

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-062861

1:18 PM 2021 Oct 12

SURVIVORSHIP AFFIDAVIT

STATE OF In.)
COUNTY OF Lake)

SS:

MARA LONGORIA, being first duly sworn upon oath, deposes and says:

1. That ARTHUR C. LONGORIA died on 01/07, 2021 at CROWN POINT, IN.
(City/State)
2. That ARTHUR C. LONGORIA and MARA LONGORIA were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Please see attached legal.
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.

Mara Longoria
Affiant Signature

STATE OF IN)
COUNTY OF Lake)

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Mara Longoria
 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 12th day of October, 2021.

Resident of Lake County, Indiana. Signature: [Signature]

My Commission Expires: 2-23-2029 Printed: Stephanie Steinbeck

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. Mara Longoria
(Name)

This instrument prepared by Mara Longoria

FILED

OCT 12 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR



cc
cc
LK

NOT AN OFFICIAL DOCUMENT

LOT 257 IN PENTWATER SUBDIVISION-PHASE 1, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 96,
PAGE 8, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
COMMONLY KNOWN AS: 11759 VIRGINIA CT., CROWN POINT, IN 46307

Property of Lake County Recorder



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000321

EDR No 000011048628

State No 2021-006225

1. Decedent's Legal Name (First, Middle, Last) Arthur C. Longoria				12. Maiden Name (if female)		2. Gender Male		3. Time Of Death 05:52 PM		4. Date Of Death (Month/Day/Year) 01/07/2021			
5. Social Security Number [REDACTED]		6a. Age - Yrs 84		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) 01/28/1936		8. Birthplace (City and State or Foreign Country) Haringen, Texas											
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 <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) Franciscan Health Crown Point													
12. City Or Town, State, And Zip Code Crown Point, Indiana,						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 Mara Longoria				15a. Last Name Before First Marriage Marich				16. Decedent's Usual Occupation Pickle Line Operator		17. Kind Of Business/Industry Steel			
18. Residence - State IN		18a. County Lake		18b. City Or Town Crown Point		18c. Apt. No.		18d. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16c. Street And Number 11759 Virginia Court		19. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White							
22. Parent's Name (First, Middle, Last) Pedro Longoria				23. Parent's Name (First, Middle, Last) Catalina Longoria				23a. Parent's Last Name Before First Marriage Castillo					
24. Informant's Name Mara Longoria				24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 11759 Virginia Court, Crown Point, IN, 46307							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) Geisen Cremation Centre				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 Geisen Funeral, Cremation & Reception Centre 606 East 113th Avenue, Crown Point, Indiana, 46307				27a. Funeral Home License Number FH10700031							
27b. Signature of Indiana Funeral Service Licensee Larry Nelson Geisen						Electronically Signed		27c. License Number (Of Licensee) FD09000013					
28. Part I. Enter The <u>Chain Of Events</u> - 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.										Approximate Interval - Onset To Death			
Immediate Cause (Final Disease Or Condition Resulting In Death)										Weeks			
A. Covid Sepsis													
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, Still Pregnant Within Past Year <input type="checkbox"/> Pregnant In Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death		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 (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		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										40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: Timothy James Mullally						Electronically Signed		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner		NOT VALID UNLESS			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Timothy James Mullally 550 N. University Blvd RT 173, Indianapolis, IN 46202						44. License Number 02003099A		45. Date Certified 01/14/2021					
46. Additional Funeral Service Provider LAKE COUNTY HEALTH DEPARTMENT						47. Date 02/10/2021		48. For Registrar Only Date Filed (Month/Day/Year): 02/10/2021					
49. Signature of Local Health Officer: Chandana Vasudala						Electronically Signed							
FEB 19 2021 AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													