

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 072022

2010 DEC -7 AM 10:15

RECORDER OF DEEDS
LAKE COUNTY, INDIANA

STATE OF INDIANA)
) SS:
COUNT OF LAKE)

SURVIVORSHIP AFFIDAVIT

I, JOYCE KOLLAR, this 29 day of ^{NOVEMBER} ~~June~~, 2010, being first duly sworn upon oath, states as follows:

1. That she is the Personal Representative of the Estate of MARY MAZALAN.
2. That MARY MAZALAN was the surviving spouse of PAUL J. MAZALAN, Deceased.
3. That PAUL J. MAZALAN passed away on the 7th day of July, 2001 (Copy of Death Certificate attached).
4. That PAUL J. MAZALAN and MARY MAZALAN were duly and legally married at the time PAUL J. MAZALAN and MARY MAZALAN acquired an interest in the following real estate:

Lots Numbered THIRTY-ONE (31) and THIRTY-TWO (32), in Block Numbered One (1), as marked and laid down on the recorded plat of GOLFMOOR, in the Town of Highland, Lake County, Indiana, as same appears of record in Plat Book 21, page 56, in the Recorder's Office of Lake County, Indiana

Key No. 45-07-21-426-012.000-026

Commonly known as: 3019 Franklin Street, Highland, IN 46322

5. That the marital relationship which existed between PAUL J. MAZALAN and MARY MAZALAN at the time PAUL J. MAZALAN and MARY MAZALAN acquired an interest in said real estate remained in effect and unbroken until the date of PAUL J. MAZALAN'S death.

FILED

DEC 07 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

030807

15th
002473
RW

6. That all funeral expenses in connection with the death of PAUL J. MAZALAN have been paid in full; and
7. That no estate was opened for PAUL J. MAZALAN, and no individual received property from PAUL J. MAZALAN, either by way of Joint Tenancy, Small Estates Affidavit or other summary proceeding in excess of the exemption for Indiana Inheritance Tax purposes.
8. That the estate of PAUL J. MAZALAN did not necessitate the filling of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH NOT.

Joyce Kollar

JOYCE KOLLAR, Personal Representative of the Estate of Mary Mazalan, Surviving Spouse of PAUL J. MAZALAN

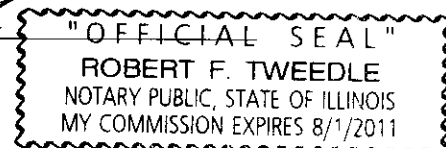
STATE OF ^{ILLINOIS} INDIANA)
COUNT OF ^{COOK} LAKE) SS:
)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 29 day of ~~June~~^{November}, 2010.

My commission expires: 8/1/2011

[Signature]
Notary Public

Resident of Lake County



This instrument prepared by: *[Arrow]* Robert F. Tweedle, #20411-45
Attorney at Law
2842 – 45th Street, Suite A
Highland, IN 46322
(219) 924-0770

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.
Robert F. Tweedle

Return to: Robert F. Tweedle, 2842 – 45th Street, Suite A., Highland, IN 46322

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1564-61

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED NAME (First Middle Last) PAUL MAZALAN		2 SEX MALE		3a TIME OF DEATH 1:30 P.M.		3b DATE OF DEATH (Month Day Year) JULY 7, 2001	
4 SOCIAL SECURITY NUMBER [REDACTED]		5a AGE—Last Birthday (Years) 80		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) AUGUST 17, 1920		7 BIRTHPLACE (City and State or Foreign Country) GLEN ROBBINS, OHIO					
8a WAS DECEDENT A U.S. VETERAN? YES		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution give street and number) 3019 FRANKLIN ST.				9c CITY TOWN OR LOCATION OF DEATH HIGHLAND		9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED		11 SURVIVING SPOUSE (If wife give maiden name) MARY GUZOREK		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MAINTENANCE		12b KIND OF BUSINESS/INDUSTRY AMOCO OIL	
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY TOWN OR LOCATION HIGHLAND		13d STREET AND NUMBER 3019 FRANKLIN ST.	
13e ZIP CODE 46322		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.	
15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) WHITE		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (13-16 or 17+)			
18 FATHER'S NAME (First Middle Last) JOHN PAUL MAZALAN				19 MOTHER'S NAME (First Middle Maiden Surname) MARGARET KARETKA			
20a INFORMANT'S NAME (Type/Print) MARY MAZALAN				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3019 FRANKLIN ST. HIGHLAND, IN. 46322		20c Relationship WIFE	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) JULY 11, 2001 CHAPEL LAWN MEMORIAL GARDENS		21c LOCATION—City or Town, State SCHERERVILLE, INDIANA			
22a EMBALMER'S NAME SCOTT J. PREWITT		22b EMBALMER'S LICENSE NO. FDO1006861		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FDO1006015		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL HOME FHS3003035 2828 HIGHWAY AVE. HIGHLAND, IN. 46322			
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a <i>obstructive jaundice</i>							
b <i>liver failure</i>							
c <i>Cancer pancreatic with metastasis to liver</i>							
d							
PART II Other significant conditions: Conditions contributing to death but not previously stated in Part I							
<i>liver failure</i>							
<i>chronic kidney disease</i>							
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO			
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c MEDICAL LICENSE NO. 01030909		29d DATE SIGNED (Month Day Year) 7-9-01	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 2912 Highway Ave Highland IN 46322 Dr. B. Gandhi							
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32 DATE FILED (Month Day Year) <i>[Signature]</i>	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)	
		34d DESCRIBE HOW INJURY OCCURRED		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.					