

LAKE COUNTY RECORDER

MIKE BROWN

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 JAN 8 AM 10:31

STATE OF ILLINOIS)

COUNTY OF COOK)

SS:

2013 001464

On this 10 day of December, 2012 before me personally appeared JOEL CARILLO, to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
- Affiant is a friend of decedents BRANKO D. MAMULA and GERTRUD I. MAMULA, who were the joint owners of the following described real estate:

The East Half of Lot Numbered One Hundred Nineteen (119) in Prairie View Unit ~~23~~ an Addition to the City of Crown Point, as per plat thereof, recorded in Plat Book 88, page 59, in the Office of the Recorder of Lake County, Indiana, commonly known as 1642 Evergreen Avenue, Crown Point, Indiana 46307, property No. 45-16-09-252-032.000-042

- That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of death.
- That said BRANKO D. MAMULA died on July 17, 2008 leaving a will, a resident of Lake County, Indiana. That said GERTRUD I. MAMULA died on May 19, 2009 leaving no will, a resident of Lake County, Indiana.
- That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax, and Indiana Income Tax will be paid by Branko Mamula estate

This Document is being re-recorded to correct the Unit # in the legal description*

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 MAR 27 AM 10:42

MICHAEL B. BROWN
RECORDED

022673

FILED

MAR 25 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Joel Carrillo
Joel Carrillo
18816 Park Avenue, Lansing IL 60438

Subscribed and sworn to before me by the affiant this 10th day of December, 2012.

Marlene Ramos
(Notary Public)
Resident of COOK County
My Commission Expires: Nov 1, 2015

000171
"OFFICIAL SEAL"
MARLENE RAMOS
Notary Public, State of Illinois
My Commission Expires Nov 01, 2015

This instrument prepared by Jeffrey V. Cefali, Attorney at Law, 17 Main Street, Hobart, Indiana, 46342.

HOLD FOR MERIDIAN TITLE CORP

11524

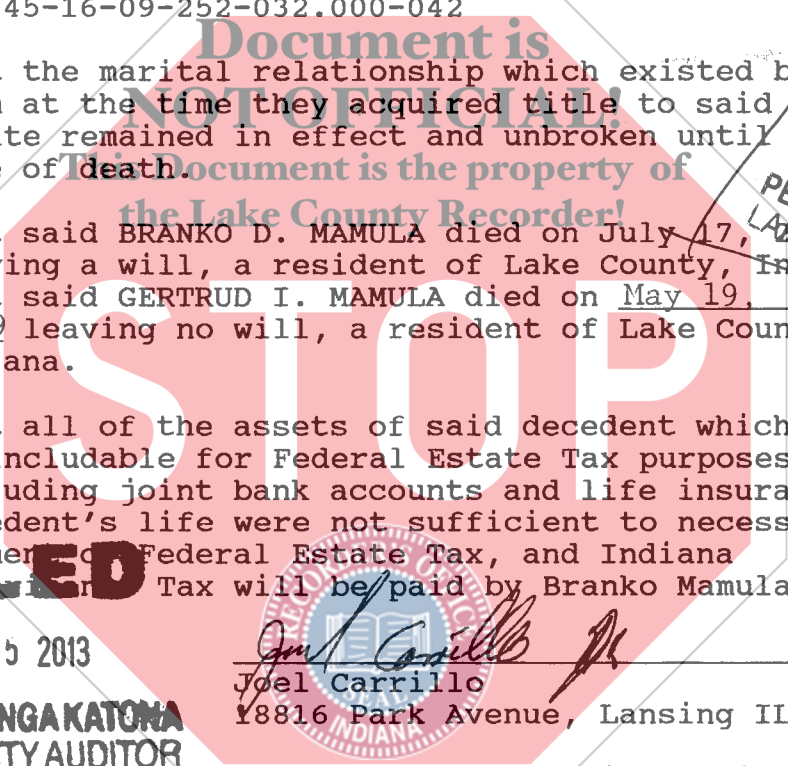
2 12-40832

FILED

JAN 07 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1/15/13
non com
MT
14/10
non com
MT
1/15/13





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

COPY

Local No. 1968-05

State No.

1. Decedent's Legal Name (First, Middle, Last) GERTRUD I. MAMULA			1a. Maiden Last Name (If Female) AUGSTEN		2. Sex F	3. Time Of Death 3:48 PM	4. Date Of Death (Month/Day/Year) MAY 19, 2009
5. Social Security Number 311-40-8435	9a. Age Yrs 80	9b. Under 1 Year Months	9c. Under 1 Month Days	9d. Under 1 Day Hours	9e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) July 31, 1928	8. Birthplace (City And State Or Foreign Country) BILIN, CZECHOSLAVAKIA
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)		
11. Facility Name (If Not Institution, Give Street And Number) ST. ANTHONY MEDICAL CENTER							
12. City Or Town, State, And Zip Code CROWN POINT, INDIANA 46307				13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name BRANKO D. MAMULA			15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry AT HOME
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT,			
18c. Street And Number 1642 EVERGREEN AVENUE			18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education Some college credit, but no degree		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) FRANZ AUGSTEN			23. Mother's Name (First, Middle, Last) ELIZABETH AUGSTEN			23a. Mother's Maiden Last Name HAUPTVOGEL	
24. Informant's Name BRANKO D. MAMULA		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 1642 EVERGREEN AVENUE, CROWN POINT, INDIANA 46307			
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) NW INDIANA CREMATION SERVICE		25c. Location - City, Town, And State CROWN POINT, INDIANA 46307			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, IN 46307				27a. Funeral Home License Number: 83002445	
27b. Signature Of Indiana Funeral Service Licensee: <i>James T. Burns</i>					27c. License Number (Of Licensee) 01009461		
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Approximate Interval: Onset To Death							
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>cardiac arrest</u> B. <u>myocardial infarction</u> C. <u>Arteriosclerosis cardiovascular disease</u> D. <u>obese</u>							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I							
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No. 38d. Zip Code	
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death: <i>Feeling</i>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ARSENIO FAVOR, M.D, 10107 N. 175 E., DEMOTTE, IN 46310				44. License Number 01035767		45. Date Certified 5/27/09	
46. Additional Funeral Service Provider:				47. *Akas:			
48. Signature Of Local Health Officer: <i>Susan J. Best, D.O.</i>				49. For Registrar Only - Date Filed (Month/Day/Year): May 27, 2009			