OT AN OFFICIAL DOCUMENT

	RECORDER	2022-	012843	
·	STATE OF INDIANA LAKE COUNTY FILED FOR RECORD	2:61 PM	2022 Apr 12	
	SURVIVORSE	HIP AFFIDAV	TT	
STATE OF TND 14NH COUNTY OF LAKE)) SS:			
Maria A Candela	Y (4 being first an de lar (4 died on Februa		ath, deposes and says:	
2. That Man UPL R. Ca		.Candelaria	(City/State) were duly and legally married at the tim	e they
See le	901	ear estate.		
unbroken until the date of (h 4. That all funeral expenses in 5. That all of the assets of said	is) (her) death. connection with the death of said (decedent have bee	ate Tax purposes, including joint bank a	
Further affiant sayeth not.	0	\sim	mia a Com	labria
who acknowledged the execution	ACKNOWI If for said County and State, perso of the foregoing instrument, and so my hand and Notary Seal this,	who baying been	Maria A Candell	Lelaria
Resident of AKE	County, Indiana.	Signature /	Manual L	me
My Commission Expires:	123 /2022	Printed	nancanet Go	me
I affirm, under the penalties for punless required by law. This instrument prepared by	enjury, that I have taken reasonable of the Committee	e care to redact ea	ch Social Security number in this docu	
··············	~~~ *	\circ		FILED
Margaret Gomez Notary Public Seal State of Indi Lake County	ana {		ΔP	R 12 2022
My Commission Expires 04/23/	2022		70 m	1 2 2022
	****		LAKE CO	E PETAL ASS UNTY ASSOTTOR
				C 5

NOT AN OFFICIAL DOCUMENT

ate County Recorder

NOT AN C	NO ANA STATE DEPARTMENT OF CERTIFICATE OF OA LEATH	DOCUMENTO
Local No 000763	EDR No 000011240900	State No 2022-008908

