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2005 DEC 20 7:3:19

MICHELLE BROWN

RECORDER

KEY NO. 26-33-12-0021

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**SURVIVORSHIP AFFIDAVIT**

I, Dorothy Mamala, being first duly sworn, state:

1. Affiant is a resident of Lake County, Indiana.
2. Affiant states that she is the wife of John Mamala, who died a resident of Lake County, Indiana, on August 30, 1977.
3. At the time of his death, John Mamala and Dorothy Mamala, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

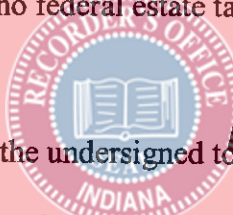
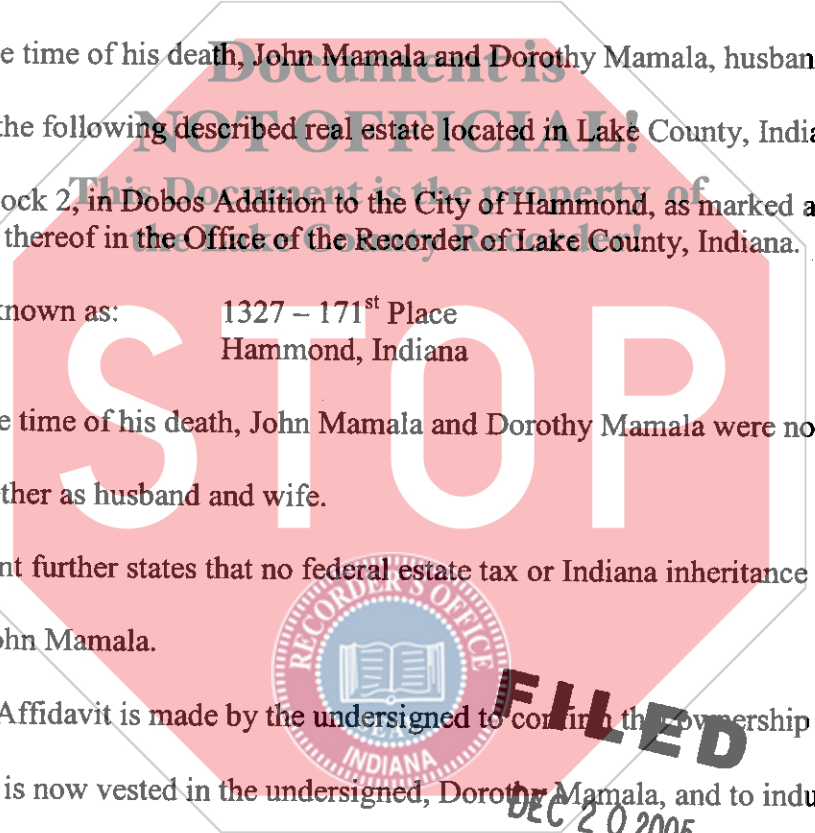
Lot 21, in Block 2, in Dobos Addition to the City of Hammond, as marked and laid down on the recorded plat thereof in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 1327 - 171<sup>st</sup> Place  
Hammond, Indiana

4. At the time of his death, John Mamala and Dorothy Mamala were not divorced and were living together as husband and wife.

5. Affiant further states that no federal estate tax or Indiana inheritance tax is due from the Estate of John Mamala.

6. This Affidavit is made by the undersigned to confirm the ownership in the above-described real estate is now vested in the undersigned, Dorothy Mamala, and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.



**FILED**

DEC 20 2005

PEGGY HOLLINGA KATONA  
LAKE COUNTY AUDITOR

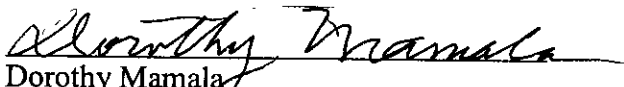
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Dated: December 8, 2005

  
Dorothy Mamala

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Dorothy Mamala and she, being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 8<sup>th</sup> day of December, 2005.

