2014 018152

2014 MAR 31 AM 9: 33

MICHAEL B. DROWN RECORDER

STATE OF INDIANA

)SS:

COUNTY OF LAKE

)

## AFFIDAVIT OF SURVIVORSHIP

Pamela M. Damore, being sworn upon her oath, states as follows:

- She is an adult and resides in Munster, Indiana and is the surviving spouse of Michael A.
   Damore.
- 2. Michael A. Damore, along with Pamela M. Damore were owners in the following described real estate in Lake County, Indiana, to-wit:

Lot 26 in Block 2 in Broadmoor Addition to Munster, as per plat thereof, recorded in Plat Book 18 Page 3, in the Office of the Recorder of Lake County, Indiana Commonly known as: 7809 Forest Avenue, Munster, IN 46321; Parcel ID:

Parcel ID: 45-06-13-326-011.000-027FFICIAL!

- Pamela M. Damore and Michael A. Damore, were Husband and Wife at the time they acquired title to the above-described real estate and so remained until the death of Michael A. Damore, and they were never divorced.
- 4. Michael A. Damore died on October 20, 2013, that all expenses and taxes incurred in connection therewith have been paid in full and that there are no unpaid bills left by reason of his death.

5. This Affidavit is made for the purpose of clearing title to the above parcel of real estate.

Subscribed and Sworn to before me this 14 day of February, 2014.

M. Christine Gamez, Notary Public

Commission Expires: November 15, 2014

County of Residence: Lake

Pamela M. Damore

"Official Seal"
M. Christine Gamez
sident Of Lake County, IN
My commission expires
November 15, 2014

15, 2014

20904

This instrument prepared by: Michelle K. Wendlinger, Attorney, 900 Ridge Road, Suite K, Munsky, TN 46321