Manual R. Candelaria Social Security Number					EC	DR No 000011240900			2 Gender 3 Time Of Death 4. Date Of Death (Month/Day/Year)				
South Security Property 14 (20 pt 1 No. 19 pt 1 No. 19 No.	Docedent's Legal Name (First, Middle, Last) Manuel R, Candelaria				1a. Maiden Name (Il female)			1000	12:	52 PM	02/05/		
Section Sect	5. Social Security Number	6a. Age	- Yrs 6b. Und	er 1 Year	6c. Under 1 Mont	h 6d. Under 1 Day	6e. Under 1 Hour			tiv/Day/Year)			
Yes		00		major I		Hours	Minutes						
1 1 1 1 1 1 1 1 1 1									ny The state of th				
13. Govery Classes 14. March State 15. Serving Spaces 15.	☐ Yes 🖾 No ☐ Unknown ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify)												
Carbon C	11. Facility Name (If Not li	nstitution, (Give Street and Nur	nber) Co	mmunity Hosp	oital Munster					THE STREET	Ultra Li	millionelle millionelle
Agrica A Candelaria 15. Cande	REAL PROPERTY AND ADDRESS.		10	Total I			STATE OF THE PERSON NAMED IN	Of Doath					
Maria A. Candelaria Fissacros-State Institution N Lake Institution Institutio	Munster, Indiana 4	16321					1100011001						
All Records Annabed Services (Calumet Park Cemeter) 15. December State 15. December	15. Surviving Spouse's Na	me	- I	3777	Control of the parties of the		irst Marriage	100		int's Usual Occ	upation	All months & Riv	
Lake Hammond Hist Act No. 165 Act No	Maria A Candelaria Velasco Welder LTV Steel									eel			
Segretario Number 4003 Art 7001 4003 Act 7001 40	18, Residence - State	1		201			THE RESERVE OF THE PARTY NAMED IN	vn					
7403 Artzona Avenue 3 Occasion Risca White White Private Riscale White Private Acce Service White Private Acces Service White S	IN			La	ke		Hammond	PARTY.	No.	Marie Lie	TELLET !		ndit milimi
Security Review 21 December 22 December 23 December 24 December 24 December 24 December 25 December 25 December 25 December 25 December 25 December 25 December 26 Decembe									The state of	18d. Apt. No.	COLUMN TO SERVICE		MAXIFIED TOYSOLD AND
Prince School graduate or GED compileted 7 tess Present Resear (Free J. Modes, Last) 7 present Research Resear		nue			in I make the				Et all		403	23	Maries Chie
23 Parent Name (Frest Mode) Later Description Later Late	The second second second second		050	Section 1		anic Origin			ace				
Automatic Candelaria Cand				80	res, Poeno rocan		L 22 Parents Name	Circt Middle	Lach	Mangath	12	ia Parents Last	Name Before First Marriage
Automate Nature Val Streamer Nature Val Streamer Nature Val Andrew Nature Val Streamer Nature Val Andrew Nature V		Modie, Las					MORE ENGINEERING		Casi		STREET, STREET		
Maria A. Candelaria Village Transport Common Decision Entertained Enterta					Loss Ownleastic	To Dacodast	Married L. Stewart L.		d Number	City State Zin	SERBERS OF		
St. Pleas O Discotton Description Desc		ria				10 Decedera							
State Common Consideration Encontrolled E													
Reversit Street State Control					tace Of Disposition (Name Of Cemetery, Co	rematory, Other Place	25c. Loc	ation - City	Town, And St	ale		
Over 15 Once Control	Removal From State	L Donas	on L Entomomen		met Park Cem	netery		Merril	Ilville, IN				
Per St. Ne Bocken F-Unreal Home Inc. 7042 FHI05000033	Other (Specify):	42	I 27 Nama A	10000		Transfer of the latest and the lates			The same	STATE OF THE PARTY	Alegerit.	27a. Fu	neral Home License Numbe
278 September 178 Sept	28. Was Coroner Contacted? 27. Name And Compete Augustes or primarie and activity Bocken Funeral Home Inc. 7042 FH10600033							600033					
Cause of Death (See Introducing And Examples) 28. Pp. 1. Enter The Chair O'Cleane, December, Injuries, Dr. Completions, and Examples and Enter The RECORD ON PLEWIN Production of the Chair O'Cleane		Consent C		Avenu	ie, Hammond,	Indiana, 46323			12	7c. License Nu	rnber (Of Licen	see): EDOSE	01373
A Bigg Service Cause Final December Cause Characteristic Cause Cause Characteristic Cause Cause Characteristic Cause Characteristic Cause C							Electronically S	igned					
A Bigg Service Cause Final December Cause Characteristic Cause Cause Characteristic Cause Cause Characteristic Cause Characteristic Cause C	28 Part I. Enter The C	Chain Of E	vents - Diseases	Injuries,	Or Complications -	That Directly Cause	d The Death. Do Not	Enter Term	inal Event	S THE RE	CORD ON	FILE WITH	Interval: Onset
A Bigg Service Cause Final December Cause Characteristic Cause Cause Characteristic Cause Cause Characteristic Cause Characteristic Cause C	Such As Card ac Arres A Line. Add Additions	st, Respire	atory Arrest, Or Ve Necessary.	ntricular	Fibrillation Without	Showing The Etiolog	y. Do Not Abbreviate	Enter Only	One Cau	SO ME COL	MITTER		unknown
