

5. A certified copy of the death certificate for **Ramon Olmos** is attached to this affidavit as Exhibit "A".

6. This affidavit is made to require the Auditor of Lake County, Indiana to transfer the title of the real estate for taxation and for the real estate to be recorded in the Office of the Recorder of Lake County, Indiana to show the title holder to the real estate to be **Gloria Olmos** by virtue of the death of **Ramon Olmos**.

7. No estate or death taxes resulted from the death of **Ramon Olmos** and there are no estate proceedings pending.

Gloria Olmos
Gloria Olmos

State of Indiana, Lake County ss:

Before me, the undersigned, a Notary Public in and for Lake County, State of Indiana this 18th day of February 2021 personally appeared **Gloria Olmos**, who acknowledged the execution of the above and foregoing Survivorship Affidavit as her voluntary act and deed, and who, having been duly sworn upon his oath, stated that all of the above representations are true. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



Karla Yvette Lake
Notary Public
Resident of Lake County

My Commission Expires: 2/18/2028

CERTIFICATE OF PROOF

Witness to the signature on the foregoing instrument to which this Proof is attached.

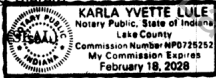
[Signature]
Witness Signature

Alejandro Navarro
Witness Printed Name

PROOF

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public, in and for said County and State, this 18th day of February, 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 (Witness) Alejandro Navarro to be the individual(s) described in and who executed the foregoing instrument; that said Witness was present and saw said **Gloria Olmos** execute the same; and the said Witness at same time subscribed his/her name as a witness thereto.



[Signature]
Notary Public
Resident of Lake County

My Commission Expires: 2/18/2020

The undersigned, having prepared the above document, affirms under penalties for perjury, that I have taken reasonable care to redact each social security number in this instrument unless required by law.

[Signature]
David W. Weigle

This instrument prepared by David W. Weigle, Attorney at Law, 5246 Hohman Avenue, Suite 307 (D), Hammond, IN 46320.

MAIL TAX BILLS TO:
8030 Frederick Avenue
Munster, Indiana 46321





NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002546

EDR No 00000335965

State No 035077

1. Decedent's Legal Name (First, Middle, Last) RAMON OLMO		2a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 10:10 AM		4. Date Of Death (Month/Day/Year) 07/28/2013	
5. Social Security Number 72		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) 08/31/1940		8. Birthplace (City and State or Foreign Country) TORREON, MX							
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 checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility		10b. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility		10c. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility	
11. Facility Name (If Not Institution, Give Street and Number) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, IN 46321									
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 GLORIA ESTHER OLMO		15a. (If Wife) Give Maiden Last Name NIEVES		16. Decedent's Usual Occupation CONSTRUCTION WORKER		17. Kind Of Business/Industry CONSTRUCTION			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER		18c. Street And Number 8030 FREDERICK AVENUE		18d. Apt. No.	
18e. Zip Code 46321		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) FRANCISCO OLMO		23. Mother's Name (First, Middle, Last) AMALIA OLMO		23a. Mother's Maiden Last Name IBARRA					
24. Informant's Name GLORIA OLMO		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 8030 FREDERICK AVENUE, MUNSTER, IN 46321					
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) MEMORY LANE MEMORIAL PARK		25c. Location - City, Town, And State CROWN POINT, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility MEMORY LANE CEMETERY AND FUNERAL HOME CHAPEL, 6305 W LINCOLN HIGHWAY, CROWN POINT, IN 46307		27a. Funeral Home License Number: FH11100003					
27b. Signature Of Indiana Funeral Service Licensee MANUEL MARTINEZ, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD21000095							
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. CARDIOMYOPATHY									
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.									
C.									
D.									
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 43 Days To 1 Year Before Death <input type="checkbox"/> Pregnant If Pregnant Specify The 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		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury	
36. Place Of Injury (If Not In Home, Restaurant, Restaurant, Wooded Area) LAKE COUNTY HEALTH DEPARTMENT		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Location Of Injury - State		38a. City Or Town		38b. Street & Number	
38c. Apt. No.		38d. Zip Code		39. Describe How Injury Occurred					
41. Signature Of Person Certifying Cause Of Death SATAYPRAKASH N MAKAM, BY ELECTRONIC SIGNATURE		42. Name, Address And Zip Code Of Person Certifying Cause Of Death: SATAYPRAKASH N MAKAM, 10010 DONALD POWERS DRIVE, MUNSTER, IN 46321		43. Transportation Injury, Specify: <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		44. License Number 01031767A		45. Date Certified 07/31/2013	
46. Additional Funeral Provider:		47. *Alias		48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE					
49. For Registrar Only - Date Filed (Month/Day/Year): AUG 01 2013		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							