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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 085004

2012 DEC -3 PM 3:08

MICHELLE N. FAJMAN
RECORDER

CORRECTED 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. This Affidavit is made on his personal knowledge and substantially restates that Survivorship Affidavit executed by him on September 12, 2012 and recorded in the Office of the Recorder of Lake County, Indiana on September 24, 2012 as document no. 26396, **except that** this corrected document adds reference below at descriptions of parcels 4 and 5 a reference to an adjacent lot 14 and vacated alley and further corrects one incorrect digit in the parcel number to parcel 2.
4. He makes this Affidavit on his personal knowledge.
5. 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.: 45-03-31-303-009.000-023

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 and Part of Lot No. Fourteen (14) and alley lying between North and South lines of Lot 37 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: 2300 Schrage, Whiting, IN 46394

Parcel No.: 45-03-08-302-023.000-025

Parcel 5:

Lot 38 and Part of Lot No. Fourteen (14) and alley lying between North and South lines of Lot 38 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: 2302 Schrage, Whiting, IN 46394

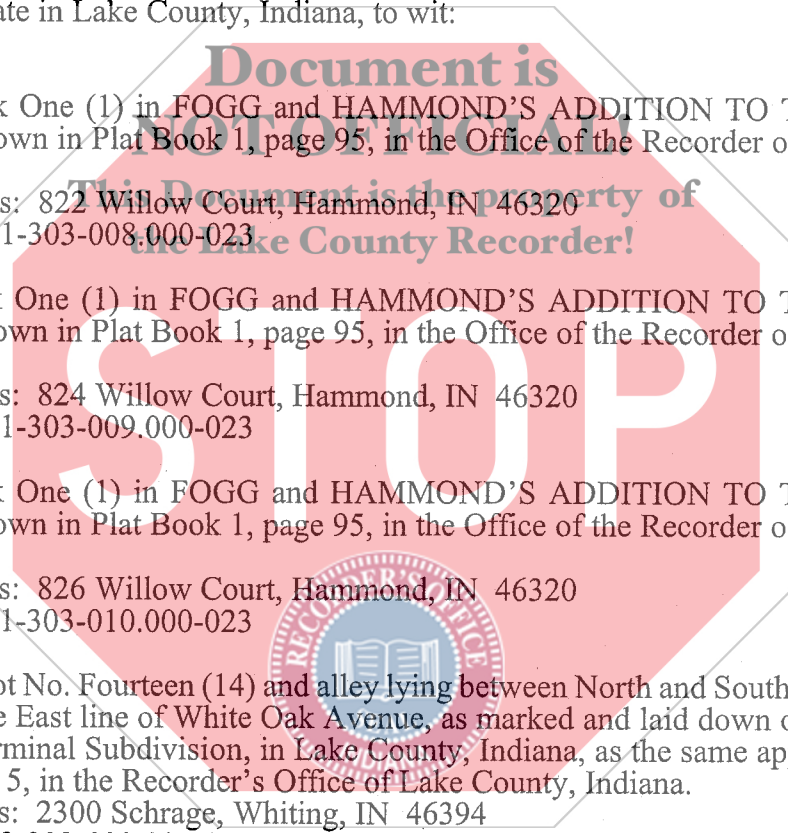
Parcel No.: 45-03-08-302-024.000-025

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



FILED

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

#16

CR# 26372

015661

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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

6. 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.

7. 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

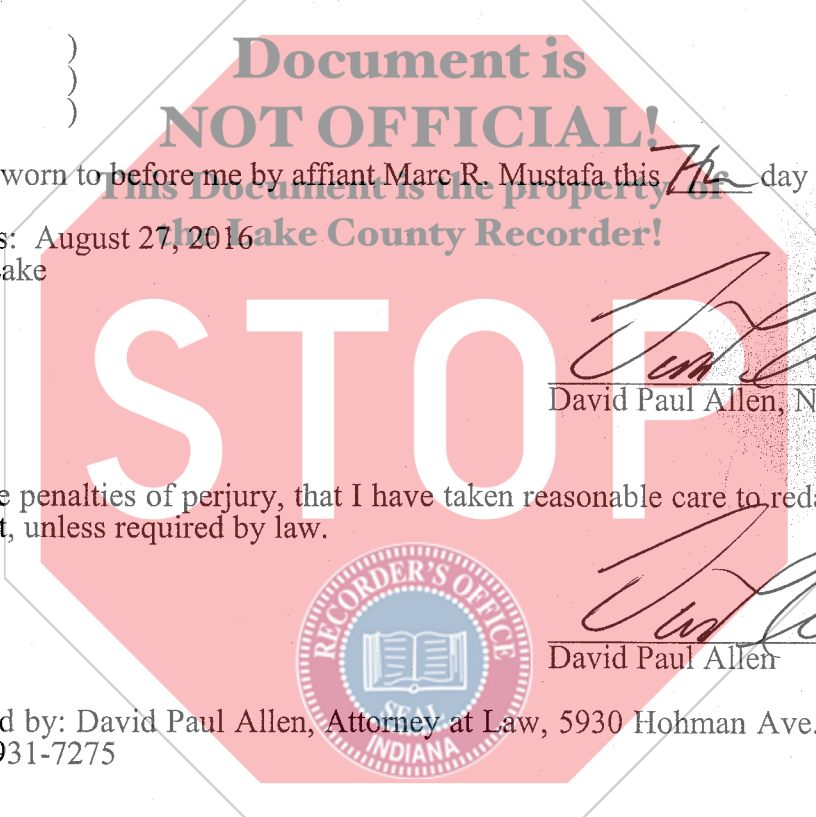
STATE OF INDIANA)

COUNTY OF LAKE)

Subscribed and sworn to before me by affiant Marc R. Mustafa this 7th day of November, 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

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

File No. 99

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

REPRINT
IN
PERMANENT
BLACK INK

IDENT

NOTES

INFORMANT

POSITION

END OF

CERTIFIER

HEALTH

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	7. BIRTHPLACE (City and State or Foreign Country) DETROIT, MICHIGAN	
8a. WAS DECEASENT A U.S. VETERAN? YES	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1985	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		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. DECEASENT'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 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEASENT 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. DECEASENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 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 J. S. [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 disease, 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) INTRACRANIAL HEMORRHAGE						
CONDITIONAL, if any, which gave rise to the immediate cause, stating the underlying cause last						
PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I.						
27. WAS DECEASENT 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>Paula Bernice Atkinson MD</i>				32. DATE FILED (Month, Day, Year) 4/30/07		
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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) A		
34d. DATE PRONOUNCED DEAD (Month, Day, Year)		34e. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, or				

