

# NOT AN OFFICIAL DOCUMENT

2021-543548  
12/20/2021 12:29 PM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

## FILED

Dec 17 2021 cR  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF LAKE     )

### AFFIDAVIT OF SURVIVORSHIP (REAL ESTATE)

Comes now the affiant, Gloria Ochoa, surviving spouse of Andres M. Ochoa and for her affidavit deposes and says:

1. That Gloria Ochoa and Andres M. Ochoa were married on October 10, 1980, and such marital state continued until the death of Andres M. Ochoa on October 15, 2016. A death certificate for Andres M. Ochoa is attached hereto as Exhibit A.
2. That Gloria Ochoa and Andres M. Ochoa were the owners as tenants by the entireties of the following-described parcel of real estate located in Lake County, Indiana:

THE SOUTH 8 FEET OF LOT 30, ALL OF LOTS 29 AND 28, AND THE NORTH 4 ½ FEET OF LOT 27 IN BLOCK 7 IN J.R. BRANT'S PARKVIEW ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20 PAGE 21, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel No.: 45-07-16-208-017.000-023

Location of the above-described parcel: 7444 California Ave., Hammond, IN 46323

3. That all bills, expenses, and taxes attributable to the estate of the late Andres M. Ochoa have been paid.
4. This Affidavit is made to induce the Auditor of Lake County, Indiana, to remove Andres M. Ochoa's name on this real estate.

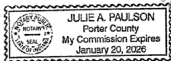
Further affiant sayeth not.

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Gloria Ochoa  
Gloria Ochoa

STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF PORTER    )

Before me, a Notary Public, in and for said County and State, this 14<sup>th</sup> day of December, 2021, personally appeared **Gloria Ochoa**, who acknowledged the execution of the foregoing *Affidavit of Survivorship* to be her free and voluntary act.



Julie A. Paulson  
Notary Public

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. Julie A. Paulson, Attorney

This Instrument Prepared by:

Julie A. Paulson (#28720-49)  
HARRIS WELSH & LUKMANN  
107 Broadway  
Chesterton, IN 46304  
219-926-2114  
[jpaulson@hwllaw.com](mailto:jpaulson@hwllaw.com)

Send Future Tax Statements to:  
Gloria Ochoa  
7444 California Ave  
Hammond, IN 46323

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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 101848



Local No 003311

EDR No 00000537539

State No 048371

1. Decedent's Legal Name (Print, Middle, Last) <b>ANDRES M OCHOA</b>		14. Maiden Name (if female)		2. Sex <b>MALE</b>	3. Time Of Death <b>11:30 AM</b>	4. Date Of Death (Month/Day/Year) <b>10/15/2016</b>		
5. Social Security Number <b>61</b>	6a. Age - Yrs <b>61</b>	6b. Under 1 Year Months <b>0</b>	6c. Under 1 Month Days <b>0</b>	6d. Under 1 Day Hours <b>0</b>	6e. Under 1 Hour Minutes <b>09/23/1955</b>	7. Date of Birth (Month/Day/Year) <b>09/23/1955</b>	8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital <input 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) <b>7444 CALIFORNIA AVENUE</b>		12. City Or Town, State, And Zip Code <b>HAMMOND, IN, 46323</b>		13. County Of Death <b>LAKE</b>		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 <b>GLORIA OCHOA</b>		15a. Last Name Before First Marriage <b>ANGUANO</b>		16. Decedent's Usual Occupation <b>ENGINEER</b>		17. Kind Of Business/Industry <b>UNIVERSITY OF CHICAGO</b>		
18a. Residence - State <b>INDIANA</b>		18b. County <b>LAKE</b>		18c. City Or Town <b>HAMMOND</b>		18d. Apt. No.	18e. Zip Code <b>46323</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>		20. Decedent: Of Hispanic Origin <b>MEXICAN, MEXICAN AMERICAN, CHICANO</b>		21. Decedent's Race <b>White</b>				
22. Parent's Name (First, Middle, Last) <b>RALPH OCHOA</b>		23. Parent's Name (First, Middle, Last) <b>CARMEN OCHOA</b>		25a. Parent's Last Name Before First Marriage <b>MARTINEZ</b>				
26. Relationship To Decedent. <b>WIFE</b>		24b. Mailing Address (Street And Number, Ct/Rd, State, Zip Code) <b>7444 CALIFORNIA AVENUE, HAMMOND, IN 46323</b>						
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) <b>ELMWOOD CHAPEL CREMATORY</b>		25c. Location - City, Town, And State <b>CEDAR LAKE, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373</b>		27a. Funeral Home License Number: <b>FH19900052</b>				
27b. Signature Of Indiana Funeral Service Licensee <b>JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee) <b>FD09200077</b>						
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) <b>A. RENAL CELL CARCINOMA OF THE RIGHT KIDNEY METASTATIC TO BONE AND LUNGS</b> 4 YEARS							Approximate Interval: Onset To Death	
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>B. _____</b> <b>C. _____</b> <b>D. _____</b>								
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			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input 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 Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			
33. Date of Injury (Month/Day/Year)		33a. Time Of Injury		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)		35a. City Or Town		35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, (Specify Area))		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36. Location Of Injury - State		36a. City Or Town		38. Describe How Injury Occurred		40. If Transportation Injury, Specify (Specify Mode) <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger		
38. Describe How Injury Occurred		41. Signature: Of Person Certifying Cause Of Death <b>LYLE R MUNN, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01031582A</b>		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 236, VALPARAISO, IN 46383</b>		45. Additional Funeral Service Provider		46. Signature of Local Health Officer <b>CHANDANA VAVILA, VIA ELECTRONIC SIGNATURE</b>		47. Date Filed <b>10/16/2016</b>		
46. Signature of Local Health Officer <b>CHANDANA VAVILA, VIA ELECTRONIC SIGNATURE</b>		48. For Registrar Only <b>OC</b>		Date Filed <b>OC</b>				

THIS IS A TRUE COPY OF THE RECORD OR FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
OCT 18 2016  
LAKE COUNTY HEALTH OFFICER

EXHIBIT  
A  
ALL STATE REGS.