

FILED

Oct 24 2024 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR



2450648-1753-0

2

AFFIDAVIT OF SURVIVORSHIP

Property Address: 3714 Grand Boulevard, East Chicago, IN 46312
Property County: Lake

Hermila S. Gonzalez, of adult age, being first duly sworn, upon deposes and says:

That **Hermila S. Gonzalez**, is the Wife of Jose R. Gonzalez, deceased, who died on December 20, 2021 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from James Karvunis, John Karvunis and Katherine Karvunis recorded February 10, 1976 as Document No. 337162 in the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of **Hermila S. Gonzalez**, surviving spouse or tenant of the decedent.

Further, Affiant sayeth not.

NOT AN OFFICIAL DOCUMENT

Hermila S. Gonzalez
Hermila S. Gonzalez

State of ILLINOIS County of COOK ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Hermila S. Gonzalez** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 22ND day of October 2024

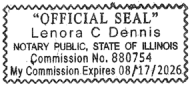
8.17.2026
My Commission Expires:

880754
Commission No.

COOK, IL
Notary Public County and State of Residence

[Signature]
Signature of Notary Public
LENORA C DENNIS

Printed Name of Notary



This instrument was prepared by:
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:
3714 Grand Boulevard
East Chicago, IN 46312

Grantee's Address and Mail Tax Statements To:
3714 Grand Boulevard
East Chicago, IN 46312

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. Debra A. Guy

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000408

EDR No 0001127336

State No. 2021-077336

1. Decedent's Legal Name (First, Middle, Last) Jose R. Gonzalez		1a. Maiden Name (if female)		2. Gender Male	3. Time of Death 12:30 PM	4. Date of Death (Month/Day/Year) 12/20/2021			
5. Social Security Number	6a. Age - Yrs 82	6b. Under 1 Year Months None	6c. Under 1 Month Days None	6d. Under 1 Day Hours None	6e. Under 1 Hour Minutes None	7. Day of Birth (Month/Day/Year) 12/27/1939	8. Birthplace (City and State or Foreign Country) Tula, Mexico		
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 type="checkbox"/> Inpatient <input type="checkbox"/> Emergency/Department Outpatient <input type="checkbox"/> Dead on Arrival		15a. If Death Occurred Somewhere Other Than a Hospital <input type="checkbox"/> Hospital 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) 3714 Grand Boulevard							14. Marital Status At Time Of Death <input checked="" 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		
12. City Or Town, Bath, And Zip Code East Chicago, Indiana 46323		13. County Of Death Lake		16. Decedent's Usual Occupation Steelworker			17. Kind Of Business/Industry Inland Steel Company		
15a. Last Living Spouse's Name Hermila S. Gonzalez		15b. Last Living Before First Marriage Salgado		18. Date of Death			19. Date of Burial/Interment 12/23/2021		
13a. Residence - State IN		13b. County Lake		13c. City Or Town East Chicago		18a. Age At Death 82		18b. Sex Male	18c. Race Hispanic
14a. Street And Number 3714 Grand Boulevard		14b. Apartment Number		14c. Apt. No.		14d. Zip Code 46323		14e. Date of Death 12/20/2021	14f. Date of Burial/Interment 12/23/2021
19. Decedent's Education 8th grade or less		20. Decedent Of Hispanic Origin <input checked="" type="checkbox"/> Yes, Mexican <input type="checkbox"/> Mexican American, Chicano		21. Decedent's Race White					
22. Parents Name (First, Middle, Last) Jose Gonzalez		23. Parents Name (First, Middle, Last) Guadalupe Reytoso		25a. Father's Last Name Before First Marriage Reytoso					
24. Informant's Name Hermila S. Salgado		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 3714 Grand Boulevard, East Chicago, IN, 46312					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) St. John St. Joseph Catholic Cemetery		25c. Location - City, Town, And State Hammond, IN					
26. Was Coroner Outcalled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address of Funeral Facility St. Joseph's Home, Inc. 4201 Indianapolis Boulevard, East Chicago, Indiana, 46312		28a. Federal Home License Number FH83001512					
29a. Signature Of Indiana Licensed Coroner Jose R. Fry		29b. License Number Of Coroner FD01020366		30. Title Of Coroner Electronically Signed					
31. Part I: Enter The Chain Of Events - Disease, Injuries, Or Complications That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Innate Cause (Final Disease Or Condition Resulting In Death)		32. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIAC ARRHYTHMIA		33. A. Date (Month/Day/Year) 12/20/2021		34. Approximate Interval - Death To Death 1 YEAR			
35. Part II: Enter Other Significant Conditions Contributing To Death but Not Resulting In The Underlying Cause Given In Part I Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause Or Injury That Initiated The Events Resulting In Death Last		36. B. None		36. C. None					
37. Part III: Enter Other Significant Conditions Contributing To Death but Not Resulting In The Underlying Cause Given In Part I		38. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. Were Autopsy Findings Available To Complete The Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
31a. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		31b. If Female: <input type="checkbox"/> No <input type="checkbox"/> Yes - Please Specify <input type="checkbox"/> Pregnant <input type="checkbox"/> Postpartum <input type="checkbox"/> Not Pregnant, But Pregnant Within Past Year <input type="checkbox"/> Pregnant, But Pregnant Within Past Year		31c. Date of Injury (Month/Day/Year)					
32. Date of Injury (Month/Day/Year)		33. Time of Injury		34. Place Of Injury (If Not At Decedent's Home, Construction Site, Restaurant, Wooded Area)		35. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. Location Of Injury - Intra		36a. City Or Town		36b. Street & Number		36c. Apt. No.		36d. Zip Code	
37. Describe How Injury Occurred		38. Describe How Injury Occurred		39. Describe How Injury Occurred					
41. Signature, Of Person Certifying Cause Of Death Jaime Ruiz Montero 2020 E. Columbus Dr. Ste A, East Chicago, IN 46312		42. Signature, Of Person Certifying Cause Of Death Electronically Signed		43. Date (Month/Day/Year) 01/05/2022		44. Date (Month/Day/Year) 01/05/2022			
45. Signature Of Local Health Officer Electronically Signed		46. Signature Of Local Health Officer Electronically Signed		47. Date (Month/Day/Year) 01/05/2022		48. Date (Month/Day/Year) 01/05/2022			

State Form 503105 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Delisting 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 DISAPPEARS OR CHANGES TO YELLOW WHEN REBUILT. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.

STATE OF INDIANA

NOT AN OFFICIAL DOCUMENT

EXHIBIT "A"

Property Address: 3714 Grand Boulevard, East Chicago, IN 46312
File No.: 24-21059

Lot 35, in Block 7, in First Addition to Indiana Harbor, in the City of East Chicago, as per plat thereof, recorded in Plat Book 5, page 14, in the Office of the Recorder of Lake County, Indiana.

The Property address and/or tax parcel identification number(s) listed are provided solely for informational purposes, without warranty as to accuracy or completeness and are not hereby insured.

Property of Lake County Recorder