

FILED

Apr 02 2024 LM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

AFFIDAVIT OF SURVIVORSHIP

Gloria Cortes a/k/a Gloria Cortes Feliciano, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of Andres Ramirez Hernandez a/k/a Andres Hernandez Ramirez and has knowledge of the facts contained herein.
2. That Andres Ramirez Hernandez a/k/a Andres Hernandez Ramirez died on November 21, 2023. Copy of Death Certificate is attached.
3. At the time of his death, he held title to real property with Gloria Cortes a/k/a Gloria Cortes Feliciano as joint tenants with rights of survivorship, the same which is more particularly described as:

LOTS 6, 7, AND 8 IN BLOCK 2 IN ROTHERMEL'S RIVERSIDE SUBDIVISION, IN THE CITY OF EAST GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20, PAGE 5, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Key No. 45-09-17-305-003.000-021

More Commonly Known as 2009 Fairview Avenue, Lake Station, IN 46405

4. At the time of Andres Ramirez Hernandez a/k/a Andres Hernandez Ramirez death, Gloria Cortes a/k/a Gloria Cortes Feliciano took sole title to the property in fee simple by virtue of being the surviving tenant.
5. That the purpose of this affidavit is to induce the Lake County Auditor to remove Andres Ramirez Hernandez a/k/a Andres Hernandez Ramirez's interest from its records and to establish Gloria Cortes a/k/a Gloria Cortes Feliciano as the sole owner in fee simple.

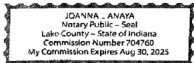
AFFIANT FURTHER SAYETH NOT.

Gloria Cortes Feliciano
Gloria Cortes a/k/a Gloria Cortes Feliciano

Subscribed and sworn to before me, a Notary Public in and for said County and State personally appeared Gloria Cortes a/k/a Gloria Cortes Feliciano and acknowledged the execution of the foregoing Affidavit of Survivorship this 20th day of December, 2023.

My Commission Expires:

Joanna L Anaya
Notary Public
Resident of IN County, Lake



This Instrument Prepared by:
Sean Boyle, Kvachkoff Law, Inc.
405 N. Main St., Crown Point, IN
46307, 219-661-9500

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 Kalletta

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 384994



Local No 004170

EDR No 000011642193

State No 2023-081738

1. Decedent's Legal Name (First, Middle, Last) Andres Hernandez Ramirez				12. Maiden Name (If female)		2. Gender Male		3. Time Of Death 11/21/2023		4. Date Of Death (Month/Day/Year)			
5. Social Security Number 78		5a. Age - Yrs Months		5b. Under 1 Year Days		5c. Under 1 Month Hours		5d. Under 1 Day Minutes		7. Date of Birth (Month/Day/Year) 04/25/1945			
8. Birthplace (City and State or Foreign Country) Zacatecas, Mexico		9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival										10a. If Death Occurred Somewhere Other Than 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. Mary Medical Center Hobart													
12. City Or Town, State, And Zip Code Hobart, Indiana 46342						13. County Of Death Lake			14. Marital Status At Time Of Death <input 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				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Welder		17. Kind Of Business/Industry Industrial			
18. Residence - State IN			19a. County Lake			19b. City Or Town Lake Station			18c. Apt. No.		18a. Zip Code 46405		
18d. Street And Number 2009 Fairview Avenue			18f. Insole City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			19. Decedent's Education 8th grade or less		20. Decedent Of Hispanic Origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano		21. Decedent's Race Hispanic			
22. Parents Name (First, Middle, Last) Jesus Hernandez				23. Parents Name (First, Middle, Last) Socorro Hernandez				23a. Parents Last Name Before First Marriage Ramirez					
24. Informant's Name Maria Ortega			24a. Relationship To Decedent Daughter			24b. Mailing Address (Street And Number, City, State, Zip Code) 6417 S Harlem, Chicago, IL, 60638			25. Place Of Disposition				
25a. Method Of Disposition <input checked="" 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) Calumet Park Cemetery			25c. Location - City, Town, And State Merrillville, IN			26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27. Name And Complete Address Of Funeral Facility Calumet Park Funeral Chapel 7535 Taft Street, Merrillville, Indiana, 46410				27a. Funeral Home License Number: FH10400032				27b. Signature Of Indiana Funeral Service Licensee: Jarell Springfield		27c. License Number (Of Licensee): FD22100031		27d. Cause Of Death (See Instructions And Examples) respiratory failure	
28. Part 1. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. respiratory failure B. _____ C. _____ D. _____ 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													
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
30. Were Any Finding Available To Determine The Cause Of Death? <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				32. If Female: <input 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"/> Unknown If Pregnant Within The Past Year				33. If Male: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Workplace, Etc.)			37. Injury At 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"/> Not Valid Unless													
41. Signature Of Person Certifying Cause Of Death: Imran Osman						42. 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: Imran Osman 1500 S Lake Park Avenue, Hobart, IN 46342				
44. License Number 019807248						45. Date Certified 11/23/2023			46. Additional Funeral Service Provider:				
47. Signature Of Local Health Officer: Chandana Vavilala						48. For Registrar Only - Date Filed (Month/Day/Year): 11/30/2023			49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)				