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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 080514

2014 DEC 18 AM 10:59

**SURVIVORSHIP AFFIDAVIT**

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF Lake )

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.

Franco Mazzon  
\_\_\_\_\_  
Franco Mazzon

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF Lake )

**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 18th day of December, 2014.

Resident of \_\_\_\_\_ County, Indiana.

Signature

SHIRLEY B. KASPER  
NOTARY PUBLIC - OFFICIAL SEAL  
State of Indiana, Porter County  
My Commission Expires July 31, 2016

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. [Signature]

14-03294P  
NORTH AMERICAN  
TITLE COMPANY

**FILED**  
DEC 18 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

017199

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1550  
AN



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 37042

Local No 000168

EDR No 00000118731

State No 005873

1. Decedent's Legal Name (First, Middle, Last) <b>PATRICIA A MAZZON</b>				1a. Maiden Name (If female) <b>JOHNSEN</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>04:00 PM</b>	4. Date Of Death (Month/Day/Year) <b>01/05/2010</b>																	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>51</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) <b>07/07/1958</b>		8. Birthplace (City and State or Foreign Country) <b>HAMMOND, IN</b>											
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 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 checked="" 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) <b>7614 TAPPER AVENUE</b>										12. City Or Town, State, And Zip Code <b>HAMMOND, IN, 46324</b>		13. County Of Death <b>LAKE</b>		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 <b>FRANCO MAZZON</b>				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation <b>OFFICE MANAGER</b>		17. Kind Of Business/Industry <b>CHURCH</b>															
18. Residence - State <b>INDIANA</b>				18a. County <b>LAKE</b>				18b. City Or Town <b>HAMMOND</b>				18c. Street And Number <b>7614 TAPPER AVENUE</b>		18d. Apt. No.	18e. Zip Code <b>46324</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>				22. Father's Name (First, Middle, Last) <b>DONALD E JOHNSON</b>													
23. Mother's Name (First, Middle, Last) <b>LOUISE A JOHNSEN</b>				23a. Mother's Maiden Last Name <b>FORNI</b>				24. Informant's Name <b>FRANCO MAZZON</b>				24a. Relationship To Decedent <b>HUSBAND</b>													
24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7614 TAPPER AVENUE, HAMMOND, IN 46324</b>												25. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>ST JOHN/ ST JOSEPH CEMETERY</b>		25c. Location - City, Town, And State <b>HAMMOND, IN</b>		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, IN 46307</b>				27a. Funeral Home License Number: <b>FH83002445</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES E. BURNS, SIGNATURE ON FILE</b>												27c. License Number (Or Licensee): <b>ED20700059</b>		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.  Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>METASTATIC RECTAL CARCINOMA</b>  Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. C. D.		28. 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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				Approximate Interval: Onset To Death <b>YEARS</b>	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				32. If Female: <input checked="" 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 checked="" 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"/> Other				41. Signature. Of Person Certifying Cause Of Death: <b>MARK FARREL KOZLOFF, SIGNATURE ON FILE</b>				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: <b>MARK FARREL KOZLOFF, 801 MACARTHUR BOULEVARD, MUNSTER, IN 46321</b>												44. License Number <b>01038049A</b>		45. Date Certified <b>01/07/2010</b>		46. Additional Funeral Service Provider:				47. *Akas:					
48. Signature of Local Health Officer: <b>SUSAN W. BEST, SIGNATURE ON FILE</b>												49. For Registrar Only - Date Filed (Month/Day/Year): <b>JAN 08 2010</b>				AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									