

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-017653

8:47 AM 2021 Feb 26



Fidelity National Title
Insurance Company.

SURVIVORSHIP AFFIDAVIT

3

STATE OF Texas)
COUNTY OF Starr)

SS:

Elizabeth G. Pena, being first duly sworn upon oath, deposes and says:

1. That Mario A Pena died on December 15, 2015 at Edinburg Texas (City/State)
2. That Elizabeth G. Pena and Mario A Pena were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lot 34 in Block 7 in Third Addition to Indiana Harbor, in the City of East Chicago, as per plat thereof recorded in Plat Book 6, Page 24, in the Offices of the recorder of lake County, Indiana
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant saeyth not.

E. Lopez

Elizabeth G Pena Affiant Signature

STATE OF Texas)
COUNTY OF Starr)

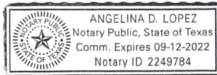
ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Elizabeth G Pena who acknowledged the execution of the foregoing Instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 15th day of February, 2021

Resident of Hidalgo County, Indiana Texas Signature Angelina D Lopez
My Commission Expires: 9/12/2022 Printed Angelina D Lopez

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. Susan Miedema (Name)

This instrument prepared by Elizabeth G.Pena 3914 Catalpa East Chicago, IN 46312



FILED

FEB 25 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

F32320021-00049
FIDELITY NATIONAL
TITLE COMPANY

25
CK#1820704991

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ACKNOWLEDGMENT PAGE TO BE ATTACHED TO THE FOLLOWING DOCUMENT:
Survivorship Affidavit

CERTIFICATE OF PROOF

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

Evelyn Peña
Witness Signature

Witness Name (Evelyn Peña)

PROOF:

State of ~~Indiana~~ Texas

County of ~~Lake~~ Starr

Before me, a Notary Public in and for said County and State, on 02/18/2021, personally appeared the above named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows Elizabeth G Peña to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said Elizabeth G Peña execute the same; and that said WITNESS at the same time subscribed his/her name as a witness thereto.

Witness my hand and Notarial Seal this February 18, 2021

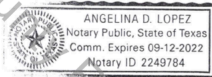
Signature: Angelina D Lopez

Printed: Angelina D Lopez

Resident of: Hidalgo County

State of: Texas

My Commission expires: 9/12/2022



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CERTIFICATION OF VITAL RECORD
CITY OF EDINBURG
STATE OF TEXAS

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER
LEGAL NAME OF DECEASED: MARIO A. PENA DATE OF DEATH: DECEMBER 22, 2015
SEX: MALE DATE OF BIRTH: JUNE 23, 1958 AGE LAST BIRTHDAY: 57
SOCIAL SECURITY NUMBER: [redacted] MARITAL STATUS AT TIME OF DEATH: MARRIED
PLACE OF DEATH: RIO GRANDE CITY, TEXAS
DEATH OCCURRED IN: HOSPITAL DOCTOR'S HOSPITAL AT RESSAISSANCE
DECEASED'S SIGNATURE: MARIO ALBERTO PENA JUN - SON
FACILITY NAME: RIO GRANDE CITY, TX 78852
DECEASED'S SIGNATURE: MARC A. GONZALEZ BY ELECTRONIC SIGNATURE
FACILITY ADDRESS: 701 E. EISENHOWER STREET, RIO GRANDE CITY, TX 78852
CAUSE OF DEATH: Act of Respiratory Failure
MANNER OF DEATH: Accidental

TEXAS DEPARTMENT OF STATE HEALTH, 845 North Capitol Street, Austin, TX 78701-1402
VETERAN'S BENEFITS: If decedent was a member of the United States Armed Forces, please check appropriate box.

00695

This is to certify that this is a true and correct reproduction of the original received as recorded
Issued under authority of Section 191.051, Health and Safety Code.

JAN 22 2016

