NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

8:55 AM 2023 Aug 10

AFFIDAVIT OF SURVIVORSHIP (Real Estate)

Comes now Elvira Almodovar Mell, and upon her oath states:

- I am the surviving spouse of David Paul Mell, who died a resident of Lake County, Indiana, on September 11, 2020. Death certificate State No. 2020-051644
- David Paul Mell and Elvira Almodovar Mell, as tenants by the entirety, acquired the following described real estate in Lake County, Indiana:

Parcel No. 45-03-21-433-025.000-024

Lot 33 in Block 21 in 2nd Addition to Indiana Harbor, in the City of East Chicago, as per plat thereof, recorded in Plat Book 5 page 18, in the Office of the Recorder of Lake County, Indiana. Property Address: 3818 Parrish Ave., East Chicago, IN 46312.

And they continued to hold same title until the death of David Paul Mell, whereupon Elvira Almodovar Mell became the sole remaining owner of said real estate.

3. All debts, expenses and taxes attributable to the estate of David Paul Mell have been paid.

Date August 2, 2023 <u>Elvira Almodovar Mell</u>

STATE OF INDIANA) COUNTY OF PORTER)

Before me, a Notary Public, in and for said County and State, on August _______, 2023, personally appeared Elvira Almodovar Mell, and she first being duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true, and she acknowledged the execution of the foregoing instrument.

Notary Public



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. Michael B. Miller, PC, Attorney At Law, 1805 E. Lincolnway, Valparaiso, IN 46383 Grantee's address & Mail Tax Bills To: 3818 Parrish Ave., East Chicago, IN 46312

FILED

AUG 09 2023

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 25/14/8

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH

	CENTIFICATE OF DEATH																	
L December 1 and the	Local No. 000241 EDR No. 000002876113 State No. 2020-051644													_				
1											2. Gender 3. Time Of Death				4. Date Of Death (Month/Day/Year)			
DAVID P MELL Social Security Number Sa. Age - Yrs Sb. Under 1 Year Sc. Under 1 Month						6d. Under 1 Day 6s. Under 1 Hour 1 7, Day					Male 06:00 I							
-	75	-	1100		-				7. Date of Birth (Menth/Day/Yes 02/04/1945						and State or Foreign Country)			
9. Ever in U.S. Armed For	10067 10.110	Months Seath Cocurred I	A Hose	Oays otal:		Minutes 02/04/1945					Mlami, Florida							
III Yes □ No □ University □ Secretary □ Secretary □ Secretary □ Margine Feetly □ Decedent's Home □ Number Home □																		
11. Pacity Name (8 Not Institution, Give Street and Number) 3818 PARRISH Avenue																		
12. City O' Town, State, And Zip Code 15. County Of Death 14. Market Status At Time Of Death														Of Death				
East Chicago, Indiana 48312 15. Sunking Spouse's Name							Lake					Married Widowed				Married, But Separated		
ELVIRA A MELL				ALMODOVAR			1.0				16. Occodent's Usual Occupation LABORER			on 17. Kind Of Business/Ind CONSTRUCTION			stry .	
				a. County			18b. City Or Yourn											
186. Street And Number																		
3818 PARRISH Avenue									18d. Apt. No.			18e. Zip Code 46312		185, treside C				
19. Docadent's Education				D. Decement Of Hispanic Origin				21. Decedents Race						40312			IJN₀	
Some college, bu			Χr	Puerto Rican				White										
22. Parente Namo (First, Middle, Last) 23. Parente Namo (First, Middle, Last) 23a. Parente Last Namo Bale												Name Before Fir	st Marriage					
HUBER MELL						UNIS MILDRED MELL							EVA	NS				
24. Informant's Name ELVIRA A MELL					24s. Relationship Yo Decedent Wife				34b. Meiling Address (Street And Number, City, State, Zip Code)									
3818 PARKISH Avenue, East Ch											t Chicag	30, IN,	4631	2				
25a. Method Of Disposition Burial	D Denation [7]	Entombroson	Sb. Plac	ce Of Disposition	(Name Of Co	emetary, Cra	matory, Or	her Place)	250. Loc	eston - Cit	y, Yown, An	ed State						
Removed From State	_		СОМ	MUNITY CR	EMATIO	NSFRVI	CES		Soho	rerville,	n.i							
Other (Specify): 28. Was Coroner Contacts		Z. Name And C	omolete	Address (V Con	-	100			Junio	OI VIIIO,	, 114				M- 6-	ral Home Lloen		
I Yes □ No	1:	3934 ELM 5	trick F	uneral Horr ET, East Ch	ie Icago, Ind	ilana, 46	312								FH880	00155	IS NUMBER	
ORVIO CASTRIC	Funeral Service (X	Joansee:				E	lectroni	ically Si	aned	12	7c. Ucener	• Numbe	(Or Lic	#C\$00):	FD0880	0012		
28. Part I. Enter The C	hain Of Events	- Disesses, Int	ries. O	r Complications	Cause Of D								_			Approxi	mate	
28. Part I. Enter The C Such As Cardiac Arres A Line. Add Additional	t, Respiratory Ar Unes If Nocess	rrest, Or Ventric ary.	uter Fib	orization Without	Showing Tr	ne Etiology.	Do Not A	bbreviate.	Enter Only	One Cal	ase On					Interval: To Deat		
Immediate Cause (Final Disease Or Condition Resulting in Death)													NATE					
Sequentially List Conditions, If Amy, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Unitated The Enters Resourcing to Destrip Last Countries of Line											HEST					INTER	MEDIAT	
The Events Resulting I	n Douth) Lest	wasses Ot Kift				-		~										
									Clear to Cir As a	A Common or								
Part II, Enter Other Storoffcont Connitions County rises to Death But the U.S. 1971																		
29. Wits An Autopay Performer?														П.				
□ Yes □ Probably 図		. 10	Rot Progra	ore William Paul Your	☐ Propuest ALT	ine Of Deeth	_ ====================================	and, But Proper	m Water 42 Co.	on Of David		Inner Of	سماله			Pending Invest		
34. Date Of Inpry (Month)			Time O		rs To 1 year Balar	1 30. /1804	Of little of	IF CL. Door	th The Peat Ye		Sub Ection Stre,	ride 🔄	Could N	los Ba Da	termined			
								,,		, outst				THE REAL PROPERTY.		Injury At Work!)] No	
38. Location Of Injury - St.	ute	Sta	City Or	Town		38b. Str	oot & Num	ber			-			. Apt. No		L Zip Code		
59. Describe How Injury C	courred					<u></u>							1.	-				
41. Signature, Of Person Carbon Clause Of Davies																		
41. Signam, Of Impan Cartifying Cases Of Destri: #EERRY LOUIS CO. PROPT: #EERRY LOUIS CO. PROP														$\neg \neg$				
- 44 "Utilingo Number 45 Date Certified																		
48. Additional Funeral Service Provider:																		
49. Address Product Product Conference Confe																		
GERRU C. GROWNING Electronically Signed 48. For Haplines Diply Code, Non-Delayrest: 09/23/2020 AMERICALENT TO CERTIFICATE OF DELATH (DIFFER OR ORIGINAL)																		
Amended by Medical Certifier																		
State Form 53385 ATTE	MINON COTATO	The Contact															- 1	

VOID IF ALTERED OR ERASED TO THE

WARNING: OPIGINAL DOCUMENT HAS A MULTICOLORED BACKBROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT DESCRIPTION OF THE STATE O