Sequentially List Conditions. If Any, Leading 16 The Caste Listed on Long & Circle The Underlying Castes (Circle) The Underl	Immediate Cause (Fin	nal Diseas	e Or Condition Re	sulting In	Death) A.	aggressive E	3-cell lymphoma				C 7 11	902	diknown
Link A. Enter The Underlying Cause (Disass Control of Section 1) The Event Press The Event Press Section (Section 1) The Event Press Secti					. И В.			1				1	Figure 112
Description Continued Cont	Line A. Enter The Un	derlying C	Cause (Disease Or	Injury Th	at Initiated	The later of the		Due to (Or As	A Consequenc	* O):	10		0
Part Enter-Other Controlled C	The Events Resulting	In Death)	Last		C.	Harribas	1577 1250	Due to (Or As	ACorosano	*00	(h=		
To Follow Claim Control Follow To French Part		TO I				<u> </u>						-	
37. Del Tolacco Use Controlle To Clean? 1941 Principle State Principle State	Part II. Enter Other Significant	cant Cond	tions Contributing to	Death B	ut Not Resulting In Tr	ne Underlying Cause G	even in Part i					Yes DO N The Cause Of D	eath?
Ver	31 Did Tohanno Lise Co.	ntribute To	Death?	32. If Fo	male:			1	1	I 33 Miro	or Of Death:	A CONTRACTOR	month of the later
35. Time Col Injury (Month Cary Had) 36. Pare Of Injury (London Of Injury See Pare) 37. Pare Of Injury (London Of Injury See Pare) 38. Coy Of Town 39. Coy Of	The state of the state of the state of		O T STREET, THE PERSON			Pregnant At Time Of Death	Not Programs But Pro	grant Within 42 D	Days Of Death			Be Determined	
38. Cay Or Town 39. Cay Or Tow			Comment of Comments of	35. Tim	e Of Injury	36. Pt	ace Of Injury (E.G., Di	cedent's Hor	me, Constru	uction Site. Res	staurant, Woode	d Area)	
38 Log Of Town See Now right Occurred 39 Control Now York (The Control Contro													
Speaks of Took Hand Took Property File Property	38 Location Of Injury - S	itate	and an el	38a. City	Or Town	38b.	Street & Number				366/	ADI NO	380. 2p Code
Speaks of Took Hand Took Property File Property	and the latest	0.000		1117				STATE OF THE PARTY NAMED IN		40. II Trae	nsportation Injur	y, Specify:	The state of the s
41 Spariars of Preson Cesting Classe Orbans Figfor Durss Vighter fix 51 Names Appears and 25 Coast of Preson Cesting Classes 52 Names Appears and 25 Coast of Preson Cesting Classes 53 Names Appears and 25 Coast of Preson Cesting Classes 54 Names Appears and 25 Coast of Preson Cesting Classes 55 Names Appears and 25 Coast of Preson Cesting Classes 55 Names Appears Appears 56 Names Appears Appears 57 Names Appears Appears 58 Names Appears Appears Appears Appears 59 Names Appears Appears 50 Names	39. Describe How Injury	Occurred											TINI'ESS
42 Nation Appear And 25 Codin Of Please Certifying Cause Of Death: Fullon Louis Port III 679 County Line Rd, Greenwood, IN 48143 45 Addroins from a Bervee Perview 46 Addroins from a Bervee Perview 47 Please 48 Fee Register City Chain Collect Chainda to Verificia ANENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) 49 Fee Register City Chain (Month/Day/Year) 02/11/2022	41. Signature, Ot Perso	n Certifying	g Cause Of Death;	Mary 1	allegraller.	diameter.	Electropies III	Signed	42. C	ertifier (Check	Only-One)	omnor I	
A SECOND FOUND SECURITY OF COUNTY SERVICE OF COU	Fulton Louis Port 43. Name, Address And	er Itt	Of Person Certifying	Cause O	Death:	Table States	Electronically	olyneu	TE C	eturying Physic 44.	Eicense Numbe	1	
48. Additional Funite Service Private: 49. Separative of Local Health Orice: 40. Separative of Local Health Orice: Electronically Signed 40. For Register Only Local Health Orice: AMENOMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) 41. For Register Only Local Fixed (Morth Obry Year): 02/11/2022	Fulton Louis Porter III 679 County Line Rd, Greenwood, IN 46143					01	071861A		02/11/2022				
Chandana Vátváda Electronically Signed U2711/2022 AMENOMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)				THE PERSON NAMED IN	endlered	Trallegall.	THE PERSON NAMED IN		11 577	47.	PAKAS:	li salit	
Changiana Vervidia Electronically Signed Water Amenoment to Germanate of Death (Entry or Original) Amenoment to Germanate of Death (Entry or Original)	48. Signature of Local H	lealth Offic	or:		Hillygolley	Married	Total Inch	Fire II	49. For I	Registrar Only	1- Date Filed (Month/Day/Year	02/11/2022
	Changana Vavuala							02/11/2022					
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											1		
A LOCAL OF ALL A SELECT	HE HELD										HE THE		
	State Form 52205	TENTION	COYATO The C	eial Carr	uitu il le bolog comu	setod by this etata	ancy in order to aver	ua raenassi	hāty Die	Manual is made	intary Pub 40	SER.SE	Baby (A RESAMED)