

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-018322

3:27 PM 2023 Jul 19

AFFIDAVIT of SURVIVORSHIP

2 TAX I.D. NO.: 45-06-36-179-007.000-027

Jorge Medina, being first duly sworn upon oath, deposes and says:

- That Affiant's spouse, **Monica Medina a/k/a Monica R. Medina**, died (without leaving a will) (leaving a will) on February 16, 2012, at Dyer, Lake County, Indiana.
- That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 187 IN WEST LAKES ADDITION, PHASE TWO TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 91 PAGE 64, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: **311 NORWICH CT., MUNSTER, IN 46321**

- 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 her death.
- That all funeral expenses in connection with the death of said decedent have been paid in full.
- That all of the assets of said decedent which would be included 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, your Affiant saith naught.


Jorge Medina

STATE OF INDIANA, COUNTY OF Lake SS:

Before me, the undersigned, a Notary Public in and for said county and state this 5 day of July, 2023, personally appeared **JORGE MEDINA**, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 4-14-26 Signature Lisa M. Kmetz
Resident of Lake County Printed Lisa M. Kmetz, Notary Public

This instrument prepared by: **NATHAN D. VIS, Attorney-at-Law, ID No. 29535-45**
VIS LA W, LLC, P.O. Box 980, Cedar Lake, IN 46303
No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership. All information used supplied by title company.

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.

 Signature **FILED**  Printed Name

JUL 19 2023



PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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NOT AN OFFICIAL DOCUMENT

MONICA R MEDINA				HUAMAN		FEMALE		01:04 PM		02/16/2012			
5. Social Security Number		6a. Age - Yrs 45		6b. Under 1 Year Months Days Hours		6c. Under 1 Month Days Hours Minutes		7. Date of Birth (Month/Day/Year) 07/02/1966		8. Birthplace (City and State or Foreign Country) LIMA, P1			
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 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) ST MARGARET MERCY HEALTHCARE CENTERS-DYER						12. City Or Town, State, And Zip Code DYER, IN, 46311							
13. County Of Death LAKE						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 JORGE MEDINA				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry HOME			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER		18d. Apt. No.		18e. Zip Code 46321		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number 311 NORWICH COURT		19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)		20. Decedent Of Hispanic Origin PERUVIAN		21. Decedent's Race White							
22. Father's Name (First, Middle, Last) ANTONIO HUAMAN				23. Mother's Name (First, Middle, Last) MARIA L HUAMAN				23a. Mother's Maiden Last Name DELPINO					
24. Informant's Name JORGE MEDINA		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 311 NORWICH COURT, MUNSTER, IN 46321									
25a. Method Of Disposition <input 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) KELLY CARROLL CREMATORY		25c. Location - City, Town, And State GARY, IN									
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC, MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321				27a. Funeral Home License Number FH83004988							
27b. Signature Of Indiana Funeral Service Licensee: APOLINARIO MORENO , BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20600073							
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)										A. RETROPHRONTAL BLEEDING 1 DAY			
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										B. HEMORRHAGIC SHOCK 1 DAY			
C.													
D.													
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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 42 Days To 1 Year Before Death <input type="checkbox"/> Unknown (Pregnant Within The Past Year)		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Unnatural <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined COMPLETE		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Hallway, etc.; Woods/Area), etc. (If Not At Work?) LAKE COUNTY HEALTHCARE CENTER		37. Injury/Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		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 type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
41. Signature, Of Person Certifying Cause Of Death: WASSIM ATASSI, BY ELECTRONIC SIGNATURE						43. 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: WASSIM ATASSI , 7400 COLUMBIA AVE, HAMMOND, IN 46324						44. License Number 01058603A		45. Date Certified 02/20/2012					
46. Additional Funeral Service Provider:						47. *Alkas							
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 21 2012							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													