

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-010729

1:14 PM 2023 Apr 14

County Assessor Parcel No.: _____ State Parcel No. (optional): 45-12-08-105-007.000-030
When Recorded: Email Mail to: 2028 N Park Ave., Indianapolis, IN 46202
Mail Tax Statements to (street address): 2914 W 63rd Place, Merrillville, IN 46410

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA, COUNTY OF MARION

Stacy L. McGuyre, PR Estate of Maria D. Pedraza, being first duly sworn upon oath, deposes and says:

1. That Maria D. Pedraza and Paul Murillo are owners of property under a duly recorded deed with an Instrument Number (or Book and Page Number) of: 2003-094835

2. That the property is commonly known as: 2914 W 63rd Place, Merrillville, IN 46410 (property address)
The legal description of said property is attached or included below:

Lot 61 in Bel-Oaks Estates Unit No. 3, Section No. 1, as per plat thereof, recorded in plat Book 40 page 144, in the office of the recorder of Lake County, Indiana.

Deed document number 2003-094835

* See attached Death Cert *

3. That Paul Murillo died on September 22, 2014 (date).

4. That by virtue of the decedent's death, Maria D. Pedraza is the owner of the above described property and requests that this fact be reflected on the land and tax records of the County.

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. (IC 36-2-11-15) FORM PREPARED BY: Stacy L. McGuyre, PR Estate of Maria D. Pedraza (Name of individual)

Stacy L. McGuyre, PR Estate of Maria D. Pedraza
Affiant Signature
Name: Stacy L. McGuyre, PR Estate of Maria D. Pedraza

Date 03/21/2023 4/4/2023 54

Stacy L. McGuyre PR. Estate of Maria D. Pedraza AT

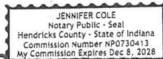
STATE OF INDIANA, COUNTY OF MARION

Before me, the undersigned, a Notary Public, in and for said County and State, this 4-4-2023 (date)

personally appeared Stacy L. McGuyre, PR Estate of Maria D. Pedraza said person being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

Jennifer Cole
Notary Public Signature
Jennifer Cole
Printed Name

My commission expires: Dec 8, 2028



FILED

APR 14 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25.00
OK# 15596
COMMUNITY TITLE COMPANY
FILE NO. 2321929
LK



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 3538042

Local No 002960

EDR No 00001863616

State No 2014-042455

1. Decedent's Legal Name (First, Middle, Last) PAUL MURILLO		1a. Maiden Name (if female)		2. Gender Male	3. Time Of Death 03:41 AM	4. Date Of Death (Month/Day/Year) 09/22/2014	
5. Social Security Number 85	6a. Age - Yrs. 85	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) 01/16/1929	
8. Place of Death Somerville, Texas		10. If Death Occurred In 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) 2914 W 63RD Place				13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
12. City Or Town, State, And Zip Code Merrillville, Indiana 46410		15a. Last Name Before First Marriage CALDERON		16. Decedent's Usual Occupation MILITARY POLICE		17. Kind Of Business/Industry US ARMY	
18. Residence - State IN		19a. County Lake		19b. City Or Town Merrillville		18c. Apt. No.	
18d. Street And Number 2914 W 63RD Place		18e. Zip Code 46410		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin Yes, Mexican, Mexican American, Chicano		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) ALBERTO MURILLO		23. Parent's Name (First, Middle, Last) JOSEPHINE MURILLO		23a. Parent's Last Name Before First Marriage CALDERON			
24. Informant's Name MARIA DOLORES PEDRAZA		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 2914 W 63RD PL, Merrillville, IN, 46410			
25. Place Of Disposition							
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) CALUMET PARK CREMATORY		25c. Location - City, Town, And State Merrillville, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rambling Funeral Home Inc 5100 CLEVELAND STREET, Gary, Indiana, 46409		27a. Funeral Home License Number: FH83007819			
28. Signature Of Indiana Funeral Service Licensee: MICHELE L. JANKRAJCV		Electronically Signed		27c. License Number (CI License): FD20900062			
Cause Of Death (See Instructions And Examples)							
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.						Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)						YEARS	
A. PROSTATE CANCER METASTATIC TO BONE INCLUDING LEFT PARIETA AND SHIFT OF THE BRAIN TO THE RIGHT							
B. SECURITELY Lig. 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							
C. DEMENTIA							
D. DEMENTIA							
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	
29. Was An Autopsy Performed? DEMENTIA						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 The Past Year		33. Marital Status: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Cause Not As 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, Worked Area)		38. 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 <input type="checkbox"/> Other (Specify)	
41. Signature Of Person Certifying Cause Of Death: LYLE R MURN		THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH LYLE R MURN 85 E. US HIGHWAY 6, MEDIAN COUNTY 235, Valparaiso, IN 46383		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other (Specify)		44. License Number: 01031582A	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MURN 85 E. US HIGHWAY 6, MEDIAN COUNTY 235, Valparaiso, IN 46383		45. Date Certified: MAR 14 2023		47. Axis: 10/06/2014		48. For Registrar Only - Date Filed (Month/Day/Year): 10/06/2014	
46. Additional Funeral Service Provider: SUSAN W. BEST		48. Signature Of Local Health Officer: SUSAN W. BEST		Electronically Signed		48. For Registrar Only - Date Filed (Month/Day/Year): 10/06/2014	
AMENDED BY DEMOGRAPHIC FUNERAL DIRECTOR (ENTRY OR ORIGINAL)							
Amended by Demographic Funeral Director		Amended by Demographic Funeral Director		Amended by Demographic Funeral Director		Amended by Demographic Funeral Director	