

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 067227

2012 SEP 24 PM 3:00

MICHAEL P. FAJMAN
RECORDER

SURVIVORSHIP AFFIDAVIT

Comes now MARC R. MUSTAFA, being first duly sworn, and states:

1. He is the surviving adult son of MARVIN MUSTAFA, deceased, and Eleanor A. Mustafa.
2. Eleanor A. Mustafa is the surviving spouse of MARVIN MUSTAFA, who passed away on April 28, 2007.
3. He makes this Affidavit on his personal knowledge.
4. Prior to his April 28, 2007 death, Marvin Mustafa and Eleanor A Mustafa were the owners, as husband and wife, of certain real estate in Lake County, Indiana, to wit:

Parcel 1:
 Lot Eight (8), Block One (1) in FOGG and HAMMOND'S ADDITION TO THE CITY OF HAMMOND, as shown in Plat Book 1, page 95, in the Office of the Recorder of Lake County, Indiana.
 Commonly known as: 822 Willow Court, Hammond, IN 46320
 Parcel No.: 45-03-31-303-008.000-023

Parcel 2:
 Lot Nine (9), Block One (1) in FOGG and HAMMOND'S ADDITION TO THE CITY OF HAMMOND, as shown in Plat Book 1, page 95, in the Office of the Recorder of Lake County, Indiana.
 Commonly known as: 824 Willow Court, Hammond, IN 46320
 Parcel No.: 45-03-36-303-009.000-023

Parcel 3:
 Lot Ten (10), Block One (1) in FOGG and HAMMOND'S ADDITION TO THE CITY OF HAMMOND, as shown in Plat Book 1, page 95, in the Office of the Recorder of Lake County, Indiana.
 Commonly known as: 826 Willow Court, Hammond, IN 46320
 Parcel No.: 45-03-31-303-010.000-023

Parcel 4:
 Lot 37 in Forsyth's Terminal Subdivision, in the City of Whiting, as per plat thereof, recorded in Plat Book 5, page 5, in the Office of the Recorder of Lake County, Indiana.
 Commonly known as: 2300 Schrage, Whiting, IN 46394
 Parcel No.: 45-03-08-302-023.000-025

Parcel 5:
 Lot 38 in Forsyth's Terminal Subdivision, in the City of Whiting, as per plat thereof, recorded in Plat Book 5, page 5, in the Office of the Recorder of Lake County, Indiana.
 Commonly known as: 2302 Schrage, Whiting, IN 46394
 Parcel No.: 45-03-08-302-024.000-025

Parcel 6:
 Lot No. Thirty-nine (39) and Part of Lot No. Fourteen (14) and alley lying between North and South lines of Lot 39 extended West to the East line of White Oak Avenue, as marked and laid down on the recorded plat of Forsyth's Terminal Subdivision, in Lake County, Indiana, as the same appears of record in Plat Book 5, page 5, in the Recorder's Office of Lake County, Indiana.
 Commonly known as: 2304 Schrage, Whiting, IN 46394
 Parcel No.: 45-03-08-302-025.000-025

Parcel 7:
 Lot 21, Block 2, Central Park Addition to Whiting, as shown in Plat Book 5, page 1, Lake County, Indiana.
 Commonly known as: 1748 LaPorte Avenue, Whiting, IN 46394
 Parcel No.: 45-03-07-203-034.000-025

AMOUNT \$ 15
 CASH _____ CHARGE _____
 CHECK # 6350
 OVERAGE _____
 COPY 3
 NON-COM _____
 CLERK ad

FILED

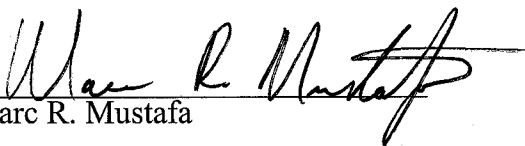
26396

SEP 24 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

5. Marvin Mustafa and Eleanor A Mustafa were married when they owned the described real estate and remained married continuously to the death of Marvin Mustafa.

6. Exhibit "A" attached hereto is a true copy of the death certificate of Marvin Mustafa, except for the redaction of a Social Security number.

