

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2022-000575

4:23 PM 2022 Jan 7

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana )  
                                  ) )  
COUNTY OF Lake ) SS:

Maria L. Ortiz

being first duly sworn upon oath, deposes and says:  
1. That Leoncio Ortiz November 11 at Munster, IN.

2. That Leoncio Ortiz and Maria L. Ortiz were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

2nd Subdivision East Gary Block 20 Lots 1 & 2  
Parcel No: 14-19-0067-0001

- 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.

Maria L. Ortiz  
Affiant Signature

STATE OF \_\_\_\_\_ )  
                                  ) ) SS:  
COUNTY OF \_\_\_\_\_ )

ACKNOWLEDGEMENT

JENNIFER JO MELTON  
Seal  
Notary Public - State of Indiana  
Porter County  
My Commission Expires Jun 14, 2024

Before me, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_ 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 7th day of January, 2022.

Resident of Porter County, Indiana. Signature Jennifer Jo Melton  
My Commission Expires: Jun 2024 Printed Jennifer Jo Melton

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.

This instrument prepared by Maria L. Ortiz (Name)

FILED

JAN 07 2022

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

25.00  
cash  
4.00



# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

rack# IN N. 007127

Local No 004785

EDR No 00001198558

State No 2021-067806

1. Decedent's Legal Name (First, Middle, Last) <b>Leoncio Ortiz-Carrillo</b>				1a. Maiden Name (If Female)		2. Gender <b>Male</b>		3. Time of Death <b>06:34 PM</b>		4. Date of Death (Month/Day/Year) <b>11/11/2021</b>	
5. Social Security Number <b>69</b>		6a. Age - Yrs <b>69</b>		6b. Under 1 Year <b>Months</b>		6c. Under 1 Month <b>Days</b>		6d. Under 1 Day <b>Hours</b>		6e. Under 1 Hour <b>Minutes</b>	
7. Date of Birth (Month/Day/Year) <b>07/28/1952</b>		8. Birthplace (City and State or Foreign Country) <b>Jaipa Zacatezas, Mexico</b>									
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) <b>Community Hospital Munster</b>											
12. City Or Town, State, And Zip Code <b>Munster, Indiana 46321</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"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name <b>Maria Luisa Ortiz</b>				15a. Last Name Before First Marriage <b>Vslenzuela</b>				16. Decedent's Usual Occupation <b>Laborer</b>		17. Kind Of Business/Industry <b>Meritex</b>	
18. Residence - State <b>IN</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Lake Station</b>					
18c. Street And Number <b>2719 Jay Street</b>						18d. Apt. No.		18e. Zip Code <b>46405</b>		18f. Side-City/Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>8th grade or less</b>		20. Decedent Of Hispanic Origin <input checked="" type="checkbox"/> Yes, Mexican; Mexican American, Chicano				21. Decedent's Race <b>Mexican</b>					
22. Parent's Name (First, Middle, Last) <b>Felberto Ortiz</b>				23. Parent's Name (First, Middle, Last) <b>Maria Ortiz</b>				23a. Parent's Last Name Before First Marriage <b>Carrillo</b>			
24. Informant's Name <b>Maria Ortiz</b>		24a. Relationship To Decedent <b>Wife</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2719 Jay Street, Lake Station, IN, 46405</b>							
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input 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>Calvary Cemetery</b>		25c. Place Of Disposition		25d. Location - City, Town, And State <b>Portage, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Calumet Park Hobart-Portage Chapel 370 N. County Line Road, Hobart, Indiana, 46342</b>				27a. Funeral Home License Number <b>FH116000C</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>Kelly A. Ahlertinger</b>		Electronically Signed		27c. Licensed Number Of Licensee <b>FD21900048</b>							
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Conditions. This Record On File With The LAKE COUNTY HEALTH DEPARTMENT											
Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology, Do Not Abbreviate. Enter On A Line. Add Additional Lines If Necessary.											
Immediate Cause (Final Disease Or Condition Resulting In Death)											
A. <b>Myocardial Infarction</b>											
B. <b>Coronary Artery Disease</b>											
C.											
D.											
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											
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 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 Within 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within Past Year		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		37. Injury Or Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
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)		38c. Apt. No.		38d. Zip Code			
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)		38c. Apt. No.		38d. Zip Code			
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 checked="" type="checkbox"/> NO PVT. BUS. LESS											
41. Signature Of Person Certifying Cause Of Death: <b>David Alexander Stewart</b>				Electronically Signed				42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>David Alexander Stewart 9034 Columbia Avenue, Munster, IN 46321</b>				44. Certified Number <b>01075745A</b>		45. Date Certified <b>11/29/21</b>					
46. Additional Funeral Service Provider:											
48. Signature Of Local Health Officer: <b>Chandana Tavalla</b>				Electronically Signed				49. For Registrar Only - Date Filed (Month/Day/Year) <b>11/2021</b>			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)