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GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2022-012843

2:51 PM 2022 Apr 12

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE )

SS:

Maria A. Candelaria, being first duly sworn upon oath, deposes and says:

1. That Manuel R. Candelaria died on February 5<sup>th</sup> 2022 at Munster, Indiana.  
(City/State)
2. That Manuel R. Candelaria and Maria A. Candelaria were duly and legally married at the time they acquired title as husband and wife to the following described real estate:  
See 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.

Maria A. Candelaria  
Affiant Signature  
Maria A Candelaria

STATE OF Indiana )  
COUNTY OF LAKE )

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Maria A. Candelaria 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 15 day of March 20 22.

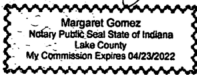
Resident of LAKE County, Indiana.

Signature Margaret Gomez  
Printed MARGARET GOMEZ

My Commission Expires: 04/23/2022

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. Maria A. Candelaria  
(Name)

This instrument prepared by Margaret Gomez



FILED  
APR 12 2022  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

CS  
RM  
JSC

Legal Description

Lots 1 and 2 and the North 22 feet of Lot 3, Block 6, J.R. Brant's Parkview Addition, in the City of Hammond, as shown in Plat Book 20, page 21, in Lake County, Indiana. (7403-Arizona, Hammond, Indiana 46323)

503

Property of Lake County Recorder



# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **214699**

Local No 000763

EDR No 00001240900

State No 2022-008908

1. Decedent's Legal Name (First, Middle, Last) <b>Manuel R. Candelaria</b>				1a. Maiden Name (if female) <b>Male</b>		3. Time of Death <b>12:52 PM</b>		4. Date of Death (Month/Day/Year) <b>02/05/2022</b>		
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>93</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>12/28/1928</b>		8. Birthplace (City and State or Foreign Country) <b>Arcebio, Puerto Rico</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 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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival <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"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>Maria A. Candelaria</b>				15a. Last Name Before First Marriage <b>Velasco</b>		16. Decedent's Usual Occupation <b>Welder</b>		17. Kind Of Business/Industry <b>LTV Steel</b>		
18. Residence - State <b>IN</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Hammond</b>				
18c. Street And Number <b>7403 Arizona Avenue</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>High School graduate or GED completed</b>			20. Decedent Of Hispanic Origin <b>Yes, Puerto Rican</b>			21. Decedent's Race <b>White</b>				
22. Parents Name (First, Middle, Last) <b>Jose Rivera Arce</b>				23. Parents Name (First, Middle, Last) <b>Rosa Candelaria</b>			23a. Parents Last Name Before First Marriage <b>Candelaria</b>			
24. Informant's Name <b>Maria A. Candelaria</b>			24a. Relationship To Decedent <b>Wife</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7403 Arizona Avenue, Hammond, IN, 46323</b>				
25. Place Of Disposition										
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>Calumet Park Cemetery</b>			25c. Location - City, Town, And State <b>Merrillville, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility <b>Bocken Funeral Home Inc. 7042 Kennedy Avenue, Hammond, Indiana, 46323</b>				27a. Funeral Home License Number <b>FH10600033</b>			
27b. Signature Of Indiana Funeral Service Licensee <i>Jose G. Corona</i>						27c. License Number (Of Licensee) <b>FD08601373</b>		27d. Approximate Interval: Onset To Death <b>unknown</b>		
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Cause One. <b>aggressive B-cell lymphoma</b>										
28. 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 43 Days To 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"/> Homocide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		37. Injury At 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)		38d. Zip Code		
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number		38c. Apt. No.		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian				
41. Signature - Of Person Certifying Cause Of Death <i>Fulton Louis Porter III</i>						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		45. Date Certified <b>02/11/2022</b>		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Fulton Louis Porter III 679 County Line Rd, Greenwood, IN 46143</b>						44. License Number <b>01071861A</b>		47. AKA's		
46. Additional Funeral Service Provider:						49. For Registrar Only - Date Filed (Month/Day/Year) <b>02/11/2022</b>				
48. Signature of Local Health Officer: <i>Chandana Varshala</i>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>02/11/2022</b>				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED