

Handwritten: Hald. Raven 97086337

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 DEC 15 PM 2:27

MORRIS W. CARTER
RECORDER

SURVIVORSHIP AFFIDAVIT

B STATE OF INDIANA)
COUNT OF LAKE) SS:
1st)

On this December 1st, 1997 before me personally appeared Veaster Wampler to me personally known who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is surviving tenant by entirety;
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by:

Dane Wampler and Veaster Wampler

4. Said Dane Wampler died on May 26, 1996 leaving NO Will;
5. The legal description of the premises in question is:

All of Lot 77 Suburban Terrace Addition To Town of Dyer, Lake County, Indiana; more commonly known as 508 Devon Drive, Dyer, Indiana 46311.

Real Estate Tax Key No: 14-104-77

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent; the parties were never divorced.
7. Affiant's relationship to the deceased was Wife - Surviving Spouse.

Signature: *Veaster Wampler*
Veaster Wampler

Address: *1st* 508 Devon Drive
Dyer, Indiana 46311

Subscribed and sworn to before me by the affiant this December 1st, 1997

[Signature]
Kenneth A. Manning, Notary Public

My Commission Expires: 12-12-98
Resident of: Lake County

This instrument prepared by: Kenneth A. Manning, Attorney at Law, Attorney No: 9015-45, 200 Monticello Drive, Dyer, Indiana 46311, 219-865-8376

FILED

DEC 16 1997

SAM ORLICH
AUDITOR LAKE COUNTY

001005

Handwritten: B-8

SDH 10110 is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

FILED

Local No. 2026-96

CERTIFICATE OF DEATH

State No. ... NOV. 5... 1996

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Dane Wampler		2 SEX Male	3a TIME OF DEATH 5:06 a	3b DECEASED'S RESIDENCE Fullerton, Kentucky
4 SOCIAL SECURITY NUMBER 274-28-3414	5a AGE—Last Birthday (Years) 64	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Sept. 4, 1931
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1954	8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9a FACILITY NAME (If not institution, give street and number) 508 Devon Drive		9b CITY, TOWN OR LOCATION OF DEATH Dyer	9c COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Veaster Blankenbeckler	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Equipment Mechanic		12b KIND OF BUSINESS/INDUSTRY Local #150
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Dyer	13d STREET AND NUMBER 508 Devon Drive	
13e ZIP CODE 46311	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (13-16 or 17+) <u>0</u>				
18 FATHER'S NAME (First Middle Last) Millard Wampler		19 MOTHER'S NAME (First Middle, Maiden Surname) Rebecca Roe		
20a INFORMANT'S NAME (Type/Print) Veaster Wampler		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 508 Devon Dr. Dyer, Indiana 46311		20c Relationship Wife
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) May 30, 1996 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Scherverville, Indiana
22a EMBALMER'S NAME Kent Anderson		22b EMBALMER'S LICENSE NO IL-034-011734		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF PHYSICIAN OR HEALTH OFFICER (If health officer, give name of health officer) <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FDO1007176	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Eagen-Miller Funeral Home/Rosecor Funeral Hk 1920 Hart St. Dyer, Indiana 46311 17943 S. Torrence Ave. Lansing, Ill. 60439	
26 PART I Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory. List only one cause on each line. MAY 30 1996 Dilated Cardiomyopathy - Idiopathic				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Dilated Cardiomyopathy - Idiopathic DUE TO (OR AS A CONSEQUENCE OF)				
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF)				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Hypertension Chronic Renal Disease				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) None
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated				
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c MEDICAL LICENSE NO 02000901		29d DATE SIGNED (Month, Day, Year) 5/29/96
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Michael Nicholas, D.O., 24 Joliet St. Dyer, Indiana 46311				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) 5/29/96
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
		34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e DESCRIBE HOW INJURY OCCURRED 900 24
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 000357 car		

Certificate of Marriage

This Certifies That

Dane Waupler

and

Vester Blankenbuckler

were united by me in

Marriage

according to the Ordinance of God and the Laws of
the State of Indiana

at Hammond on the 26th day
of July in the Year of Our Lord
One Thousand Nine Hundred and Fifty-seven

Signed W. Carrier, Minister
of Hessville Christian Church

Witnesses: Janet Potts
Sharon Potts

Marriage License

State of Indiana Porter County, ss:

To any person empowered by Law to solemnize marriages:

You are hereby authorized to join together in the

Honorable Estate of Marriage

Dane Waupler

and Vester Blankenbuckler

for which this shall be your sufficient warrant. Given
under my hand as Clerk and the Seal of the Court
at the City of Valparaiso, Indiana

this 19th day of July 1957

John W. Reed

Clerk

By: Edna W. Reed, Deputy

