

2024 513400  
04/30/2024 12:38 PM  
TOTAL FEE: 21.00  
BY: JAS  
PG #: 3  
RECORDED AS PRESENTED

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

STATE OF INDIANA

SS:

COUNTY OF LAKE

Tax Parcel Numbers:  
45-03-29-252-006.000-024  
Mail Tax Bills To:  
4321 Olcott Avenue, East Chicago, IN 46312

FILED

Apr 29 2024 BDD  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

SURVIVORSHIP AFFIDAVIT

Comes now Affiant, Juana Flores, on this 23 day of April 2024, who, being first duly sworn, deposes and states as follows:

1. Affiant Juana Flores is the surviving spouse of Joaquin Flores ("Decedent") and is qualified to make this Affidavit.

2. Affiant states that at the time of decedent's death, Joaquin Flores and Juana Flores owned the real estate as Husband and Wife, having received title to the real estate by Warranty Deed dated July 19, 1991, which deed was recorded in the Office of the Recorder of Lake County, Indiana, on or about July 19, 1991.

3. Decedent died a resident of Lake County, Indiana on February 22, 2024 (a redacted copy of Decedent's death certificate is attached hereto).

4. At the time of death, Decedent had an interest in real estate legally described as follows:

*Lot #17 and 18, in block #8, of the West 1317.5 feet of the northeast quarter of section 29, township 37, north range 9 west of the principal meridian in the city of east Chicago, lake county, Indiana, as recorded in plat book 2, page 15.*

*Commonly known as: 4321 Olcott Avenue, East Chicago, Indiana 46312*

5. At the time of Decedent's death, Juana Flores and Joaquin Flores, were not divorced.

6. Upon the death of Joaquin Flores, and by operation of law, Juana Flores became the sole owner of said real estate.

IND 17952  
Greater Indiana Title Company

Survivorship Affidavit

2

# NOT AN OFFICIAL DOCUMENT

7. Juana Flores, surviving spouse of Decedent and joint owner of the real estate, pursuant to Indiana law, is the owner of all right, title, and interest to the Real Estate.

## FURTHER AFFIANTS SAYETH NAUGHT.

Juana Flores by Noemi Flores AIF  
Juana Flores, Affiant  
By her Attorney-In-Fact, Noemi Flores

STATE OF INDIANA

SS:

COUNTY OF LAKE

Before me the undersigned, a Notary Public for the State of Indiana, personally appeared NOEMI FLORES, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within the Power of Attorney as the attorney in fact of JUANA FLORES, and acknowledged that she subscribed the name of Juana Flores thereto as principal, as her own name, as attorney in fact, to this Survivorship Affidavit and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated on this date, April 23, 2024.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

NOTARY PUBLIC - STATE OF INDIANA  
SEAL  
BRENDA SOHOVICH  
COMMISSION NUMBER NP0660205  
MY COMMISSION EXPIRES NOVEMBER 05, 2030

BRENDA SOHOVICH  
BRENDA SOHOVICH, Notary Public  
My Commission Expires: ~~November 13, 2031~~  
County of Residence: Lake  
Commission Number: 624547 (BS)

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.

Dana Rifai  
Dana Rifai

This instrument was prepared by: Dana Rifai, Rifai Law Group, P.C.  
209 S. Main Street, Crown Point, IN 46307

# NOT AN OFFICIAL DOCUMENT

## CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

4142376

Local No 000035

EDR No 00011885955

State No 2024-009790

1. Decedent's Legal Name (First, Middle, Last) <b>Joaquin Flores</b>		2. Maiden Name (If Female)		3. Gender <b>Male</b>	4. Time of Death <b>03:44 PM</b>	5. Date of Death (Month/Day/Year) <b>02/22/2024</b>					
6. Social Security Number <b>90</b>		7a. Age - Yrs <b>30</b>	7b. Under 1 Month <b>0</b>	7c. Under 1 Year <b>0</b>	7d. Under 1 Day <b>0</b>	7e. Under 1 Hour <b>0</b>	7f. Under 1 Minute <b>08/30/1933</b>	8. Birthplace (City and State or Foreign Country) <b>Gurabo, Puerto Rico</b>			
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		13a. 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) <b>St. Catherine Hospital - East Chicago</b>			
12. City or Town, State, and Zip Code <b>East Chicago, Indiana 46312</b>		13. County of Death <b>Lake</b>		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 <b>Juana Flores</b>		16. Decedent's Usual Occupation <b>Laborer</b>	17. Kind of Business/Industry <b>LTV Steel Co.</b>		
18a. Responder's State <b>IN</b>		18b. County <b>Lake</b>		18c. City or Town <b>East Chicago</b>		18d. Apt. No.		18e. Zip Code <b>46312</b>	18f. Is this City Limited? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18g. Street and Number <b>4321 Olcott Avenue</b>		19. Decedent's Education <b>8th grade or less</b>		20. Decedent Of Hispanic Origin <input checked="" type="checkbox"/> Yes, Puerto Rican		21. Decedent's Race <b>White</b>		22. Informant's Name <b>Noemi Flores</b>			
23. Informant's Address <b>38th grade or less</b>		24. Relationship To Decedent <b>Daughter</b>		25. Place of Disposition <b>Ridgeland-Mt. Mercy Cemetery Inc.</b>		26. Location - City, Town, and State <b>Gary, IN</b>		27a. Parent's Name (First, Middle, Last) <b>Maria Flores</b>		27b. Parent's Last Name Before First Marriage <b>Rodriguez</b>	
28. Informant's Name <b>Noemi Flores</b>		29. Relationship To Decedent <b>Daughter</b>		30. Mailing Address (Street and Number, City, State, Zip Code) <b>4321 Olcott Avenue, East Chicago, IN, 46312</b>		31. Place of Disposition <b>Ridgeland-Mt. Mercy Cemetery Inc.</b>		32. Location - City, Town, and State <b>Gary, IN</b>		33. Funeral Home License Number <b>FH1170007</b>	
34. Signature of Indiana Funeral Service Licensee <b>Robert J. Alvarez</b>		35. Date of Signature <b>02/27/2024</b>		36. License Number of Licensee <b>FD20200095</b>		37. Cause of Death (See Instructions and Examples) <b>myocardial infarction</b>		38. Approximate Interval: Onset To Death <b>24 hours</b>			
39. Immediate Cause (Final Disease or Condition Resulting in Death) <b>myocardial infarction</b>		40. Underlying Cause (Final Disease or Condition Resulting in Death) <b>septic shock</b>		41. Contributing Cause (Final Disease or Condition Resulting in Death) <b>Gastric perforation</b>		42. Other Cause (Final Disease or Condition Resulting in Death) <b>Cecal volvulus</b>		43. Approximate Interval: Onset To Death <b>24 hours</b>			
44. Sequence of Events (Final Disease or Condition Resulting in Death) <b>myocardial infarction</b>		45. Sequence of Events (Final Disease or Condition Resulting in Death) <b>septic shock</b>		46. Sequence of Events (Final Disease or Condition Resulting in Death) <b>Gastric perforation</b>		47. Sequence of Events (Final Disease or Condition Resulting in Death) <b>Cecal volvulus</b>		48. Approximate Interval: Onset To Death <b>24 hours</b>			
49. Part 1: Enter One or More Alternative Conditions Contributing to Death but Not Hearing to the Underlying Cause Given in Part 1		50. Part 2: Enter One or More Alternative Conditions Contributing to Death but Not Hearing to the Underlying Cause Given in Part 1		51. Part 3: Enter One or More Alternative Conditions Contributing to Death but Not Hearing to the Underlying Cause Given in Part 1		52. Part 4: Enter One or More Alternative Conditions Contributing to Death but Not Hearing to the Underlying Cause Given in Part 1		53. Part 5: Enter One or More Alternative Conditions Contributing to Death but Not Hearing to the Underlying Cause Given in Part 1			
54. Date of Injury (Month/Day/Year) <b>02/27/2024</b>		55. Time of Injury <b>03:44 PM</b>		56. Location of Injury - State <b>IN</b>		57. City or Town <b>East Chicago</b>		58. Street & Number <b>4321 Olcott Avenue</b>		59. Apt. No.	60. Zip Code <b>46312</b>
61. Describe How Injury Occurred <b>Slip and fall</b>		62. If Transportation Injury, Specify: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		63. If Transportation Injury, Specify: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		64. If Transportation Injury, Specify: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		65. If Transportation Injury, Specify: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		66. If Transportation Injury, Specify: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
67. Signature of Person Causing Cause of Death <b>Valset Patel</b>		68. Name, Address, and Zip Code of Person Causing Cause of Death <b>Valset Patel 4321 Fir St, East Chicago, IN 46312</b>		69. Signature of Person Causing Cause of Death <b>Valset Patel</b>		70. Name, Address, and Zip Code of Person Causing Cause of Death <b>Valset Patel 4321 Fir St, East Chicago, IN 46312</b>		71. Signature of Person Causing Cause of Death <b>Valset Patel</b>		72. Name, Address, and Zip Code of Person Causing Cause of Death <b>Valset Patel 4321 Fir St, East Chicago, IN 46312</b>	
73. Signature of Local Health Officer <b>Paula Brancini Abtnke</b>		74. Date of Signature <b>02/27/2024</b>		75. Signature of Local Health Officer <b>Paula Brancini Abtnke</b>		76. Date of Signature <b>02/27/2024</b>		77. Signature of Local Health Officer <b>Paula Brancini Abtnke</b>		78. Date of Signature <b>02/27/2024</b>	

State Form 53395 ATTENTION: ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

**WARNING:** ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS BROWN CHANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A GIDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.