Type, First)				21. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			
Louis Lopez				December 27, 2003 St. Mary Cemetery			
21a. METHOD OF DISPOSITION		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		21c. LOCATION—City or Town, State		21d. LOCATION—City or Town, State	
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		St. Mary Cemetery		Evergreen Park, Illinois		Evergreen Park, Illinois	
22a. EMBALMER'S NAME				22b. EMBALMER'S LICENSE NO.			
Edgar C. Gleim				FD01016173			
24a. SIGNATURE OF FUNERAL DIRECTOR				24b. LICENSE NUMBER			
				FD01016173			
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME				26. PART I. Immediate cause of death (Specify disease or condition resulting in death)			
Kriper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FH10300021				Approximate Interval Between Onset and Death UNKNOWN			
26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.							
a. DUE TO IOR AS A CONSEQUENCE OF: _____ b. DUE TO IOR AS A CONSEQUENCE OF: _____ c. DUE TO IOR AS A CONSEQUENCE OF: _____ d. DUE TO IOR AS A CONSEQUENCE OF: _____							
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
Conditions if any, which gave rise to the immediate cause stating the underlying cause last							
27. WAS DECEASED PRECIPITANT 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) n/a							
29a. CERTIFIER (Check only) <input 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. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) as stated.							

