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GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2021-046573

1:01 PM 2021 Jul 13

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

SURVIVORSHIP AFFIDAVIT

I, Hector Rodriguez Lopez, having been first duly sworn upon my oath, state that I was the husband to, at the time of her passing, the late Maria Rodriguez, also known as Maria De Los Angeles Garcia, the deceased, who passed away on the 8<sup>th</sup> day of June, 2021, (a copy of death certificate attached hereto) and at the time of her death, we were owners as husband and wife of real estate in Lake County, Indiana, whose legal description is as follows:

Lot 39 in Block 1 in H.W. Sohl's 4<sup>th</sup> Addition in the City of Hammond, as per plat thereof, recorded in Plat Book 2, page 6, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 5544 Walter Street, Hammond, IN

Key Number: 26-36-0062-0034

45-02-36-477-022-000-023

Hector Rodriguez

State of Indiana )  
 ) ss:  
County of Lake )

Subscribed and sworn to before me, a Notary Public, this 13<sup>th</sup> day of July, 2021.



Frank Martinez, III  
Notary Public

Commission number: 0698864

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.

/s/ Frank Martinez, III

This instrument was prepared by and after recording to be returned to,  
Frank R. Martinez, III, 9105 Indianapolis Boulevard, Suite D  
Highland, IN 46322  
219.923.9922  
fr\_martinez@sbcglobal.net

**FILED**  
**JUL 13 2021**  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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# NOT AN OFFICIAL DOCUMENT

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 234063

Local No. 002337

EDR No. 000011932609

State No. 2021-031240

1. Decedent's Legal Name (First, Middle, Last) <b>Maria De Los Angeles Garcia</b>		3a. Maiden Name (If Female) <b>Garcia</b>		2. Sex <b>Female</b>		3. Date of Birth (Month/Day/Year) <b>02/23/1950</b>		4. Date of Death (Month/Day/Year) <b>08/09/2021</b>	
5. Social Security Number <b>70</b>		6a. Under 1 Year <b>None</b>		6b. Under 1 Month <b>None</b>		6c. Under 1 Day <b>None</b>		7. Date of Birth (Month/Day/Year) <b>11/02/1950</b>	
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9. Death Occurred In A Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. Death Occurred Somewhere Other Than A Hospital? <input type="checkbox"/> In A Public Place <input type="checkbox"/> In A Private Home <input type="checkbox"/> In A Nursing Home <input type="checkbox"/> In A Long Term Care Facility		11. Facility Name (If Not Institution, Give Street and Number) <b>Community Hospital Munster</b>		12. City Or Town, State, And Zip Code <b>Munster, Indiana 46321</b>	
13. Surviving Spouse's Name <b>Hector</b>		14a. Last Name (Before First Marriage) <b>Rodriguez</b>		14b. Decedent's Usual Occupation <b>Housewife</b>		14c. Kind of Business/Industry <b>Home</b>		15. Marital Status At Time Of Death <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced	
16. Residence - State <b>IN</b>		16a. County <b>Lake</b>		16b. City Or Town <b>Hammond</b>		16c. Apt. No.		16d. Zip Code <b>46320</b>	
17a. Street And Number <b>5544 Walter Street</b>		17b. Inmate City Limit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Decedent's Education <b>8th grade or less</b>		19. Decedent's Religion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. Decedent's Race <b>White</b>	
21. Parents Name (First, Middle, Last) <b>Juan Garcia</b>		22. Parents Name (First, Middle, Last) <b>Elida Rodriguez</b>		23. Parents Last Name Before First Marriage <b>Rodriguez</b>		24. Informant's Name <b>Hector Rodriguez</b>		24a. Relationship To Decedent <b>Husband</b>	
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment		25b. Place Of Disposition (Name Of Cemetery, Chapel, Etc.) <b>Memory Lane Memorial Park</b>		25c. Place Of Disposition <b>Crown Point, IN</b>		26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Home <b>Memory Lane Cemetery And Funeral Home, Chapel 5365 W Lincoln Highway, Crown Point, Indiana, 46302</b>	
28. Signature Of Indiana Funeral Service Licensee <b>[Signature]</b>		29. License Number (Of Licensee) <b>FD20900067</b>		30. Cause Of Death (See Instructions And Examples) <b>Repetitive encephalopathy</b>		31. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>Liver failure</b>		32. Approximate Interval (O'clock To Death) <b>16 days</b>	
33. Sequential 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) <b>Liver cirrhosis</b>		34. Underlying Cause (Disease Or Injury) <b>Hepatitis C</b>		35. Approximate Interval (O'clock To Death) <b>16 days</b>		36. Underlying Cause (Disease Or Injury) <b>Hepatitis C</b>		37. Approximate Interval (O'clock To Death) <b>16 days</b>	
38. Date Of Injury (Month/Day/Year) <b>JUN 25 2021</b>		39. Location Of Injury - State <b>IN</b>		39a. City Or Town <b>Hammond</b>		39b. Apt. No.		39c. Zip Code <b>46320</b>	
40. Describe How Injury Occurred <b>[Signature]</b>		41. Signature, Of Person Carrying Cause Of Death (Formal & Informal) <b>Famukh Salim Chaudhry</b>		42. Name, Address And Zip Code Of Person Carrying Cause Of Death <b>904 McArthur Blvd, Munster, IN 46321</b>		43. Additional Funeral Service Provider		44. Signature of Local Health Officer <b>Chandana Verthala</b>	
45. Informant Address Zip Code <b>Hammond, IN 46324</b>		46. Signature of Local Health Officer <b>Chandana Verthala</b>		47. Electronically Signed		48. Registrar's Only		49. Date Registered <b>08/10/2021</b>	

(AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL))