## OT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2024-008537

9:47 AM

2024 Mar 20

## SURVIVOR'S AFFIDAVIT

Elizabeth T. Puente-Cortez, hereby referred to as the Affiant, states under oath that the Affiant was acquainted with Daniel H. Cortez, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded Joint Tenancy Deed, said property located in Lake County, State of Indiana, and legally described as follows:

LOT 1 IN HAZLETON RIDGE ADDITION TO THE TOWN OF MUNSTER. AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 47, PAGE 122, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel Number: 45-06-24-206-009.000-027

Address: 8147 Harrison Avenue Munster, IN 46321-1618

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death:

That Affiant and decedent were married to each other at the time they acquired title and remained married to each other to the time of decedent's death:

That the decedent died on January 7, 2024, per attached Death Certificate, leaving no Last Will and Testament:

That the total value of decedent's probate estate was under \$100,000.00:

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The Affiant states no more.

Elizabeth T. Puente-Cortez

day of

2024

Subscribed and sworn to before me this 27 No. 10 No 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 W. BRADY.

## PREPARED BY, RECORD AND RETURN TO:

Michael W. Brady, Esq. M.W. Brady Law Firm, P.C 8840 Calumet Avenue, Suite 205 Munster, IN 46321-2546

FILED

MAR 2 0 2024

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

## NOT AN OFFICIAL DC INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH DOCUMENT Tracking No. 389378

Local No 000052		EDR No. 00001	1662820		St	ate No	2024-000	791		
t Dependents Legal Name (First Middle, Last)  - Daniel H. Cortez		1a. Maiden Na	me (if femsis)	Voc Selection	2 Gender Male	12:46 A	Of Death 4.		Date Of Death (MichigayYear) 1/07/2024	
	der 1 Year   ec, Under 1 M	fonth Ed, Under t Day	Ga, Under 1 Hour		th (Month/Day/Y	eer)   8, tiru	place (City	and State or	Foreign Country)	
56 Months	Days	Hours	Mirutos :	06/03/	sirva di Carriera	Eas	t Chicag	o, Indian	6	
9. Ever in U.S. Armed Forces? 10. If Death Occurs	Linear grant and the		Hospice Facility	Deced	o Other Than A H	Nursing Horr	e/Long-term	Care Facilit		
☐ Yeb. ☐ No. ☐ Unknown ☐ Inpetent ☐ E	molecnoy Dopartmont Outpe	tilenk : Dead on Arrive	Other (Specity)		11 11 11 11 11 11 11 11 11 11 11 11 11	115.13	111771	11.1		
12. City Or Town, Statis, And 2p Code	2. Community Ho	ospital Munster	13. County	Of Danh	<u> 181 (C.) 18</u>	114	Mastel Step	us At Time C	Daarh.	
Munster Indiane 46321			Lake				Minimed Married But Septrated Diversed Windowed: Windowed: Universe Married: Universe			
18. Surviving Spouse's Name		15a. Last Name Bolore	First Merriago	16.	Decedente Usus	al Occupation	11:10	17' Kind C	Bull nesated ustry	
Elizabeth Theresa Cortez		Puente-Cortez	LEWILLIA	WASTER STREET,	echanic	177		Automol	lve	
AB Residence - State	18s, County		Munster	<b>W</b>						
18c Street And Number			Tandilotoi +	room 11 a.e.	16d; Ap	at. No.	16e. Zp C	ode ;	16/, Visido City Limita?	
8147 Harrison Avenue							46321		■ Yes □ No	
High School graduate or GED complet	ed Hisparic	Repunie Origin, -	White	Docedente Neci	V 1 1 1		THE.		7	
22, Paronte Name (Piret, Module, Last).		-	23. Perents Name (	First, Middle, La	150		23a. Pa	tente Last N	ame Batore First Marriage	