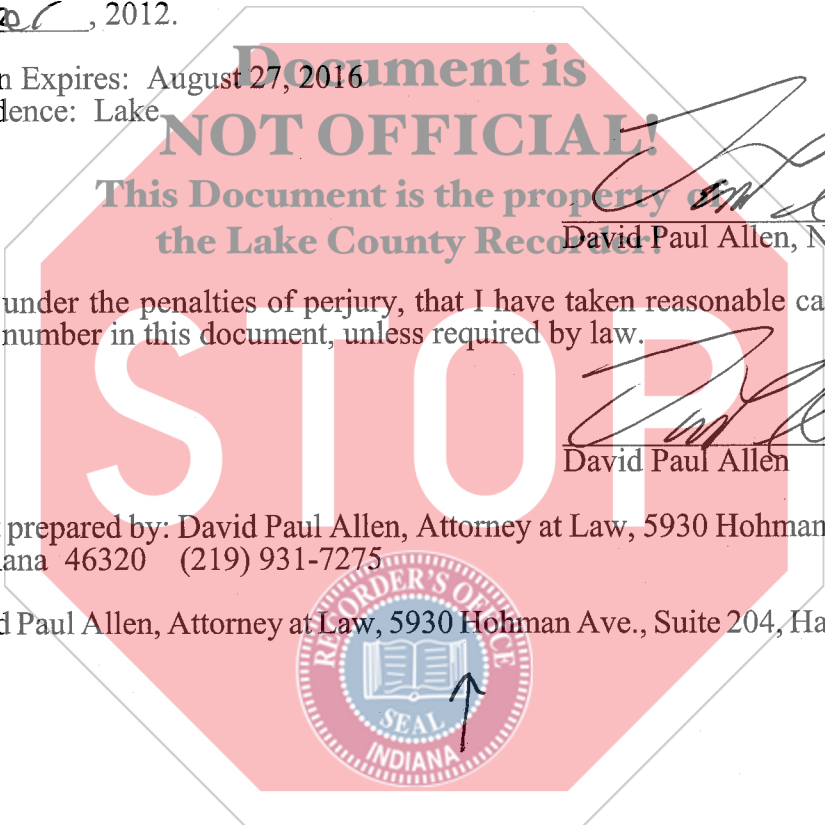


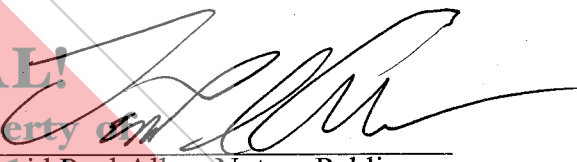
Marc R. Mustafa

STATE OF INDIANA)
)
COUNTY OF LAKE)

Subscribed and sworn to before me by affiant Marc R. Mustafa this 12th day of September, 2012.

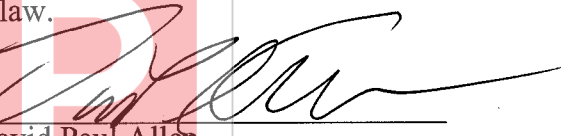
My Commission Expires: August 27, 2016
County of Residence: Lake





David Paul Allen, Notary Public

I affirm under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.



David Paul Allen

This instrument prepared by: David Paul Allen, Attorney at Law, 5930 Hohman Ave., Suite 204, Hammond, Indiana 46320 (219) 931-7275

Return to: David Paul Allen, Attorney at Law, 5930 Hohman Ave., Suite 204, Hammond, Indiana 46320

153591

City Of East Chicago
East Chicago, In 46312

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

Local No. 99

State No. _____

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

FORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) MARVIN MUSTAFA				2. SEX MALE		3a. TIME OF DEATH 8:15A		3b. DATE OF DEATH (Month, Day, Yr) APRIL 28, 2007	
4. *SOCIAL SECURITY NUMBER XXXXXXXXXX		5a. AGE—Last Birthday (Years) 81		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) OCT. 29, 1925	
7a. WAS DECEDENT A U.S. VETERAN? YES		7b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1985		7. BIRTHPLACE (City and State or Foreign Country) DETROIT, MICHIGAN					
9a. PLACE OF DEATH (Check only one. See instructions)				9b. FACILITY NAME (If not institution, give street and number) ST. CATHERINE HOSPITAL		9c. CITY, TOWN, OR LOCATION OF DEATH EAST CHICAGO		9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) ELEANOR A. NORDIN		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) INDUSTRIAL ENGINEER			12b. KIND OF BUSINESS/INDUSTRY INLAND STEEL CO.		
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION WHITING		13d. STREET AND NUMBER 1748 LaPORTE AVENUE			
13e. ZIP CODE 46394		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) 5+							
18. FATHER'S NAME (First, Middle, Last) ABRAHAM MUSTAFA				19. MOTHER'S NAME (First, Middle, Maiden Surname) MINNIE CAULK					
20a. INFORMANT'S NAME (Type/Print) MR. MARC MUSTAFA				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10423 ELLISON, LITTLETON, CO 80125				20c. Relationship SON	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) MAY 2, 2007 RIDGELAWN CEMETERY				21c. LOCATION—City or Town, State GARY, INDIANA	
22a. EMBALMER'S NAME: HENRY J. BLAKE				22b. EMBALMER'S LICENSE NO. FDE01019406		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Walter A. D. [Signature]</i>				24b. LICENSE NUMBER (of Licensee) FDE01019456		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BARAN & SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394			
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.									
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. INTRACRANIAL HEMORRHAGE						Approximate Interval Between Onset and Death	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. _____						_____	
		c. _____						_____	
		d. _____						_____	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) N/A		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A	
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>VAE</i>							
						29c. MEDICAL LICENSE NO. 01039547		29d. DATE SIGNED (Month, Day, Year) APRIL 30, 2007	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) C. PATEL, M.D., 2075 INDIANAPOLIS BLVD., WHITING, INDIANA 46394									
31. HEALTH OFFICER'S SIGNATURE <i>Quia Bonheur Abornika MD</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 OCCURRED		32. DATE FILED (Month, Day, Year) 4/30/07	
		34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		EXHIBIT A					
34e. DATE PRONOUNCED DEAD (Month, Day, Year)			34f. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, or						

