

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 076987

2008 NOV 12 PM 2:11

MICHAEL A. BROWN  
RECORDER

AFFIDAVIT OF HEIRSHIP

John P. Whalen, Jr., upon his oath, states:

- 1) I am the adult son of Barbara J. Whalen; I am the only son/child of John P. Whalen, Sr. and Barbara J. Whalen, husband and wife; and have lived with my parents and resided at 932 Polk Ave., Dyer, IN 46311.
- 2) John P. Whalen, Sr., my father, died January 24, 2001; and predeceased my mother Barbara J. Whalen, who died June 3, 2002.
- 3) Barbara J. Whalen died in Harvey, Cook County, Illinois. At the time of John P. Whalen, Sr.'s death, both he and Barbara J. Whalen were residents of the Town of Dyer, Lake County, Indiana.
- 4) At the time of their deaths, John P. Whalen, Sr. and Barbara J. Whalen were the owners and legal title holders, as tenants by entireties, of the following real estate, located in Lake County, Indiana:  

Lot 425, Northgate 7<sup>th</sup> 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
- 5) The Last Will and Testament of Barbara J. Whalen, dated June 11, 2001, was duly admitted to probate in the Circuit Court of the Twelfth Judicial District; Will County, Illinois; No. 02-P-897.
- 6) Pursuant to paragraph, ITEM IV, of the Last Will and Testament of Barbara J. Whalen, deceased, all the rest, residue and remainder of the decedent's property was given, devised and bequeath to John P. Whalen, Jr.
- 7) There is no federal estate tax due and owing as a result of the death of John P. Whalen, Sr. and Barbara J. Whalen.

NOT RECORDED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

NOV 12 2008

017628

PROBY HOLINGA KATONA  
LAKE COUNTY AUDITOR

15-  
LP

4105

There is no State of Illinois, or State of Indiana, inheritance tax (or other death, estate, inheritance, or succession tax) due as the result of the death of John P. Whalen, Sr. and/or Barbara J. Whalen.

8) There are no legally enforceable claims of creditors of John P. Whalen, Sr., and/or Barbara J. Whalen due and owing.

9) All funeral and burial expenses of John P. Whalen, Sr., and Barbara J. Whalen have been paid and satisfied.

10) It has been more than one (1) year since the death of Barbara J. Whalen, deceased.

11) This affidavit is made pursuant to I.C.36-2-11-14 and 19 for the purpose of clarifying the record title and ownership of the above-described real estate.

12) All future and further tax notices, bills and statements should be sent to: John P. Whalen, Jr., 932 Polk Ave., Dyer, Indiana 46311.

Dated this 6<sup>th</sup> day of November, 2008.

**Document is NOT OFFICIAL!**  
This Document is the property of  
the Lake County Recorder!

JOHN P. WHALEN, JR.

County of Lake  
State of Indiana

Before me a Notary Public, in and for said County and State, subscribed and sworn to this 6<sup>th</sup> day of November, 2008.

Commission Expires: 12-12-2012  
Resident of Lake County

Notary Public

KENNETH A. MANNING

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.

Kenneth A. Manning

This instrument prepared by: Kenneth A. Manning, 200 Monticello Drive, Dyer, Indiana 46311, Attorney at Law  
Attorney No.: 9015-45; Phone: (219) 865-8376; FAX: (219) 865-4054

# CERTIFICATION OF VITAL RECORD

**HARVEY, ILLINOIS**  
DISTRICT 16.34

02 E 897

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16.34</u>		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
	1		Barbara	J.	Whalen	2 Female	3 June 4, 2002
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH DAY YEAR)
	4 Cook		5a 63		5b	5c	5d July 17, 1938
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF POSS., ON INDI. INDICATE D.O.A. OR (BUGA, RM. INPATIENT) (SPECIFY)
6a Harvey		6b Ingalls Memorial Hospital				6c Inpatient	
<b>DECEASED</b>	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	7 Chicago, IL		8a Widowed		8b None		9 No
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
	10		11a Teacher		11b Education		12
	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY
13a 832 Polk Avenue		13b Dyer		13c Yes		13d Lake	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)		
13e Indiana		13i 46311	14a White		14b NO YES SPECIFY		
<b>PARENTS</b>		FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE LAST		(MAIDEN) LAST	
15 Jacob Buettner		16 Marie n/a					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a John Whalen		17b Son		17c 832 Polk Ave. Dyer Indiana 46311			
18. PART I		Enter the disease(s), or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.					
Immediate Cause (Final disease or condition resulting in death)		(a) <b>CARDIAC ARREST</b>					
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b)		(b) <b>DIA Betio</b>					
STATING THE UNDERLYING CAUSE LAST		(c) <b>Hypertension</b>					
PART II		Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION					
20a		20b					
(10d) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a June 4, 2002				21b NO		21c 7:38 p. M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)					
22a SIGNATURE <i>Dr. Rahmani</i>		22b 6/10/2002					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c Dr. Rahmani 2457 Ridge Road Lansing IL		22d 036-052283					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a Burial		24b Holy Cross Cemetery		24c Calumet City, Illinois		24d June 8, 2002	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a Drumm Funeral Home 1200 E. 162nd Street South Holland Illinois 60473							
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b <i>Patrick J. Cornick</i>		25c 034-014937					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a <i>Shirley Davis</i>		26b June 11, 2002					

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**CERTIFIED COPY OF VITAL RECORDS**  
I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

D15779

DATE ISSUED **JUN 11 2002**

ISSUED AT:

CITY OF HARVEY  
15320 SO. BROADWAY AVE.  
ILLINOIS 60426

*Shirley L. Davis*  
OWEN POLYN L. DAVIS  
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar