

NOT AN OFFICIAL DOCUMENT

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-030695

9:32 AM 2024 Oct 25

SURVIVORSHIP AFFIDAVIT

ERLINDA R. MALDONADO, being first duly sworn upon her oath, deposes and says:

1. That Richard Maldonado and Erlinda R. Maldonado are the owners, as husband and wife, of the fee simple title to the following described real estate in **Lake** County, Indiana, to wit:

Lot 15 in Willow Tree Estates, a Planned Unit Development, in the City of Crown Point, as shown in Plat Book 45 page 9, and corrected in Plat Book 45 page 39, in Lake County, Indiana

Commonly known as: 9829 Grant Place, Crown Point, IN 46307 <<< **GRANTEE'S ADDRESS**
Key No.: 45-12-32-430-007.000-029

3. That Affiant further says that Richard Maldonado and Erlinda R. Maldonado continued to be such owners of the title to said real estate until the death of Richard Maldonado on July 8, 2023, in Lake County, Indiana.

4. That the value of the estate of Richard Maldonado, including the above-described real estate was not subject to Federal Estate Tax or Indiana Inheritance Tax liability.

5. This Affidavit is made to show that Erlinda R. Maldonado, by reason of her husband's death, is now the sole owner of the fee simple title to said real estate and to induce the Auditor of Lake County, Indiana, to strike the name of the decedent, Richard Maldonado, from the tax rolls on said real estate.

Further your Affiant sayeth not.

Erlinda R. Maldonado

ERLINDA R. MALDONADO

FILED

OCT 25 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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9349
am E

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a Notary Public, in and for Lake County, State of Indiana, this 16th day of October, 2024, **ERLINDA R. MALDONADO** acknowledged the execution of the foregoing document as his voluntary act for the purposes stated therein.

My Commission Expires:
Resident of Lake County, Indiana




_____, Notary Public

I, Joseph Banasiak, 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. Joseph Banasiak

PREPARED BY and MAIL TO: Joseph Banasiak, 8320 Kennedy Avenue, Highland, IN 46322, Attorney at Law, Attorney No. 10769-45

Office of Lake County Recorder

NOT AN ORIGINAL CERTIFICATE OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 0057463

DATE ISSUED 7/14/2023

| | | | | | |
|---|---------------------------------------|--|--|---|--|
| DECEDENT'S LEGAL NAME RICHARD MALDONADO | | | SEX MALE | DATE OF DEATH JULY 08, 2023 | |
| COUNTY OF DEATH COOK | | AGE AT LAST BIRTHDAY 71 YEARS | DATE OF BIRTH JANUARY 27, 1952 | | |
| CITY OR TOWN CHICAGO | | HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL | | | |
| PLACE OF DEATH INPATIENT | | | | | |
| BIRTHPLACE EAST CHICAGO, IN | | SOCIAL SECURITY NUMBER [REDACTED] 9581 | STATUS AT TIME OF DEATH MARRIED | | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ERLINDA R CASTRO |
| RESIDENCE 9829 GRANT PLACE | | APT. NO. | CITY OR TOWN CROWN POINT | | INSIDE CITY LIMITS? YES |
| COUNTY LAKE | STATE IN | ZIP CODE 46307 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOSES MALDONADO | | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRANCIS UNAVAILABLE |
| INFORMANT'S NAME ERLINDA R MALDONADO | | RELATIONSHIP WIFE | | MAILING ADDRESS 9829 GRANT PLACE, CROWN POINT, IN, 46307 | |
| METHOD OF DISPOSITION CREMATION | | PLACE OF DISPOSITION CALUMET WILBERT CREMATORY | | LOCATION - CITY OR TOWN AND STATE GARY, IN | DATE OF DISPOSITION JULY 14, 2023 |
| FUNERAL HOME BARON'S BURIALS INC., 13909 S KOSTNER AVE, CRESTWOOD, IL, 60418 | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016703 | | |
| FUNERAL DIRECTOR'S NAME STEPHANIE A BARON | | | DATE FILED WITH LOCAL REGISTRAR JULY 14, 2023 | | |
| LOCAL REGISTRAR'S NAME KAREN A YARBROUGH | | | DATE FILED WITH LOCAL REGISTRAR JULY 14, 2023 | | |
| CAUSE OF DEATH | | | | | |
| IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> | | PART I. SEPTIC SHOCK | | | |
| a. | | Due to (or as a consequence of) | | | |
| b. PNEUMONIA - NON TRAUMATIC | | Due to (or as a consequence of) | | | |
| c. | | Due to (or as a consequence of) | | | |
| APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | | WAS AN AUTOPSY PERFORMED? NO | |
| FEMALE PREGNANCY STATUS NOT APPLICABLE | | | | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A | |
| DATE OF INJURY | | TIME OF INJURY | PLACE OF INJURY | | INJURY AT WORK? |
| LOCATION OF INJURY | | | | | MANNER OF DEATH NATURAL |
| DESCRIBE HOW INJURY OCCURRED: | | | | | IF TRANSPORTATION INJURY, SPECIFY: |
| ATTEND THE DECEASED? YES | DATE LAST SEEN ALIVE JULY 08, 2023 | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | | DATE PRONOUNCED | TIME OF DEATH 04:19 PM |
| CERTIFIER PHYSICIAN | | | | DATE CERTIFIED JULY 08, 2023 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH THAN, JEFFREY, 251 E HURON STREET, CHICAGO, ILLINOIS, 60611 | | | | PHYSICIAN'S LICENSE NUMBER 125077547 | |

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

2638573

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.



[Signature]
Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE voids THIS CERTIFICATE

EXHIBIT #