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## **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.

Lake County, Indiana. I do further represent and affirm that DORIS MARGARET HAMANN an	d
DORIS HAMANN are one and the same persons.	
Further, affiant sayeth not,  DULY ENTERED FOR TAXATION SUBJECT TO  FINAL ACCEPTANCE FOR TRANSFER.  Documents	<b>3</b>
APR 19 1996 NOT OF THE AREA !!	ي
SAM ORLICH This Document DEBORAH K. MOORE	
AUDITOBLAKE OUNTOOR! being first duly sworn upon her oath deposes and states that the fac	ts
and figures set forth in the foregoing are true and correct to the best of my knowledge, information	yn <u>π</u> ω <sub>α</sub>
and belief.  Alcharah K. Malana	TATE OF INDI
DEBORAH K. MOORE	S ANA
SUBSCRIBED AND SHORN TO BEFOREME, THIS /9 DAY OF CEPUL	
19 7	
May Cant, Haskins	-
NOTARY PUBLIC STATE	Marine Comment
COMMISSION EXPIRES July 7, 1998	
	MEN 21
RESIDENT OF ( ) A RECOUNTY ( ) SO	No.

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001316

*ATTENTI	ESTATE: Disclosure of the
SS# we nee	to pursue our responsibilities
is virtuntary	Not there will be no penalty fo
rafijeni *	$\alpha u$

refusal.*	94-,349	INDIANA S		E OF DEAT			No		
Local No	l l			E OF DEAT	• •	State	10		
		RIES ARE CONFIDENTIAL PE	R IC 16-1-19-3	i 2 SI		38 TIME OF DEATI	A THE DATE OF DE	ATH (Maner Day 7/)	
TYPE/PRINT	1 DECEASED-NAME FIRM M				_			er 5. 1994	
IN	DOTIS 4 *SOCIAL SECURITY NUMBER	Margaret   5a AGE - Last Birthday	SO UNDER I YEAR		emale 6 DATE OF BIR	5:35P M		and State or Foreign Country)	
PERMANENT		(Years)	Months Days	Hours Minutes			Davis Ball	la Wiasanain	
BLACK INK	315-74-1186	81 SERVED IN	81 JUN 15, 1913 Park Falls, Wisconsin						
	A US VETERAN?	US ARMED FORCES?	HOSPITAL INP		OTHER	•	Other (Specify)		
	No	N/A	☐ ER/	Outpatient DOA	TOWN ORLO	CATION OF DEATH	9d COUNTY O	FDEATH	
DECEDENT	9b FACILITY NAME OF not institu	=		1	t Chica		Lake		
	St. Catherine	I SURVIVING SPOUSE		LAT DECEDENT SUS	IAL OCCUPATION	ON LGive kind of work		SINESS/INDUSTRY	
	Married	Roland Hamanr	<b>,</b>	Housewife	of working ide Do	not use retired)	Home		
	134 RESIDENCE -STATE	136 COUNTY	13c CITY TOWN OF			13d STREET AND NU			
	Indiana	Lake	Hammond			6343 Gran	d Avenue		
	13. 2 P CODE THE MISIDE CA	TY , MITS 4 IT ZEN OF /	15 WAS DECEDEN	OF HISPANIC CRIGIN?	16 RAC	E-American Indian	17 DEC	EDENT'S EDUCATION  by highest grade completed)	
	<b></b>	X *** WHAT COUNTR	X*40	Roan etc.)		ck White etc ecify)	Elementary/Seconda		
	. 46323 - X	AMI TISA	Docui	ment 1	Whi	te	12		
į	IB FATHERS NAME (First Middle		MANA	1 P. CO 19 A		(First Middle Meiden	Surneme)		
PARENTS		ver	) I Ur	Raymond	Jen	nv		Carl	
	20s INFORMANTS NAME (Type			G ADDRESS (Street and			Town State Zip Code)	20c Relationship	
INFORMANT	Roland Hamann			Grand Aven	P J		46323	Husband	
	214 METHOD OF DISPOSITION		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	CE OF DISPOSITION IN			21¢ LOCATION—City	or Town. State	
	Burial Cramation	Remove: Fram State	other place)	104					
	Donation Dither (Spec	OPV -	NOV 8 19 Ridgelaw	94 n Cemetery			Gary, Ind	iana	
DISPOSITION	228 EMBALMERS NAME		226 EMBALMER		23	WAS DEATH REPOR			
<b>5.0. 50.</b>	George J. Joh	nson	FD08900	0006		□X••• □ v			
	29 SIGNATUME OF FUNERAL	O ROTOJANO	24b	-CENSE NUMBER	25 NAME	ADDRESS AND LIC	ENSE NUMBER OF FU	NERAL HOME	
	Charle	D. Scheuer,	Jt.	taf Licensee)	3002 Vire	il Huber	Funeral H	ome	
	11100	Merce	4/7 11	006049	7051	Kennedy	Hammond.	IN 46323	
	28 PAR" Enter the dise			enter nonapecific terms su	ich as cardiac or r	respiratory		Approximete Serveen	
	arrest shock	or heart failure I, at only one cause		R S	- 1.0	Pu	1000	Onset and Death	
	IMMEDIATE CAUSE HISE			behve	C KAE	- / /	1.sea	-3-2-	
CAUSE OF	disease or condition resulting in death)								
	N.A. DE PRO	DUE TO	OR AS A CONSEQUE	NCE OF)	4h:1	PACI	at 1	4	
DEATH		Jan +	en i it	いつうこ	1110	7 1			
**	cause ast	DUE TO	OR AS A CONSEQUE	NCE OF)					
		3	The same	Milita	/_/_				
A	PRAT 1 94 1986 conces	ne - Conditions contributing to deal	th but not previously state		DECEDENT	DAYS PERFOR		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
				PO	GNANT OR 90 STPARTUM?	(Yes or		COMPLETION OF CAUSE	
S	AM ORLICH			(Ye	No	No	İ	NO	
AUDITO	R LAKE COUN	HEALTH OFFICER On the base	e best of my knowledge i	seath occurred at the time	ONTO BIRD SHACE I	the time date and place	and due to the cause(	a) as stoted	
		CORONER On the basis of exer	minetion and/or investigation	on himy apinion countries		e MEDICAL LICENSI		BATE SIGNEDY Month Den Year	
CERTIFIER	296 SIGNATURE AND TITLE OF	CERTIFIER				1031	6741	ハケーァケ	
02		PERSON WHO COMPLETED CAU	CE DE DEATH (ITEM 28)	(Tune Prof)		, , ,	<del>- /-</del>		
	Daniel T Sm	ith M.D., 761	- 45th St.	. Munster.	Indiana	a 46321		_	
			1000.000	,			32, 0	ATE FILED (Month. Pay. Year)	
HEALTH	31 SEALTHON CERS SIGNAT						1//	1-9-94	
OFFICER	OF ALLES OF DEATH	340 DATE OF IN.	JURY 346 TIME	OF 34c INJURY	AT WORK?	34d DESCRIBE HO	W INJURY OCCURRE	D	
	33 MANNER OF DEATH	(Month Day	. 1	* I		ļ			
	□ Natural □ Pending			1					
	Investigation  Accident 34e PLACE OF INJURY—At home farm street factory office 34f LOCATION (Street and Number or Rural Route Number City or Town					mper City or Town State)			
	Suicide Could not be Determined Could not be								
	□ Homicide								
	349 DATE PRONOUNCED DEA	D (Month Cay Year) 34h MC	TOR VEHICLE ACCIDE	IT? (Yes or no) If yes s	pecify driver pas	senger pedestrien etc	()	<b>0101</b> ,	