PEGGY HOLINGA KATONA PEGGY HOLINGA KATONA LINAN, FIN 46321 13. CC

08

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 003488			EDR No 00000349537			State No 048972				
Decedent's Legal Name (First, Mide		1a, Maiden Name (If female)			Sex 3. Time Of Death 4. Date Of Death (Month/Date)					
MICHAEL A DAMORE						MALE	09:10	PM	1	0/20/2013
Social Security Number   6a. Age	- Yrs 6b. Unde	r 1 Year 6c. Under 1	Month 6d Under 1 Day	6e Under 1 Hour	7 Date of B	irth (Month/Day/)				
5	6 Months	Days	Hours	Minutes	01	/20/1957	RO	STON, M	Δ	
	0 If Death Occurred		.10010	10a. If Death Occur				OTON, IVI	1	
	Incation: D F	waana Dagaamaa Ca	patient Dead on Arriv	Hospice Facility	□ Deced     □ Deced	dent's Home	Nursing Hor	ne/Long-term (	are Facility	
The same of the sa			patient	Other (Specify)						
<ol> <li>Facility Name (If Not Institution, G</li> <li>7809 FOREST AVENUE</li> </ol>	sive Street and Numb	er)								
12 City Or Town, State, And Zip Cod	0			13. County O	Death		14	Marital Status	At Time O	Death
	Service of the Control of the Contro			Married Married, But						
MUNSTER, IN, 46321				LAKE			☐ Widowed ☐ Never Married ☐ Unknown			
15 Surviving Spouse's Name			15a. (If Wife)Give Maio	den Last Name	16	Decedent's Usu	al Occupation	3	17. Kind O	Business/Industry
PAMELA DAMORE		CARTER		INSPECTOR			L	OME II	ME INSPECTION	
18 Residence - State	18a. County	CANTEN	18b City Or Town					ONE	VOFECTION	
INDIANA				I was additioned and						
18c. Street And Number		LAKE		MUNSTER		40d A	et No	19a 7ia Ca	do I	19f Incide City Limite 2
Judes And Hamber						18d. A	pt No.	18e, Zip Co		18f. Inside City Limits?
7809 FOREST AVENUE						4632		21	Yes No	
19. Decedent's Education	20 Decedent Of	Hispanic Origin	21. De	21. Decedent's Race						
DACHELODIS DECOSES	(DA AD DO)	NOTHER	NIC	18.0						
BACHELOR'S DEGREE  22. Father's Name (First, Middle, Last)		NOT HISPA	ANIC	White 23. Mother's Name (F		_ast)		23a Mo	ther's Mairle	en Last Name
				Zo. moodo o riamo (r	//			Loui mo		
EUGENE A DAMORE			JOSEPHINE D	JOSEPHINE DAMORE			RUSS	0		
24. Informant's Name	24a. Relation	24a. Relationship To Decedent 24b. Mailing Address (Street Ar				te, Zip Code)				
PAMELA DAMORE		WIFE	7809 FOREST AVENUE, MUNSTER, IN 46321							
		1	25. P	lace Of Disposition						
25a. Method Of Disposition		25b. Place Of Dispositi	ion (Name Of Cemetery, C	Crematory, Other Place)	25c Locat	ion - City, Town, A	And State			
■ Burial	n 🔲 Entombment									
Other (Specify):		ASSUMPTION	CEMETERY	110001	GLENV	VOOD, IL				
26 Was Coroner Contacted?	27. Name And	Complete Address Of F	uneral Facility		15				27a. Funer	al Home License Numbe
☐ Yes ☒ No	ANTHONY	& DZIADOWIC	Z FUNERAL HO	ME, INC -MUNS	STER, 94	45 CALUM	ET AVE,			
1000 1000 1000 1000 1000 1000 1000 100	MUNSTER	R, IN 46321	MORRO		IA				H8300	2916
27b. Signature Of Indiana Funeral Se KYLE J. KUTLIK, BY EL	ECTRONIC S	IGNATURE.				FD2080	00089	ORY OF		
		I mis	Cause Of Death (S			TIV OI		E WITH T	HE	Approximate
28. Part I. Enter The <u>Chain Of Ev</u> Such As Cardiac Arrest, Respirat A Line. Add Additinal Lines If Ne	ory Arrest, Or Vent	fjuries Or Complicate ricular Fibrillation With	ons - That Directly Cause out Snowing The Etiolog	ed The Death. Do Not E	nter Termin	al Events	HEALTH	DEPART	MENT	Interval Onset To Death
Immediate Cause (Final Disease	Or Condition Resu	Iting In Death)	A. GASTRIC CANCE	ER		00	TAO	1012		
					Due to Or As A C	onsequence On	1 70	.013		
Sequentially List Conditions, If A			В		Due to Or As A G	onsequence Of).				-
Line A. Enter The Underlying Ca The Events Resulting In Death) L		ury That Initiated	C.				200	Est. De	2	
Figure 1 and 1 an						As A Consequence Of LAKE COUNTY HEALTH OFFICER				
			D			LAKE COU	NTY HEAL	TH OFFIC	ER	1
Part II Enter Other Significant Condition	ons Contributing to D	eath But Not Resulting I	n The Underlying Cause G	ivin In Part I	29. Was An	Autopsy Perform	ed?	Yes	⊠ No	
					30. Were A	utopsy Finding Av	ailable To Con			17 Yes No
31. Did Tobacoo Use Contribute To D	eath? 32	. If Female:				33. 1	Manner Of Dea	th		□ 169 □ 140
Yes Probably No 🛛 U	okoowo		Pregnant At Time Of Death							Pending Investigation
34. Date Of Injury (Month/Day/Year)	and the same of	Not Pregnant, But Pregnant 4 5. Time Of Injury	3 Days To 1 year Before Death	Unknown Pregnant Will lace Of Injury (E.G., Dece				Id Not Be Dete		Injury At Work?
on on agory (montropayr rear)	13	Time or injury	E C	The state of the s	Serie a Floride	, Johnstruction Site	, residurant,	Area)		Yes No
29 Lacation Of lace - Charles		de Ora	50.	Cont ( No.				280 1-11		22.000
38. Location Of Injury - State	38	Ba. City Or Town	38b	Street & Number				38c. Apt. No.	38d	Zip Code
39 Describe How Injury Occurred			E :	SEAL ST		40.	f Transportation	n Injury, Speci	fy:	or (Separatio)
			THE STATE OF THE S	MOLANA LILI			Terroperator []	Trees		Columnia.
41 Signature. Of Person Certifying C		MIC CICALATU	PE W	Allinin		42 Certifier (C				
MATTHEW A. MAZUR,  43 Name, Address And Zip Code Of	Person Certifying Ca	use Of Death:	77			Certifying P	hysician 44. License N	Coroner		leath Officer Date Certified
The same of the code of	/			Participation of the state of t		45.	22.0 00111100			
MATTHEW A. MAZUR ,				02003607A			10/25/2013			
46. Additional Funeral Service Provid SCHROEDER-LAUER F		ME					47. Akas:			
48. Signature of Local Health Officer:	UNLIVAL HOI	VIL			49	). For Registrar	Only - Date F	iled (Month/Da	ly/Year):	
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						OCT 28 2013				
			NDMENT TO CERTIFIC	ATE OF DEATH (ENT	RY OR ORK	GINAL)				

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.