

3445 164th St.  
W.M. 46323

2

**AFFIDAVIT**

I, DEBORAH K. MOORE, daughter of DORIS MARGARET HAMANN, do hereby represent and affirm as follows: That my mother, DORIS MARGARET HAMANN, died on November 5, 1994, and that at the time of her death she resided at 6343 Grand Avenue, Hammond, Lake County, Indiana. I do further represent and affirm that DORIS MARGARET HAMANN and DORIS HAMANN are one and the same persons.

Further, affiant sayeth not,  
DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER.

APR 19 1996

SAM ORLICH  
AUDITOR LAKE COUNTY

Document is  
**NOT OFFICIAL!**

Deborah K. Moore  
DEBORAH K. MOORE

This Document is the property of  
the Lake County Recorder

being first duly sworn upon her oath deposes and states that the facts and figures set forth in the foregoing are true and correct to the best of my knowledge, information and belief.

**STOP**

Deborah K. Moore

DEBORAH K. MOORE



SUBSCRIBED AND SWORN TO BEFORE ME, THIS 19 DAY OF April, 1996

Mary Ann C. Haskins

NOTARY PUBLIC

COMMISSION EXPIRES July 7, 1998

RESIDENT OF Lake COUNTY

96026035

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

APR 19 1996  
RECORDED



001310

08/11/96

\*ATTENTION: ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.\*

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

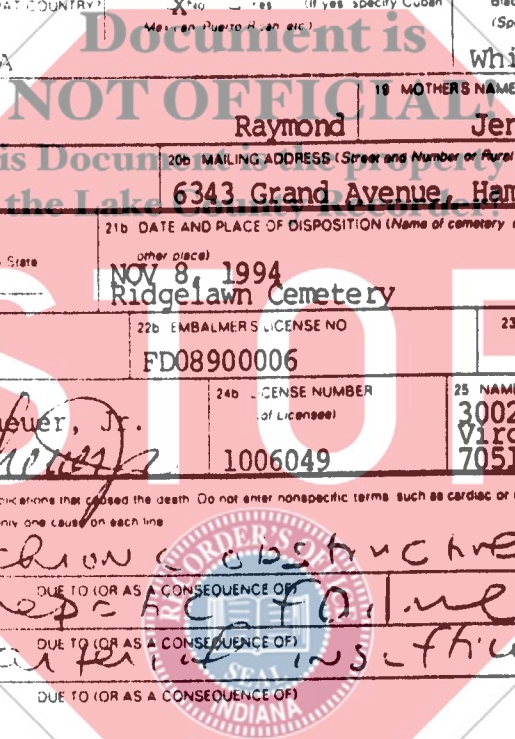
State No. ....

Local No. 94-340

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Doris Margaret Hamann), SEX (Female), TIME OF DEATH (5:35P M), DATE OF DEATH (November 5, 1994), SOCIAL SECURITY NUMBER (315-74-1186), AGE (81), DATE OF BIRTH (JUN 15, 1913), BIRTHPLACE (Park Falls, Wisconsin), FACILITY NAME (St. Catherine Hospital), CITY/TOWN (East Chicago), COUNTY (Lake), MARITAL STATUS (Married), SURVIVING SPOUSE (Roland Hamann), OCCUPATION (Housewife), RESIDENCE (Indiana, Lake, Hammond, 6343 Grand Avenue), FATHERS NAME (Oliver Raymond), MOTHERS NAME (Jenny Carl), INFORMANTS NAME (Roland Hamann), ADDRESS (6343 Grand Avenue, Hammond, IN 46323), RELATIONSHIP (Husband), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (NOV 8, 1994, Ridgelawn Cemetery, Gary, Indiana), EMBALMERS NAME (George J. Johnson), LICENSE NO (FD08900006), FUNERAL HOME (Virgil Huber Funeral Home, 7051 Kennedy, Hammond, IN 46323), CAUSE OF DEATH (chronic obstructive pulmonary disease), CERTIFIER (Daniel J. Smith M.D.), DATE FILED (11-9-94), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?



DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

FILED

APR 19 1996

SAM ORLICH

AUDITOR LAKE COUNTY

CERTIFIER

HEALTH OFFICER