



First American Title Insurance Company

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

RE: ORDER NO.: TS 97088492 Judgement Affidavit DEC 23 PM 2:51

DATE: 12-19-97

THE INFORMATION CONTAINED ON THIS FORM IS CONFIDENTIAL AND FOR THE USE OF FIRST AMERICAN TITLE INSURANCE COMPANY. IT WILL BE USED SOLELY FOR THE PURPOSE OF DETERMINING WHETHER CERTAIN MATTERS OF RECORD AFFECT THE TITLE TO THE LAND BEING INSURED UNDER THE ABOVE-CAPTIONED FILE, OR WHETHER THESE MATTERS RELATE TO OTHER PERSONS WITH LIKE OR SIMILAR NAMES.

PLEASE PRINT OR TYPE

Affiant, MARYANN SWALLOW, certifies that s/he:

- 1. Is 46 years of age.
- 2.  Has never been married;  
 Was married to DAVID A SWALLOW on (date) 12-2-72  
in (city/state) GRAY IN  
 Has never been a party to a divorce proceeding;  
 Was divorced from DAVID A SWALLOW on (date) 1-94  
in (city/state) CROWN POINT IN; Cause No. 4502-9302-DE-00124  
 Is the widow/er of \_\_\_\_\_
- 3.  Has never been known by any other name;  
 Has been known by MARYANN KOMENDERA which was changed  
from MARYANN KOMENDERA on (date) 12-2-72.
- 4.  Has never been adjudged bankrupt;  
 Was adjudged bankrupt on (date) \_\_\_\_\_, in  
(city/state) \_\_\_\_\_, Cause No. \_\_\_\_\_
- 5.  Is not a party to any unsatisfied or unreleased judgements, decrees or liens of record;  
 Is a party to the following unsatisfied or unreleased judgements, decrees or liens:  
\_\_\_\_\_  
\_\_\_\_\_

6. During the past ten (10) years has resided at the following address(es) and none other:

<u>Address</u>	<u>City/State</u>	<u>Dates: From</u>	<u>To</u>
<u>766 S. Sherman ST</u>	<u>CROWN POINT IN</u>	<u>5-74</u>	

7. During the past ten (10) years has been employed by the following, and none other:

<u>Employer</u>	<u>City/State</u>	<u>Dates: From</u>	<u>To</u>
<u>NIPSCO</u>	<u>Merrillville IN</u>	<u>7-9-69</u>	

8. Social Security Number is: 316 56 670

AFFIANT HEREBY CERTIFIES THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Date 12-20-97  
Signature: First Name Maryann Middle Name \_\_\_\_\_ Last Name Swallow  
State of Indiana County of Lake  
Subscribed and sworn to before me on this 20th day of December, 19 97.  
County of Residence: Lake  
Commission expires: 4-27-01  
Notary's signature Christina M. Wamscott  
Notary's printed name Christina M. Wamscott

Please return to: First American Title Insurance Company  
5265 Commerce Drive, Suite I  
Crown Point, IN 46307  
Telephone: 1-219-769-8829  
Fax: 1-219-769-0169

*Handwritten initials and date:*  
OB  
9.00  
12/22