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2007 101441

2007 DEC 28 11:27

RECORDER

Key No. 23-09-0520-0001

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

I, Martha Wheeler, being first duly sworn, state:

- 1. Affiant is a resident of Lake County, Indiana.
- 2. Affiant states that she is the surviving spouse of Harold L. Wheeler, who died a resident of Lake County, Indiana, on October 4, 2005.

3. At the time of his death, Harold L. Wheeler and Martha Wheeler, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

(See legal description attached as Exhibit A)

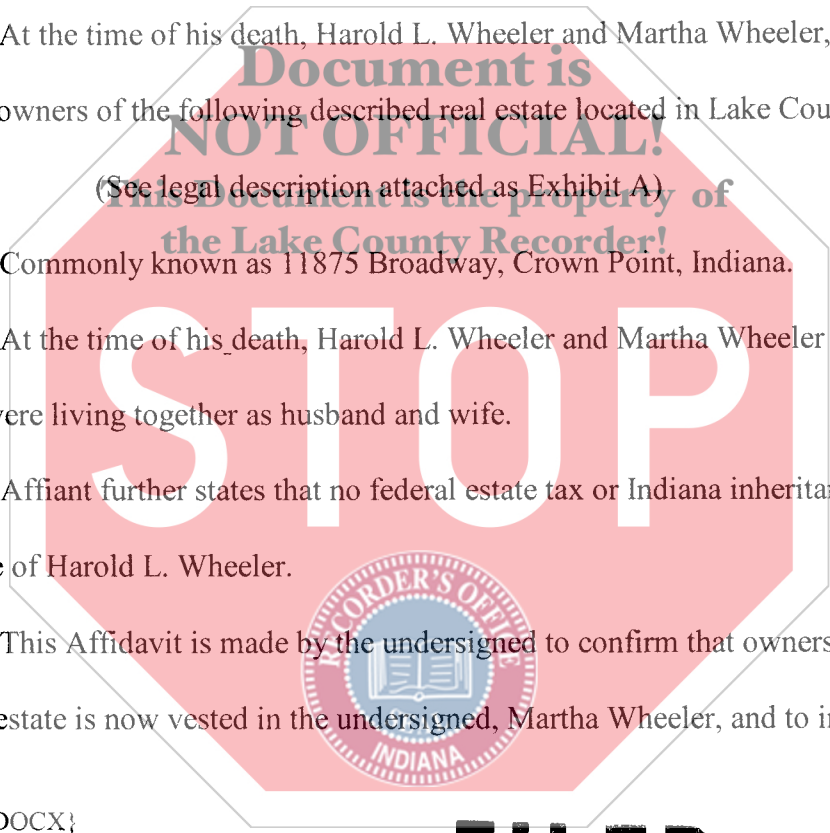
Commonly known as 11875 Broadway, Crown Point, Indiana.

4. At the time of his death, Harold L. Wheeler and Martha Wheeler were not divorced and were living together as husband and wife.

5. Affiant further states that no federal estate tax or Indiana inheritance tax is owing from the Estate of Harold L. Wheeler.

6. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in the undersigned, Martha Wheeler, and to induce the

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FILED

DEC 28 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

24950

#17
CK# 2727
CIA
P+S

Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said

Auditor's records.

Dated 9-14-07, 2007


MARTHA WHEELER

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Martha Wheeler, and she, being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 14th day of September, 2007.

