

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-006973

1:44 PM 2024 Feb 23

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE MATTER OF THE
ESTATE OF ROBERT LOZANO,
DECEASED

Mail Tax Bills to:
Helen L. Lozano
P.O. Box 230
Griffith, Indiana 46319

Tax Key Numbers
45-07-35-204-023.000-006

SURVIVING SPOUSE AFFIDAVIT

I, **Helen L. Lozano**, being duly sworn upon my oath, do depose and state as follows:

1. That Affiant has personal knowledge of the events contained in this Affidavit;
2. That Affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 2 and the North 1 foot of Lot 3, in Block 4 in Grugel's Glen Park 1st Addition, Section number 1, in the Town of Griffith, as per Plat thereof, recorded in Plat Book 32 Page 31 in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 822 North Jay Avenue, Griffith, Indiana 46319

3. That **Robert Lozano** and **Helen L. Lozano** were Husband and Wife at the time title to said real estate was acquired by them as Husband and Wife (Tenants by the Entirety) under a Warranty Deed dated on or about the 11th day of June, 1963 and recorded in the Office of the Recorder of Lake County, Indiana, on or about the 18th day of June, 1963 as Instrument Number 488755.
4. That the Marital Relationship which existed between **Robert Lozano** and **Helen L. Lozano** continued unbroken from the time they so acquired title to said real estate until the death of **Robert Lozano** on the 19th day of October, 1993, at which time **Helen L. Lozano** acquired title to the real estate as surviving (Spouse) Tenant by the Entirety. A copy of **Robert Lozano's** death certificate, with Social Security Number redacted is attached hereto, made a part hereof and labeled Exhibit "A";

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FILED

FEB 23 2024

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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5. That the gross value of the Decedent's estate as determined for Federal Estate Tax purposes, was less than that value required for filing a Federal Estate Tax Return and the Decedent's Estate was not subject to Federal Estate Tax;
6. That the Decedent's estate was not subject to Indiana Inheritance Taxes;
7. That no probate proceedings have been initiated for the Decedent and none are anticipated in that the gross value of the Decedent's estate does not require probate.

FURTHER AFFIANT SAYETH NOT

Helen L. Lozano

Helen L. Lozano

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary public in and for said County, this 22nd day of February, 2024, came **Helen L. Lozano**, and acknowledged the execution of the foregoing Surviving Spouse Affidavit as her free and voluntary act.

Witness my hand and official seal.

Christopher W. Yugo

Christopher W. Yugo, Notary Public
Notary License No.: NP0681709

My Commission Expires: 3/27/24
County of Residence: Lake



I affirm under the penalties of perjury that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

Christopher W. Yugo, Esq.

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**Record and Return to: Christopher W. Yugo
Attorney at Law
1313 White Hawk Drive
Crown Point, IN 46307**

Property of Lake County Recorder

**Prepared by
Christopher W. Yugo, Indiana Attorney No. 17624-45
1313 White Hawk Drive
Crown Point, Indiana 46307**

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Exhibit 'A'

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2468-93 CERTIFICATE OF DEATH State No.

*THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER O-16-1-19-0

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED - NAME (First Middle Last) **Robert Lozano** 2. SEX **Male** 3a. TIME OF DEATH **10:53 A.** 3b. DATE OF DEATH (Month Day Year) **October 19, 1993**

4. SOCIAL SECURITY NUMBER [REDACTED] 5. AGE - Last Birthday (Years) **62** 6. DATE OF BIRTH (Month Day Year) **Jul. 23, 1931** 7. BIRTHPLACE (City and State or Foreign Country) **East Chicago, India**

8. WAS DECEDENT A U.S. VETERAN? **NO** 9. YEAR LAST SERVED IN U.S. ARMED FORCES? **N/A**

10. FACILITY NAME (If not resident, give street and number) **The Community Hospital** 11. SURVIVING SPOUSE (If wife, give maiden name) **Helen Flinn** 12a. OCCUPATION (If not working, give last occupation) **Chemist** 12b. KIND OF BUSINESS/INDUSTRY **Steel Co.**

13. RESIDENCE - STATE **Indiana** 13a. COUNTY **Lake** 13b. CITY/TOWN OR LOCATION OF DEATH **Griffith** 13c. STREET AND NUMBER **822 N. Jay**

14. ZIP CODE **46319** 15. INSIDE CITY LIMITS **Yes** 16. CITIZENSHIP OF DECEASED **U.S.A.** 17. RACE - American Indian, Black, White, etc. (Specify) **White** 18. DECEASED'S EDUCATION (Specify year highest grade completed) **5+**

DECEDENT

19. FATHER'S NAME (First Middle Last) **Frank Lozano** 20. MOTHER'S NAME (First Middle Last) **Benedicta Benavidez**

21. INFORMANT'S NAME (If spouse) **Helen Lozano** 21a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **322 N. Jay Griffith, Indiana** 21b. Informant's Relationship to Decedent **Wife**

22. METHOD OF DISPOSITION Entombment Burial Cremation Removal from State Donation Other (Specify) _____

22a. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, etc.) **October 22, 1993 Elmhurst Cemetery** 22b. LOCATION - City or Town, State **Hammond, Indiana**

PARENTS

23. EMPLOYER'S NAME **David Peterson** 23a. EMPLOYER'S LICENSE NO. **FD0 8601585** 23b. WAS DEATH REPORTED TO COMPANY? **Yes**

24. SIGNATURE OF FUNERAL DIRECTOR **H. Kinsper** 24a. LICENSE NUMBER **FD0 1014511** 24b. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME **Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500**

DISPOSITION

25. PART 1: Enter the diseases, injuries, or complications that caused the death. Do not use general non-specific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **Severe coronary atherosclerosis, Cardiomegaly Unknown**

Causes, if any, which give rise to the immediate cause, among the underlying cause list

with old myocardial fibrosis

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM (Yes or no) **No** 28. WAS AN AUTOPSY PERFORMED (Yes or no) **Yes** 29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or no) **Yes**

CAUSE OF DEATH

30. SIGNATURE AND TITLE OF CERTIFIER **Paul R. Castro** 30a. MEDICAL LICENSE NO. **N/A** 30b. DATE SIGNED (Month Day Year) **October 21, 1993**

31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (If by 1st Deputy) **Paul R. Castro, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307**

31. HEALTH OFFICER'S SIGNATURE **Robert S. Williams, MD** 31a. DATE SIGNED (Month Day Year) **October 21, 1993**

CERTIFIER

32. MANNER OF DEATH 32a. DATE OF INJURY (Month Day Year) 32b. TIME OF INJURY 32c. INJURY AT WORK? (Yes or no) 32d. DESCRIBE HOW INJURY OCCURRED

Natural Poisoning Accidental Suicide Homicide Undetermined

33a. PLACE OF INJURY (If home, farm, street, factory, office, building, etc.) (Specify) 33b. LOCATION (Street and Number or Rural Route Number, City or Town, State)

HEALTH OFFICER

34a. DATE PRONOUNCED DEAD (Month Day Year) **October 19, 1993** 34b. MOTOR VEHICLE ACCIDENT? (Yes or no) **No** # Yes, specify driver, passenger, pedestrian, etc.

CORONER USE ONLY

35. DATE PRONOUNCED DEAD (Month Day Year) **October 19, 1993** 35a. MOTOR VEHICLE ACCIDENT? (Yes or no) **No** # Yes, specify driver, passenger, pedestrian, etc.