Jose Cortez		Luz Cortez						Hernandez		
24, informance Name Elizabeth Cortez	hip To Decedant	deni 24b, Mating Address (Street And Number, City, State, Zip Code) 8147 Harrison Avenue, Munster, IN, 46321								
The state of the s	Wife	25.Pi	aco Ot Disposition		11122				4.10.	
254 Melhot Of Dispession  Burist   Premelion   Donation   Enternamer  Remover From State	250. Place Of Chaposition	n (Name Ol Come(ery, C	Autratory: Other Place)	25c/ Locate	in - City, Town, A	nd State		374	William Co.	
(I) Other (Specify):		seph Catholic Ce	metery	Hammo	nd, IN			16.		
287 Was Coroner Corescied? 27. Name A	eral Home 10000 C	alumet Ave, Mun	ster; Indiana, 46	3321				. 11	rer Home Lipensa Number:	
77b. Stratule Of Indone Funeral Service Lineares	Maria Day 186				Ten Idea	A laws of the	l common	FH107		
276. Signishire Of Indiana Funorel Service Licenzae. Kritin W.Kish	1	Cause Of Deeth (Se	Electronically S	gned .	110 000	io Number (Of		FD0102	· · · · · · · · · · · · · · · · · · ·	
29 Part I, Entor The Chain Of Events - Discusses Such As Cardao Artest, Respiratory Arrost, Or Ve A Line - Add Additional Lines of Necessary.	Injuries, Or Complication	s - That Directly Cause at Showing The Eliciog	d The Death, Do Not	Enter Termina Enter Only Or	Events				Approximate Interval: Onset To Death	
A Line Add Additional Lines if Necessary.		anoxic encer	Lance Committee of the					TEST.	4 d	
		circulatory ar	rrest	CHIES MADE	PARTY OF	1550			4 d :	
Sequentially List Conditions, it Any, Leading To T Line A: Enter-The Underlying Cause (Disease Or The Events Resulting in Death) Last	he Cause Listed On Injury That Initiated				Consequence COo			1000	4 d	
		Distriction of the con-	cquired pneumo	DIE NO ALAD		111111		e lane	4 d	
Part II, Enter Other Significant Conditions Contributing to					Autopsy Performe	d?	D V	ST No.	7	
anemia, liver cirrhosis	Honor polici			30, Were Au	opsy Finding Ava.	Sable To Corn		use Ol Deal	Yes   No	
3): Did Yopacco Use Contribute Yo Death?	32. Il Formule:	Propositions Crises	. Hat Heyeld the Prop	par Wilm #2 Days (	Pour B No	ionner Of Doct	Eith: D'A	coldent . 🗆	Plnding Investigation	
34) Date Of Injury (Month/Day/Year)	No region, but hegren as to 35: Time Of Injury	Jays to I year below them	to Cl Injury (E.O., Doc	edenis Home,	Construction Site.	Restaurant, V	d Not Be De looded Area		Injury At Work?	
38; Loceson Of Injury - State	See. City Or Youn	- 100 - 100 - 1	Street & Number			100	Mc, Apt N		Yes . No	
Here I are I was I was I was	see. City Or 10em	380.	Strage & reumber	Hisili			SEC, ADL N		20 0000	
39; Describe How Injury Occurred			,	est Hum	40. U	Transportation	Injury, Spec	y.	421	
41. Sanabra. Of Person Certifying Cours Of Deem Farraff Safan Chaudhry.		THIS IS A T	RUE COPY OF	-0-1	42. Cartifier (Ch		NOT	ALIU	UNLESS	
Farranti Salim Chaudhry, 43, Nama Address And Zip Cose Of Person Certhying	Cruse Of Death:	THE RECORD O	EIBEUGHIGHIV B	MENT !	Centrying Pr	yeldigh 44 - Liconad N	Compar	AF TO A	para, Curring	
Farrukh Sallm Chaudhry 901 Mcarthu		16321	7-1-1			010811110		di.	09/2024	
46. ASSidenti Funeral Service Provider:		-JAN	1 0, 2024	112.00	11:11:11:11	47. Mas	est 1 mi		1122112	
40, Signature of Local Health Orices. Chandana Wavilala			Electronically Si	igned   49.	For Rogistrar O	inly DateFil	d Mount	antrour	01710/2024	
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