

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )  
97083188

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**FILED**

97 DEC -5 AM 8:57

DEC 05 1997

AFFIDAVIT OF DOROTHY WHITTAKER

MORRIS W. CARTER

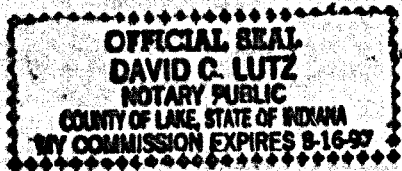
**SAM ORLICH**  
**AUDITOR LAKE COUNTY**

Dorothy Whittaker, being first duly sworn upon oath, deposes and says:

1. That I was the wife of Kyle D. Whittaker who died on March 4, 1986.
2. That a certified copy of the Death Certificate of Kyle D. Whittaker is attached to this Affidavit.
3. That at the time of Kyle D. Whittaker's death, title to the following described real estate located in Lake County, Indiana: **The East Two (2) acres of the North Five (5) acres of the following tract of land to-wit: Ten acres off the West side of the Northeast Quarter of the Southwest Quarter of Section 31, Township 36 North, Range 8 West of the 2nd P.M., in Lake County, Indiana** was held in the following names: Kyle D. Whittaker and Dorothy Whittaker, husband and wife, as tenants by entireties.
4. That Kyle D. Whittaker and I acquired title to said real estate as husband and wife by a deed dated October 1, 1971 and recorded November 12, 1971 in the Office of the Recorder of Lake County, Indiana as Document No. 124880.
5. That Kyle D. Whittaker and I remained husband and wife continuously from the date we acquired title to said real estate until the date of his death on March 4, 1986.
6. That any Indiana inheritance tax or federal estate tax due or payable as a result of the death of Kyle D. Whittaker has been or will be paid.
7. That I affirm under the penalties for perjury that the above statements are true and that I am over the age of 18 years and am competent to make this Affidavit.

Dorothy Whittaker  
Dorothy Whittaker

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for said County and State, this 4th day of February, 1997



David C. Lutz  
Notary Public

Printed Name

My County of Residence is:

My Commission Expires:

\_\_\_\_\_, Indiana

This document was prepared by: Mary P. Bottum, 328 N. Michigan St., South Bend, IN 46601

Dorothy Whittaker  
2115 E Elm  
Griffith, IN 46319-2907

000359 Jan

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

108

Embalmer's Name: Ronald A. Reed

Funeral Director's Name: Ronald A. Reed

Funeral Home License No. 750  
Funeral Director's License No. 94  
Funeral Director's Signature: *Ronald A. Reed*

Local No. 459-86

Type of Print: Permanent for Instructions Set Handbook

Deceased

Usual Residence Where Deceased Lived or Death Occurred in Institution Care Residence Before Admission

Parents

Disposition

M.D. or D.O.

Conditions of any Underlying Cause Stated Herein

Cause

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED - NAME 1 <b>Kyle D. Willtaker</b>		SEX 2 <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) 3 <b>March 4, 1986</b>
RACE 4 <b>White</b>	AGE 5 <b>49</b>	DATE OF BIRTH (MONTH DAY YEAR) 6 <b>Nov. 7, 1936</b>	COUNTY OF BIRTH 7 <b>Lake</b>
CITY, TOWN OR LOCATION OF BIRTH 8 <b>Griffith</b>		HOSPITAL OR OTHER INSTITUTION 9 <b>2115 East Elm Street</b>	
STATE OF BIRTH 10 <b>Michigan</b>	COUNTRY OF BIRTH 11 <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 12 <b>Married</b>	SUPVISING SPOUSE 13 <b>Dorothy Uhrhammer</b>
SOCIAL SECURITY NUMBER 14 <b>376-34-9801</b>		USual OCCUPATION 15 <b>Machinist</b>	KIND OF BUSINESS OR INDUSTRY 16
RESIDENT STATE 17 <b>Indiana</b>	COUNTY 18 <b>Lake</b>	CITY, TOWN OR LOCATION 19 <b>Griffith</b>	STREET AND NUMBER 20 <b>2115 East Elm Street</b>
IS DECEASED OF SPANISH DESCENT? YES SPECIFY (SPANIAN, CUBAN, PUERTO RICAN, ETC.) 21 <b>NO</b>		IS DECEASED ON A FARM? 22 <b>NO</b>	INSIDE CITY LIMITS (APPROX. 1/2 MILE) 23 <b>NO</b>
FATHER - NAME 24 <b>Roy Willtaker</b>		MOTHER - MARDEN NAME 25 <b>Carla</b>	
INFORMANT - NAME 26 <b>Dorothy Willtaker</b>		RELATIONSHIP 27 <b>Wife</b>	Making ADDRESS 28 <b>2115 East Elm Street, Griffith, Indiana 46319</b>
BURIAL, CREMATION, REMOVAL, OTHER 29 <b>Burial</b>		CEMETERY OR CREMATORY - FUNERAL HOME 30 <b>Calumet Park Cemetery</b>	LOCATION 31 <b>Merrillville, Indiana</b>
DATE 32 <b>March 7, 1986</b>		FUNERAL HOME - NAME AND ADDRESS 33 <b>Kulper Funeral Home 9039 Kleinman Rd. Highland, IN 46322</b>	
To the best of my knowledge, death occurred on the same date and place and due to the following cause: 34 Signature: <i>C. Cespedes</i>		DATE SIGNED 35 <b>3-6-86</b>	HOUR OF DEATH 36 <b>2:15 P.M.</b>
NAME OF ATTENDING PHYSICIAN (Type or Print) 37 <b>DR. CARLOS A. CESPEDES, M.D., INC.</b>			
MAKING ADDRESS - PHYSICIAN 38 <b>101 N. GRIFFITH BLVD. GRIFFITH, IN 46319</b>			
HEALTH OFFICER - SIGNATURE 39 <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 40 <b>3-6-86</b>	
PART I CAUSE OF DEATH 41 <b>ACUTE MYOCARDIAL INFARCTION</b>			
42 <b>CORONARY OCCLUSION</b>			
43 <b>ARTERIO SCLEROSIS</b>			
44 <b>OBESITY</b>			

THIS CERTIFICATE, THE UNDERLYING CAUSE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH IS FILED WITH THE LAKE COUNTY HEALTH DEPT.

3-5-86 1986

LAKE COUNTY HEALTH COMMISSIONER