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STATE OF INC. LAKE COUNTY FILED FOR RECORD

2014 080514

2014 DEC 18 AM 10: 59

SURVIVORSHIP AFFIDAVIT

MICHAEL B. BROWN RECORDER

STATE OF INDIANA) COUNTY OF (all

Franco Mazzon, being first duly sworn upon oath, deposes and says:

1. That Patricia A. Mazzon died on January 5, 2010 at Hammond, IN. (City/State) 2. That Franco Mazzon and Patricia A. Mazzon were duly and legally married at the time they acquired title as husband and wife to the following described real estate: Property #: 45-07-18-156-019.000-023 Legal Description: LOT 22, BLOCK 7, CALUMET LAWN ADDITION TO HAMMOND, AS SHOWN IN PLAT BOOK 17, PAGE 2, IN LAKE COUNTY, INDIANA. 3. 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 (his) (her) death. 4. That all funeral expenses in connection with the death of said decedent have been paid in full. 5. 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. Further affiant sayeth not. STATE OF INDIANA)
COUNTY OF (1) SS: **ACKNOWLEDGEMENT** Before me, a Notary Public in and for said County and State, personally appeared Franco Mazzon who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this ______ day of December, 20 14 Resident of County, Indiana. SHIRL® NOTARY PUR Signature OTARY PULIS, State of India My Commission Expires: Printed 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.

14-032948 NORTH AMERICAN TITLE COMPANY

FILED DEC 18 2014 PEGGY HOLINGA KATONA AKE COUNTY AUDITO

017199

INDIANA STATE DEPARTMENT OF HEALTH Tracking No. CERTIFICATE OF DEATH

37042

I. Decedent's Legal Name (First, M		<u>0168 </u>		EDR No 0000	<u> </u>	31			<u>0058</u>		0.0
PATRICIA A MAZZON	viidalo, cast	,			e (ii lemale)			3. Time O		4. Date	Of Death (Month/Day/Y
Social Security Number 6a. A	\ge - Yrs	6b. Under 1 Y	rear 6c. Under 1	Month 6d. Under 1 Day	6e. Under 1 Hour	7. Date of	FEMALE Birth (Month/Day/Yea		OPM irthplace (City	y and State	01/05/2010 or Foreign Country)
	51	Months	Days	Hours	Minutes	0	7/07/1958		MMONE) IN	
Ever in U.S. Armed Forces?	10. If Dea	ith Occurred In A	Hospital:		T .	red Somewh	ere Other Than A Hos	spital		···	
Yes 🛭 No 🗌 Unknown	☐ Inpatio	ent 🔲 Emerger	ncy Department Out	patient 🔲 Dead on Arrival	Hospice Facility Other (Specify)	⊠ Dece	edent's Home	Nursing Ho	ome/Long-terr	n Care Fac	ility
Facility Name (If Not Institution 514 TAPPER AVENU		et and Number)			,L						
: City Or Town, State, And Zip C					13. County O	f Death		14	4. Marital Sta	itus At Time	e Of Death
HAMMOND, IN, 46324				LAKE				Married			
Surviving Spouse's Name				15a. (If Wife)Give Maide	LAKE n Last Name	1	6. Decedent's Usual (_	_	Of Business/Industry
RANCO MAZZON								050		011110	
Residence - State			18a. County	1	18b. City Or Tow		FFICE MANA	<i>J</i> ER		CHUR	СН
IDIANA		1	AKE		HAMMOND						
c. Street And Number			ŢIL.		HAMMOND		18d. Apt.	No.	18e. Zip (Code	18f. Inside City Lim
S14 TAPPER AVENU	E								400	20.4	⊠ Yes □ No
Decedent's Education		······································	20. Decedent Of	Hispanic Origin	21. De	ecedent's Ra	ce		46	324	
IGH SCHOOL GRADI OMPLETED	UATE C	OR GED	NOT HISPA	NIC	White						
Father's Name (First, Middle, La	ast)		1101111017	IIVIO	23. Mother's Name (F		Last)		23a. N	fother's Ma	aiden Last Name
ONALD E JOHNSON					LOUISE A JOI	INICEN			500		
. Informant's Name			24a. Relation	ship To Decedent	LOUISE A JOI 24b. Mailing Address		Number, City, State, 2	Zip Code)	FOR	NI	
RANCO MAZZON			HUSBAN	ID I	7614 TAPPER	AVENU	JE HAMMONI	D IN 4	6324		
a. Method Of Disposition	*	1 051		25. Piac	e Of Disposition						
Burial Cremation Dona	ition 🛭 En	tombment	o. Place Of Dispositi	on (Name Of Cemetery, Cre	matory, Other Place)	25c. Local	tion - City, Town, And	State			
Removal From State Other (Specify):		СТ	- IOUNI CT I	OCEDI COLDETT	ment	ion	ovie in				
. Was Coroner Contacted?	27.	Name And Com	nplete Address Of F	OSEPH CEMETE uneral Facility	RYICIIL	HAMM	OND, IN			27a. Fu	neral Home License Nun
]Yes ⊠ No	- I	DNO ELLU	/.NI	OTOE	TAT CI	LAT					
b. Signature Of Indiana Funeral S	IRO	KNS FUN									
	Service Lice	ensee:	/		AY, CROWN F	OINT, I		Number (C	of Licenseer:	FH830	002445
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