

2008 NOV 12 PM 2:11

MICHAEL A. BROWN
RECORDER

2008 076986

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SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

On this 6th day of November, 2008, before me personally appeared John P. Whalen, Jr. 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 John Whalen, Jr. adult son of John P. Whalen, Sr. and Barbara J. Whalen.
3. Said premises were formerly owned by, and titled in the names of, John P. Whalen, Sr. and Barbara J. Whalen, husband and wife respectively as joint tenants by entireties.
4. John P. Whalen, Sr. died January 24, 2001 leaving no will. Barbara J. Whalen died June 4, 2002.

5. The legal description of the premises in question is:

Lot 425, Northgate 7th Addition, to the Town
Of Dyer as per plat thereof, Plat Book 42,
Page 101, in office of Recorder of Lake County, Indiana
Commonly known as 832 Polk Ave., Dyer, IN 46311
Real Estate Parcel #45-10-01-251-024.000-031, formerly
#12-14-0140-0023

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.

7. Affiant and decedents were parent and child.

8. Please mail all future tax bills/notices to the below address.

Signature: [Signature]
John P. Whalen, Jr.
Address: 832 Polk Ave.
Dyer, Indiana 46311

STATE OF INDIANA)
COUNTY OF LAKE)SS

Before me, a Notary Public in and for said County and State, personally appeared John P. Whalen, Jr., who acknowledged execution of the foregoing document and who, being duly sworn, stated the representations contained therein to be true.

WITNESS my hand and Notarial Seal this 6th day November, 2008.

My Commission Expires: 12/12/2012
Resident of Lake County

[Signature]
Kenneth A. Manning, Notary Public

I affirm under the penalties of perjury, that I have taken reasonable care and steps to redact each social security number in the document, including attachments, unless required by law.

[Signature]
Kenneth A. Manning. 13- LP
ck 4106

Instrument Prepared By: Kenneth A. Manning. (9015-45), 200 Monticello Drive, Dyer, Indiana 46311; phone: (219) 865-8376

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

NOV 12 2008

017627

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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

State No.

Local No. 0186-01

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) John P. Whalen, Sr.				2 SEX Male	3a TIME OF DEATH 6:30 A M	3b DATE OF DEATH (Month Day Year) January 24, 2001
4 *SOCIAL SECURITY NUMBER [REDACTED]		5a AGE—Last Birthday (Years) 65	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) June 24, 1935	7 BIRTHPLACE (City and State or Foreign Country) Chicago, IL
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1964	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b FACILITY NAME (If not institution, give street and number) The Community Hospital			9c CITY TOWN OR LOCATION OF DEATH Munster		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Barbara J. Buettner		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Truck Driver		12b KIND OF BUSINESS/INDUSTRY Parcel Delivery
13a RESIDENCE—STATE IN		13b COUNTY Lake		13c CITY TOWN OR LOCATION Dyer		13d STREET AND NUMBER 832 Polk Ave.
13e ZIP CODE 46311	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g ON A FARM? <input checked="" type="checkbox"/> No <input 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (11-4 or 5-4) 12			18 FATHER'S NAME (First Middle Last) John J. Whalen			
19 MOTHER'S NAME (First Middle Maiden Surname) Mary Sheehan			20a INFORMANT'S NAME (Type/Print) Barbara J. Whalen			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 832 Polk Ave., Dyer, IN 46311			20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) January 27, 2001 Holy Cross Cemetery			21c LOCATION—City or Town, State Calumet City, IL	
22a EMBALMERS NAME Charles T. Goff		22b EMBALMER'S LICENSE NO. 034-014457		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b LICENSE NUMBER (of Licensee) 1045184		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Rish FH #3002819 5840 Hohman Hammond, In 46320 (For Drumm FH S. Holland, IL 60473 Signature Only		
26. PART I Enter the disease, 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. Approximate Interval Between Onset and Death						
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Acute Myocardial Infarction</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>S.P. Code 10-2</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>Coronary Artery Disease</i> DUE TO (OR AS A CONSEQUENCE OF) d.						
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I						
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) N/A		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A		
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. 01038128		29d DATE SIGNED (Month Day Year) 1/25/01
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. J. Llobet 4320 Fir St., East Chicago, IN 46312						
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month Day Year) JAN 26 2001		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		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 LOCATION (Street and Number or Rural Route Number, City or Town, State) JAN 26 2001				
34g DATE PRONOUNCED DEAD (Month Day Year)			34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			