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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 077156

2010 DEC 29 PM 3: 35

MICHELLE E. BAUMAN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: , Deceased
Key No.: 45-07-16-206-018.000-23

CHICAGO TITLE INSURANCE COMPANY

RT1009082

SURVIVORSHIP AFFIDAVIT

Mary Mamrila, being first duly sworn, states:

- 1. Mary Mamrila is the wife of Edward Mamrila, now deceased.
- 2. Mary Mamrila and Edward Mamrila are the owners of the following described

real estate located in Lake County, Indiana:

Lots 25, 26 and 27 in Block 3 in J.R. Brant's Parkview Addition
To the City of Hammond, as per plat thereof, recorded in Plat Book
20 page 21 in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 7448 Arizona, Hammond, Indiana

- 3. The real estate was transferred by warranty deed to Mary Mamrila and Edward Mamrila, husband and wife, as tenants by the entireties on OR ABOUT DECEMBER 1969
- 4. Mary Mamrila and Edward Mamrila were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the time they acquired title until the death of EDWARD M. MAMRILA, at which time Mary Mamrila acquired title to the real estate as surviving tenant by the entireties. (A certified copy of the death certificate of EDWARD M. MAMRILA is attached hereto and incorporated herein by reference as Exhibit "A".)

FILED

DEC 29 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

#15
CT
Cox

057021

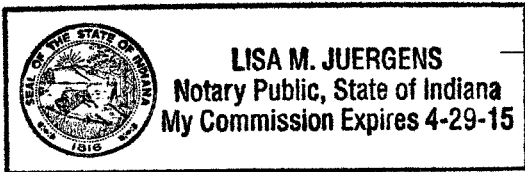
5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in MARY MARILA, and to induce the Auditor of Lake County, Indiana to update the ownership of such real estate on the Auditor's records.

Edward M. Mamula

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

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

Signed and sealed this 26th day of October, 2010.



Lisa M. Juergens
Notary Public

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.

Carol Green-Fraley

This instrument prepared by and after recording should be returned to:
Carol Green-Fraley of Beckman, Kelly & Smith
5920 Hohman Avenue, Hammond, Indiana 46320 (219) 933-6200

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 60-89

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS THIS DEPARTMENT COMPLETE COPY OF THIS CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

1. DECEASED—NAME FIRST MIDDLE LAST EDWARD M. MAMRILA						2. SEX MALE	3. DATE OF DEATH (Mo. Day, Yr.) JAN. 9, 1989
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 64	5b. UNDER 1 YEAR Months Days Hours Minutes	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) Aug. 9, 1924	7. BIRTHPLACE (City and State or Foreign Country) East Chicago, IN	
8. YEAR LAST SERVED IN U.S. ARMED FORCES? January 3, 1946		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL			9c. CITY, TOWN, OR LOCATION OF DEATH MINSTER		9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mary Slamka		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Selfemployed		12b. KIND OF BUSINESS/INDUSTRY Restaurant Bus.	
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION HAMMOND		13d. STREET AND NUMBER 7448 Arizona Avenue	
13e. INSIDE CITY LIMITS? (Yes or no) Yes		13f. FARM No		13g. ZIP CODE 46323		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE—American Indian, Black, White, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)					
17. FATHER'S NAME (First, Middle, Last) John Mamrila				18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Starek			
19a. INFORMANT'S NAME (Type/Print) Mary Mamrila				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7448 Arizona Ave, Hammond, IN 46323		19c. Relationship Wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 12, 1989 St John Cem. Hammond, IN			20c. LOCATION—City or Town, State	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Eli Veijko</i>			21b. LICENSE NUMBER (of Licensee) FDE: 1008300		22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Oleska Funeral Home FDE 155 3934 Elm St, E. Chicago, IN 46312		
Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death		23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title <		23b. LICENSE NUMBER		23c. DATE SIGNED (Month, Day, Year)	
24. TIME OF DEATH 4 30 A. M		25. DATE PRONOUNCED DEAD (Month, Day, Year) JAN. 9, 1989		26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) No			
27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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>Metastatic adenocarcinoma of colon</i> DUE TO (OR AS A CONSEQUENCE OF):							
b. DUE TO (OR AS A CONSEQUENCE OF):							
c. DUE TO (OR AS A CONSEQUENCE OF):							
d. DUE TO (OR AS A CONSEQUENCE OF):							
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
<i>Bronchogenic carcinoma</i>							
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO							
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)							
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <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) and manner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER <i>R. R. R.</i>				29c. LICENSE NUMBER 18389		29d. DATE SIGNED (Month, Day, Year) 1-9-89	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) RONALD R. REED, M.D. 4641 RIDGE ROAD, HIGHLAND, IND. 46322							
31. HEALTH OFFICER'S SIGNATURE <i>Ronald R. Reed</i>						32. DATE FILED (Month, Day, Year) JAN 11 89	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
34d. 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)			