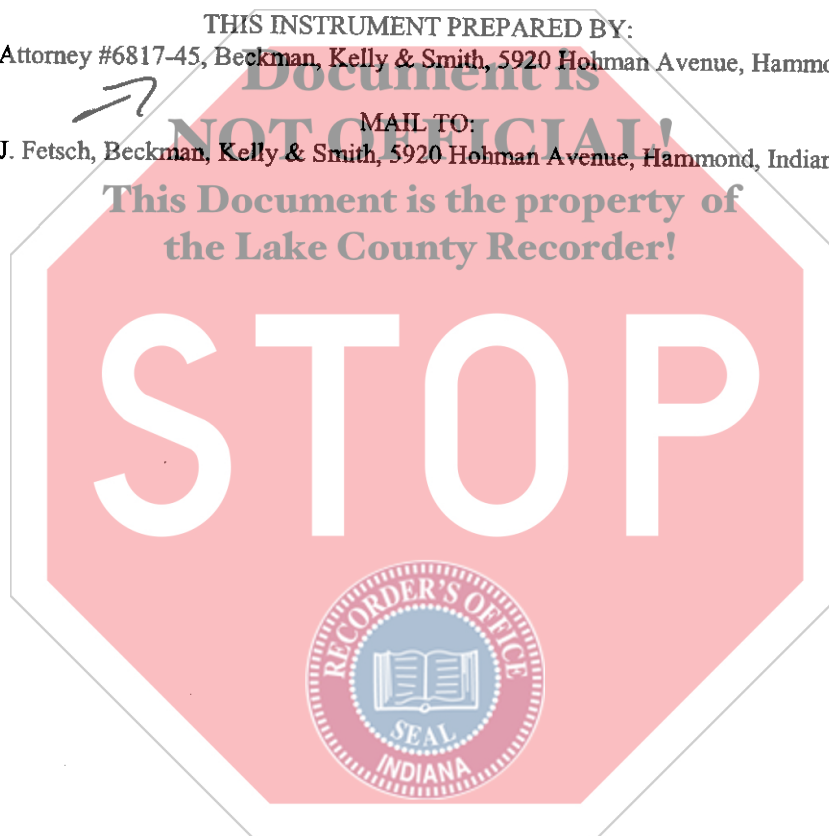
My Commission Expires: November 29, 2012

  
Jane E. Gelon, Notary Public

A resident of Lake County

THIS INSTRUMENT PREPARED BY:  
Andrew J. Fetsch, Attorney #6817-45, Beckman, Kelly & Smith, 5920 Hohman Avenue, Hammond, Indiana 46320

MAIL TO:  
Andrew J. Fetsch, Beckman, Kelly & Smith, 5920 Hohman Avenue, Hammond, Indiana 46320



INDIANA STATE BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

Local No. 683

FUNERAL HOME LICENSE No. 285  
FUNERAL DIRECTOR'S LICENSE No. 244

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

1. DECEASED—NAME FIRST: John MIDDLE: LAST: Mamala		2. SEX: Male	3. DATE OF DEATH (MONTH, DAY, YEAR): August 30, 1977
4. RACE: White	5a. AGE—LAST BIRTHDAY (YEARS): 68	5b. UNDER 1 YEAR: MO: 10 DAY: 9	5c. UNDER 1 DAY: HOURS: MIN:
6. DATE OF BIRTH (MONTH, DAY, YEAR): Oct. 21, 1908		7a. COUNTY OF DEATH: Lake	
7b. CITY, TOWN, OR LOCATION OF DEATH: Hammond		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes	
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St. Margaret Hospital		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Dorothy (Arubar)	
8. STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY): Pennsylvania		9. U.S.A. CITIZEN OF WHAT COUNTRY: U.S.A.	
11. SOCIAL SECURITY NUMBER: 312-09-5046		12. USUAL OCCUPATION (MOST OF WORKING YEARS, EVEN IF RETIRED): 13a. 301 Baker	
13b. KIND OF BUSINESS OR INDUSTRY: Union Tank Car Co.		14a. RESIDENCE—STATE: Indiana	
14b. COUNTY: Lake		14c. CITY, TOWN OR LOCATION: Hammond	
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes		14e. TOWNSHIP: North	
14f. STREET AND NUMBER: 327 - 171st Place		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or states of service):	
14h. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15. FATHER—NAME FIRST: Rudolph MIDDLE: LAST: Mamala	
15. OTHER—MAIDEN NAME FIRST: Mary MIDDLE: LAST: Zrnich		16. MOTHER—NAME FIRST: Dorothy MIDDLE: LAST: Mamala	
16. RELATIONSHIP: 17b. Wife		17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1327-171st Pl., Hammond, Ind. 46321	
18. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE—OTHER LINE FOR (a), (b), AND (c)			
19. IMMEDIATE CAUSE: (a) Brain Tumor (b) Metastatic lesions to spine			
20. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)			

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**FILED**

This Document is the Lake County Record

DEC 20 2005

**PEGGY HOILINGA KATONA**  
**LAKE COUNTY AUDITOR**

**017103**

**RECORDER'S OFFICE**  
**INDIANA**

21. DATE & TIME OF DEATH: August 30, 1977 8:00 AM	22. SIGNATURE OF PHYSICIAN: Albert T. Willard	23. PHYSICIAN'S ADDRESS: 30 Douglas	24. DATE: Sept. 2, 1977	25. HEALTH OFFICER—SIGNATURE: [Signature]
26. FUNERAL HOME: Solan Funeral Home	27. ADDRESS: Calumet Ave., Hammond, Ind. 46324	28. CITY OR TOWN: Hammond	29. STATE: Indiana	30. ZIP: 46324

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

AUG 1 1979  
Date issued

*J. J. Remick*  
HAMMOND HEALTH COMMISSIONER