My Commission Expires: 2/27/08



Victoria H. Prasco, Notary Public

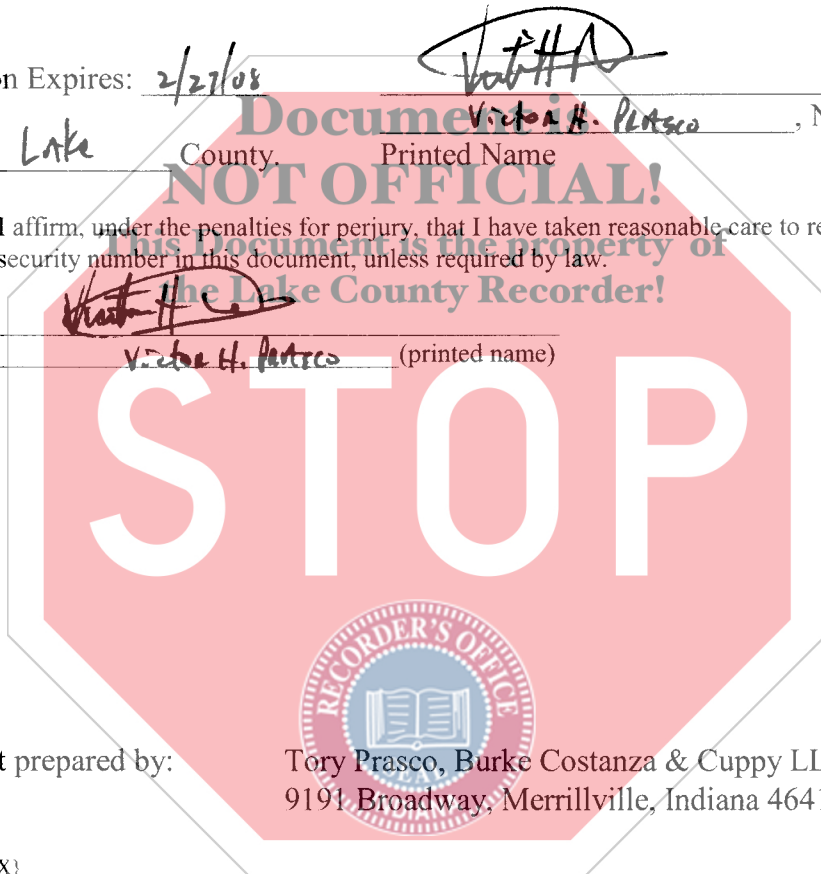
A resident of Lake County,

Printed Name

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.



Victoria H. Prasco (printed name)



This instrument prepared by:

Tory Prasco, Burke Costanza & Cuppy LLP
9191 Broadway, Merrillville, Indiana 46410

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**Hold for
Professionals' Title Services**

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3571-05
694258

State No.....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED - NAME (First, Middle, Last) Harold L. Wheeler		2. SEX Male		3a. TIME OF DEATH 8:37 PM		3b. DATE OF DEATH (Month, Day, Yr.) October 4, 2005	
4. * SOCIAL SECURITY NUMBER -6151		5a. AGE - Last Birthday (Years) 79		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5c. UNDER 1 DAY Hours: Minutes:	
6a. WAS DECEDENT A U.S. VETERAN? Yes		6b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		6. DATE OF BIRTH (Mo., Day, Yr.) February 24, 1926		7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	
9b. FACILITY NAME (If not institution, give street and number) St. Anthony Medical Center				9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Martha Weiland		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Real Estate Appraiser		12b. KIND OF BUSINESS/INDUSTRY Real Estate	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Crown Point		13d. STREET AND NUMBER 11875 Broadway	
13e. ZIP CODE 46307-		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
18. FATHER'S NAME (First, Middle, Last) John W. Wheeler		19. MOTHER'S NAME (First, Middle, Maiden Surname) Ruth Pavey					
20a. INFORMANT'S NAME (Type/Print) Martha Wheeler				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11875 Broadway Crown Point IN 46307-		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Burial				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 8, 2005 Historical City of Crown Point Maplewood Cemetery		21c. LOCATION - City or Town, State Crown Point, Indiana	
22a. EMBALMER'S NAME Kevin Knaga				22b. EMBALMER'S LICENSE NO. ED20400005		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b. LICENSE NUMBER (of Licensee) FD09000013		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home FH19900060 109 N. East St., Crown Point, Indiana 46307-	
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Arteriosclerotic Heart Disease Approximate Interval Between Onset and Death: Years							
IMMEDIATE CAUSE OF DEATH THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE STATEMENT OF THE CERTIFICATE OF DEATH FOR AS A CONSEQUENCE OF: a. Arteriosclerotic Heart Disease b. DUE TO (OR AS A CONSEQUENCE OF): OCT 07 2005 c. DUE TO (OR AS A CONSEQUENCE OF): d.							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I COPD Thymic cancer Colitis s/r colectomy				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or 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) No				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.		29c. MEDICAL LICENSE NO. 01027088	
29b. SIGNATURE AND TITLE OF CERTIFIER Joseph A. Kacmar, M.D.				29d. DATE SIGNED (Month, Day, Year) 10/7/05		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Joseph A. Kacmar M.D. 123 N. Court St., Crown Point, IN 46307	
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) October 7, 2005	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <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. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.			

EXHIBIT A

PART OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 15, TOWNSHIP 34 NORTH, RANGE 8 WEST OF THE SECOND PRINCIPAL MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF SAID SECTION 15, THENCE SOUTH ALONG THE WEST LINE OF SAID SECTION 15, 1050.0 FEET TO THE POINT OF BEGINNING; THENCE EAST AND PERPENDICULAR TO SAID WEST LINE 450.0 FEET; THENCE SOUTH AND PARALLEL TO SAID WEST LINE 170.0 FEET; THENCE WEST 321.97 FEET MORE OR LESS TO THE NORTHERLY RIGHT OF WAY LINE OF THE P. C. R. R. (NOW ABANDONED); THENCE NORTHWESTERLY ALONG SAID RIGHT OF WAY LINE 180.92 FEET MORE OR LESS TO THE WEST LINE OF SAID SECTION 15; THENCE NORTH ALONG SAID WEST LINE 42.17 FEET TO THE POINT OF BEGINNING CONTAINING 1.56 ACRES MORE OR LESS IN LAKE COUNTY, INDIANA.



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