## OT AN OFFICIAL DOCUMENT

### Affidavit of Survivorship

State of Indiana

County of Lake

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2021-057257

9:03 AM 2021 Aug 31

I Angel Suarez, residing at 539 W. 151st Street, East Chicago, Indiana 46312, being of legal age, depose and say that:

1. On February 11, 1983, by Warranty Deed recorded in Book/Volume 10, Page 30, of the Lake County records as document number 697710 ('the Deed'), the Affiant and Yolanda Suarez become owners of the following legally described property:

see attached exibit A

- 2. Affiant and Yolanda Suarez own the property in joint tenancy with right of survivorship.
- 3. On February 10, 2005, Yolanda Suarez, died, thereby terminating Yolanda Suarez interest in the above-described real property. A certified copy of the death certificate of Yolanda Suarez is attached hereto as Exhibit A.

#### Oath or Affirmation

I certify under penalty of perjury under Indiana law that I know the contents of this affidavit signed by me and that the statements are true and correct. Corder

Graf R, July

8-25-21

Angel Suarez

FILED

Date

AUG 31 2021

prepared by: Tiffany Jones

JOHN E. PETALAS LAKE COUNTY AUDITOR

# TAN OFFICIAL DOCUMENT ITE OF INDIANA, COUNTY OF LAKE, SS:

This Affidavit was acknowledged before me on this 28 day of 100000 and by Angel Suarez, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

> Elipotta Saland Notary Public

Property of lake County Public Notary

My commission expires May 22, 2128

ELISETTE SALGADO NOTARY PUBLIC-STATE OF INDIANA COMMISSION EXPIRES MAY 22, 2028

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASON-ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THE DOCUMENT, Corder

### NOTAN OF EIGHT DEATH OF LIMENT

\* ATTENTION ESTATE: The Social Security # Is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no pegalty for refusal.

Local No. INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH . THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10 1. DECEASED-NAME 'Fret Middle Last > 34. TIME OF DEATH | 36. DATE OF DEATH DAME, DIE 173 Suarez Female 8:55 a February 10, 2005 Yolanda Sa. ACE-Last Bethday Sb. UNDER I YEAR Sc. UNDER I DAY 6. DATE OF BIRTH IMO. Day, Yr) 7. BIRTHPLACE (City and State or Foreign Country PERMANENT 58 May 30, 1946 Mexico City, Mexico BLACK INK Sa. PLACE OF DEATH (Check only one See exerutions) 1 12 100 WAS DECEDENT 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? HOSPITAL - D Inpetient -OTHER - Normand Home - Other (Specify) No N/A ☐ ER/Dutpabent ☐ DOA Residence St. FACILITY NAME (If not institution, give street and number) Se. CITY, TOWN, OR LOCATION OF DEATH DECEDENT East Chicago St. Catherine Hospital . Lake ' / 124. DECEDENTS USUAL OCCUPATION (Give had of work ... 1,50 12b. KIND OF BUSINESS/INDUSTRY Married Angel R. Suarez Cook Restaurant 134 RESIDENCE-STATE ... 13h COUNTY 13c. CITY, TOWN, OR LOCATION 134. STREET AND NUMBER 539 West 151st Street Indiana Lake East Chicago IS WAS DECEDENT OF HISPANIC ORIGIN?

No X Yes Of yes, specify Cubs 136. ZIP CODE 131. INSIDE CITY LIMITS 14. CITIZEN OF IND X Yes WHAT COUR 16. RACE-American Indian 17. DECEDENT'S EDUCATION 13g. ON A FARMS Black White, etc. (Specify) (Specify only highest grade comple Mexican Poerto Rean, etc.) 1173 46312 XNO DYES Mexican U.S.A. White 19. MOTHERS NAME (First Middle Marden Surname) IB. FATHER'S NAME (First Middle, Last) PARENTS Aurora Gutierrez 20s. INFORMANT'S NAME (Type/Prind) 20b. MAILING ADDRESS I Street and Number or Rural Route Number, City or Town, State, Zio Code) 20c. Relationship INFORMANT Angel R. Suarez 539 W.151st Street, East Chicago, IND 46312 Husband 21s. METHOD OF DISPOSITION | Entombrient 4 21b. DATE AND PLACE OF DISPOSITION (Name of cometery, crematory, or 21c. LOCATION—City or Town, State Bonel Cremation - Removal from State February 12, 2005 Doneton Other (Specify) Elmwood Cemetery Hammond, Indiana 22s. EMBALMER'S NAME 225, EMBALMER'S LICENSE NO. \* 21 WAS DEATH REPORTED TO CORONER DISPOSITION James H., Fife FD01010795 DENo ·□ Yes Charle. 24s. SIGNATURE OF FUNERAL DIRECTOR 24h. LICENSE NUMBER 25. NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (of Licensee) FIFE FUNERAL HOME, INC. - FH83001512 FD01020366 4201 Indpls.Blvd., East Chicago, IND Interval Between Pneumonia Onset and Deat DUE TO (OR AS A CONSEQUENCE OF) CAUSE OF DEATH DUE TO (OR AS A CONSEQUENCE OF) tute cause. DUE TO (OR'AS A CONSEQUENCE OF) T WAS DECEDENT 284 WAS AN AUTOPSY 28h WERE AUTOPSY FINDINGS PRECNANT OR SO DAYS AVAILABLE PRIOR TO PERFORMED? COMPLETION OF CAUSE OF DEATH? (Yes or no! (Yes or no) No No N/A and any boundary, death occurred at the time, date and place and due to be assessed as the second as a SA CERTIFIER (Check only CORONER On the base of same 296 SIGNATURE AND TITLE OF CERTIFIER CERTIFIER JO NAME AND ADDRESS OF PERSON WITH CONSISTED CAUSE OF DEATH STEM 263 (Types/Pring Dr. H. Ruiz - 100 West Chicago, Avenue, East Chicago, Indiana 46312 11. HEATH OFFICERS SIGNATURE HAY RAY PAUTICA 32. DATE FILED (Month, Day, Year) HEALTH OFFICER 34 DATE OF HURY 34b. TIME OF 34c INJURY AT WORK? NUURY / (Yes or no) , Accident 34f. LOCATION (Street and Number or Rural Route Number, City or To 34h MOTOR VEHICLE ACCIDENTY (Yes or no! # yes specify do 40 DATE PRONOUNCED DEAD (Month, Day, Year)

## NOT AN OFFICIAL DOCUMENT

EXHIBIT A: LEGAL DESCRIPTION OF PROPERTY

Lot 2011 Champion Addition to East Chicago, as per plat thereof, record in Plat Book 10 page 30, in the Office of the Recorder of Lake County, Indiana.