

NOT AN OFFICIAL DOCUMENT

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SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

JOHN GARIBAY, being first duly sworn upon oath, deposes and says:

1. That LORENZO GARIBAY died on 09/07/92 at CASHY, INDIANA (City/State)
2. That LORENZO GARIBAY and GUADALUPE GARIBAY were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
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 sayeth not.

John Garibay
Affiant Signature

STATE OF IN)
COUNTY OF Lake)

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared John Garibay 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 13 day of April, 2021.

Resident of Lake County, Indiana. Signature Renta L. Payne

My Commission Expires: 1-6-29 Printed Renta L. Payne

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. JOHN GARIBAY (Name)

This instrument prepared by John Garibay

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-032023

10:19 AM 2021 Apr 14



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FILED

APR 14 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Parcel No. 45-08-04-105-016-000-004 Physical Site 247 Pierce St. Gary, IN 46904

Legal Description of

A part of Lot 11 and 12 in Block 13, Gary Land Company's Second Subdivision of the City of Gary, a plat thereof; recorded in Plat book 10, page 16, in the office of the Recorder of Lake County, Indiana more particularly described as follows: Beginning at a point on the West line of said Lot 12, said point being 14.96 feet South of the Northwest corner of said Lot 12; thence North 19.98 feet along the West lines of said Lots 11 and 12; thence East to the West end of and the center of a Common Wall, which is located partly upon the real estate herein described and partly upon the real estate lying North of and adjacent thereto; thence East along the center of said Common Wall to the East end thereof; thence East to a point on the East line of said Lot 11 said point being 5.02 feet North of the Southeast corner of said Lot 11; thence South 19.98 feet along the East lines of said Lots 11 and 12; thence West to the East end of and the center of a Common Wall, which is located partly upon the real estate herein described and partly upon the real estate lying South of and adjacent thereof; thence West along the center line of the Common Wall to the West end thereof; thence West to the place of beginning

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH

File No. **92-0625**

CERTIFICATE OF DEATH

State No. JEP

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-183

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RENTS

FORMANT

POSITION

CAUSE OF
EATH

CERTIFIER

HEALTH
OFFICER

CORONER
USE ONLY

1. DECEASED—NAME (Print Name, Last)		3. SEX		2a. TIME OF DEATH		2b. DATE OF DEATH (month, day, year)	
LORENZO PROA GARIBAY		MALE		4:00 A.		SEPTEMBER 9, 1992	
4. SOCIAL SECURITY NUMBER		5a. AGE—Last Birthday (Years)		5b. DATE OF BIRTH (Last, Day, Yr)		7. BIRTHPLACE (City and State or Foreign Country)	
XXXXXXXXXX		90		AUGUST 10, 1902		JALISCO, MEXICO	
8a. WAS DECEDENT A U.S. VETERAN?		8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9. PLACE OF DEATH (Choose only one. Four parentheses)			
NO		NONE		<input type="checkbox"/> HOSPITAL <input type="checkbox"/> Institution <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> HOME <input type="checkbox"/> Employment <input type="checkbox"/> D.O.A. <input type="checkbox"/> Residence			
10. FACILITY NAME (If not institution, give street and number)				11. CITY, TOWN OR LOCATION OF DEATH		12. COUNTY OF DEATH	
WESTSIDE HEALTH CARE CENTER				GARY		LAKE	
13. MARITAL STATUS (Specify)		14. SURVIVING SPOUSE (If wife, give maiden name)		15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most or working life. Do not use retired)		15b. KIND OF BUSINESS/INDUSTRY	
MARRIED		GUADALUPE MARTINEZ		HOOKER		INLAND STEEL	
16. RESIDENCE—STATE		16b. COUNTY		16c. CITY, TOWN OR LOCATION		16d. STREET AND NUMBER	
INDIANA		LAKE		GARY		242 PIERCE STREET	
17a. ZIP CODE		17b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		17c. CITIZEN OF WHAT COUNTRY?		18. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46402				U.S.A.		<input type="checkbox"/> Elementary (K-8) <input type="checkbox"/> High School (9-12) <input type="checkbox"/> College (13 or 4+)	
19. FATHER'S NAME (If not mother, give street and number)		20. MOTHER'S MAILED (If not, street, number, city, state)					
SERTURNINO GARIBAY		N/A					
21a. INFORMANT'S NAME (If you filled)				21b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		21c. Relationship	
GUADALUPE GARIBAY				242 PIERCE STREET, GARY, INDIANA 46402		WIFE	
22a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from Case <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		22b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		22c. LOCATION—City or Town, State			
		SEPTEMBER 12, 1992		NEW INDIANA CREMATION SERVICE		CROWN POINT, INDIANA	
23a. EMBALMER'S NAME		23b. EMBALMER'S LICENSE NO.		23c. WAS DEATH REPORTED TO CORONER?			
GORDON L. JONES		1070717		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24a. SIGNATURE OF FUNERAL DIRECTOR		24b. LICENSE NUMBER (of Licensee)		24c. NAME AND ADDRESS OF FUNERAL HOME (Name, Street, City, State, Zip Code)			
<i>Terrence P. Burns</i>		1013890		BURNS FUNERAL HOME FDH# 83002445 10701 BROADWAY, CROWN POINT, INDIANA			
25. PART I Enter the essential, proximate, or contributing causes that caused the death. Do not enter remote causes, such as chronic or febrile illness. Abbreviate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) <i>Acute Myocardial Infarction</i> DUE TO (OR AS A CONSEQUENCE OF) <i>CHAF</i> DUE TO (OR AS A CONSEQUENCE OF) <i>CVA + Myocardial Infarction</i> DUE TO (OR AS A CONSEQUENCE OF)							
26. PART II Other significant conditions - Conditions contributing to death but not previously listed in Part I							
27a. CERTIFIER <input type="checkbox"/> Check only one		<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the condition(s) listed.		<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 condition(s) listed.		<input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the condition(s) listed.	
27b. SIGNATURE AND TITLE OF CERTIFIER		27c. MEDICAL LICENSE NO.		27d. DATE SIGNED (Month, Day, Year)			
<i>F. S. Cho, M.D.</i>		26003		9/9/92			
28. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (If you filled)							
FRED CHO, M. D., 9129 S. WOOD DRIVE, MUNSTER, INDIANA 46321							
29. HEALTH OFFICER'S SIGNATURE						30. DATE FILED (Month, Day, Year)	
<i>Rebecca K. Foster, M.D., MPH</i>						SEP 10 1992	
31. MANNER OF DEATH		32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY		32c. INJURY AT WORK? (Yes or no)	
<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Cause not known <input type="checkbox"/> Homicide							
		33a. PLACE OF INJURY—At home, farm, street, factory, office, business, etc. (Specify)		33b. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34a. DATE PROHOUNCED DEAD (Month, Day, Year)		34b. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, etc.					