

NOT AN OFFICIAL DOCUMENT

FILED

Jun 07 2023 GM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-517593
06/07/2023 02:58 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 3
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

COMES NOW, **Alberta F. Cordova**, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of **John D. Cordova**, the deceased, and is knowledgeable of the facts stated herein. ** See Attached Death Certificate*
2. That **Alberta F. Cordova** and **John D. Cordova** acquired title as husband and wife to certain Real Estate in **Lake County, Indiana** to-wit:

Lot 12, Block 1, in Georgia Gardens, in the City of Gary, in the Office of the Recorder of Lake County, Indiana.

Key No. 45-08-22-177-021.000-004

Commonly known as 400-406 E 33RD AVE, GARY IN 46409

3. That **John D. Cordova** died on **November 13, 2012**, at which time **Alberta F. Cordova** acquired title as the sole owner. A copy of his death certificate is attached hereto.
4. That the purpose of this affidavit is to induce the Lake County Auditor to remove **John D. Cordova** from title to the subject parcel and to establish **Alberta F. Cordova** as the sole owner to the subject parcel.

AFFIANT FURTHER SAYETH NOT.

Alberta F. Cordova

Alberta F. Cordova

THIS INSTRUMENT PREPARED BY: Michael D. Kvachkoff, Attorney at Law, 325 N. Main Street, Crown Point, IN 46307, 219-661-9500.

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

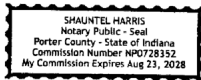
Subscribed and sworn to before me, a Notary Public in and for said County and State personally appeared **Alberta F. Cordova** and acknowledged the execution of the foregoing Affidavit of Survivorship this 2 Day of **June**, 2023.

My Commission Expires:

08-23-2028

Shaunel Harris
Notary Public

Resident of Porter County, IN



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.
Mary J. Carter

NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No **003573**

EDR No **00000289889**

State No **050590**

1. Decedent's Legal Name (First, Middle, Last) JOHN D CORDOVA		2. Sex MALE		3. Date of Birth 02 24 AM 11/13/2012	
4. Social Security Number 80		5. Under 1 Year Months 80		6. Under 1 Month Days 01/10/1932	
7. Live In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		8. If Death Occurred In A Hospital <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead In Field		9. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Home Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home, Long Term Care Facility <input type="checkbox"/> Other (Specify)	
10. Facility Name (If Not Institution, Give Street and Number) ST MARK MEDICAL CENTER INC			11. City or Town, State, and Zip Code LAKE		
12. County of Death LAKE		13. Marital Status At Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		14. Kind of Occupancy <input type="checkbox"/> Home <input type="checkbox"/> Rental <input type="checkbox"/> Other	
15. Decedent's Name ALBERTA CORDOVA		16. Relationship to Decedent DUENAS		17. Kind of Occupancy CORPORATION GARY WORKS	
18. Residence - State INDIANA		19. County LAKE		20. City or Town GARY	
21. Decedent's Address 412 EAST 33RD AVENUE		22. Apt. No. 46409		23. Zip Code 46409	
24. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		25. Decedent's Race MEXICAN, MEXICAN AMERICAN, CHICANO		26. Decedent's Ethnicity White	
27. Father's Name (First, Middle, Last) TITO CORDOVA		28. Mother's Name (First, Middle, Last) FILOMENA CORDOVA		29. Mother's Maiden Last Name SEDILLO	
30. Relationship to Decedent WIFE		31. Mailing Address (Street and Number, City, State, Zip Code) 412 EAST 33RD AVENUE, GARY, IN 46409		32. Place of Disposition CALUMET PARK CEMETERY	
33. Place of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY		34. Location - City, Town, and State MERRILLVILLE, IN		35. Federal Home License Number RENIDINA FUNERAL HOME INC, 5100 CLEVELAND STREET, GARY, IN 46408	
36. Signature of Indiana Funeral Service Licensee ANTHONY S. RENIDINA, JR. BY ELECTRONIC SIGNATURE		37. License Number FD01010402		38. FHS3007819	
39. Part I. Enter The CAUSE OF DEATH - Diseases, Injuries, Or Complications - That Directly Caused The Death. (Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venous/Arterial Embolism Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Or A Line Add Additional Lines If Necessary.)					
Intermediate Cause (Final Disease Or Condition Resulting In Death)					
A. CARDIOPULMONARY ARREST					
B. MIYOCARDIAL INFARCTION					
C. MIYOCARDIAL INFARCTION					
D. MIYOCARDIAL INFARCTION					
40. Secondary List Conditions, If Any, Leading To The Cause (List On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last					
41. Enter each Secondary Condition (Disease or Injury) that has Resulted in The Underlying Cause (Only in Part I)					
42. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
43. Were Autopsy Findings Sufficient To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
44. Signature of Person Carrying Cause Of Death JOSE LUIS AGUSTI, BY ELECTRONIC SIGNATURE					
45. License Number 01081624A					
46. Date Carried 11/15/2012					
47. Signature of Local Health Officer USAN W. BEST, VIA ELECTRONIC SIGNATURE					
48. For Registrar Only - Date Filed (Month/Day/Year) NOV 16 2012					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)