

# AFFIDAVIT OF HEIRSHIP

THIS AFFIDAVIT MUST BE FILED  
IN THE COUNTY CLERK'S RECORD.

Reported owner name: <u>Daniel Mayorga, Jr.</u>	Claim number:
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This Affidavit must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination to the estate.

Affidavit of facts concerning the identity of Heirs for the Estate of: Daniel Mayorga, Jr.

Before me, the undersigned authority, on this day personally appeared: M. Christine Gamez ("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: M. Christine Gamez

I live at: 3729 Fir Street, East Chicago, Indiana

I am personally familiar with the family and marital history of: Daniel Mayorga, Jr. (Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from 11/09/1952 until 01/12/2014 Decedent died on January 12, 2014.

Decedent's place of death: Hammond Indiana

At the time of decedent's death, decedent's residence was: Hammond Indiana

3. Provide the following information on the deceased's marital history:  
(If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
<u>Ninfa Mayorga</u>	<u>10/27/1973</u>	<u>N/A</u>	<u>N/A</u>

4. Provide the following information on the deceased's natural born and adopted children:  
(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
<u>Adrienne M. Villarreal</u>	<u>07/07/1975</u>	<u>Ninfa Mayorga</u>	<u>N/A</u>
<u>Ann M Mayorga</u>	<u>06/06/1976</u>	<u>Ninfa Mayorga</u>	<u>N/A</u>
<u>Daniel Mayorga III</u>	<u>06/09/1977</u>	<u>Ninfa Mayorga</u>	<u>N/A</u>

5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above:  
(If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF GRANDCHILD'S DECEASED PARENT

6. If the decedent never married and did not have any children, provide the following information on the deceased's parents:

DECEASED'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	PARENT'S DATE OF DEATH
MOTHER		
FATHER		

COPY

2017 011435



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
FEB 23 2017  
CLERK OF SUPERIOR COURT

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7. Provide the following information on the deceased's brothers and/or sisters:  
 (If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	BROTHER'S OR SISTER'S DATE OF DEATH
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8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above:  
 (If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF NIECE OR NEPHEW/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF NIECE OR NEPHEW'S DECEASED PARENT
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Signed this 21<sup>st</sup> day of February, 2017

Christina D. Cerna  
 (SIGNATURE OF AFFIANT)

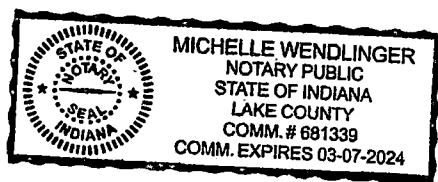
State of Indiana

County of Lake

Sworn to and subscribed to before me on Feb. 21, 2017  
 (DATE)

by M. Christine Gomez  
 (NAME OF AFFIANT)

Michelle Wendlinger  
 (NOTARY SIGNATURE)



(Notary Seal)

My commission expires: 01 day of March, 2024