

2010 066166

	S.A. C. SEC. SAIN C.A.E. C.C. C. FILFO FO CARONIO
j	2010 NGV 12 AM IC: 54
	Microsoft and

STATE OF INDIANA	)
	) SS:
COUNTY OF LAKE	)

	AFFIDAVIT OF SURVIVORSHIP
Debor	rah Day, after being first duly sworn upon her oath, deposes and states as follows:
1.	That she is Daughter of Delores L. Wheeler, who is now deceased.
2.	That Delores L. Wheeler died testate, a resident of Lake County, Indiana.
3.	That Delores L. Wheeler held the following-described real estate at the date of her death on July 1, 2019, namely:
	The North 100 feet of the South 760 feet of the West ½ of the Northeast ¼ of the Northwest ¼ of Section 26, Township 36 North, Range 9 West of the 2 <sup>nd</sup> Principal Meridian, excepting the East 400 feet, in ake County, Indiana. Commonly known as: 1549 North Broad Street, Griffith, Indiana 46319
	A Transfer on Death Deed was recorded with the Lake County Recorder's Office on June 17, 2010, identified as Document No. 2010 034588, transferring the above described real estate to the beneficiary, Deborah Day, whose address is 1549 North Broad Street, Griffith, Indiana 46319.
	That the expenses of the last illness and burial of Delores L. Wheeler have been paid in full; that no estate has been or will be opened in any Court of record in the State of Indiana or any other State; and that there is no federal estate tax due and owing in said Decedent's Estate.
FURTHE	ER YOUR AFFIANT SAYETH NOT. COUNTY Recorder 50
STATE OF INDIA	
COUNTY OF LA	) SS:  This Affidavit is being re-recorded for the sole purpose of attaching the Death Certificate.
Ecfore mexecution of the fo	ne, a Notary Public, in and for said County and State, personally appeared DEBORAH DAY, and acknowledged the pregoing Instrument. In Witness whereof, I have hereunto subscribed my name and affixed my Official Seal.
	Notary Public-Pamela A. Weberg
My Commission E 9-4-2015	

FILED

MAY 16 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

FILED

Laffirm, ander the panalties of perjury, that I have taken reasonable care to redact each Social Security number in this occurrent, unless required by law and this

document was prepared by David M. Austgen, AUSTGEN KUIPER & ASSOCIATES, P.C., 130 North Main Street, Crown Point, Indiana, 46307.

NOV 1 2 2010

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No	<u>, 20</u>	71-10	<u> </u>				State No	<b></b>				
Decedent's Legal Name (First     DELORES L. WHEE				1a, Maiden Last N HARMON	ame (If Female)		2. Sex F	3. Time Of Dear 12:26AM		Death (Month/Day/Year)  1, 2010		
5. Social Security Number	6a, Age Yrs	6b. Under 1 Y	par Sc. Under 1	Month 6d, Under 1 Day	6e. Under 1 Hour	7. Date Of Birth	h (Month/Day/Year)	8. Birthplace (C	ity And State Or Fo	reign Country)		
412-54-5664	75	Months	Days	Hours	Minutes	May 2	26, 1935`					
9. Ever in U.S. Armed Forces?	10. If De	ath Occurred in A	Hospital:	'	10s, If Death Occurre	d Somewhere Oth	er Than A Hospital:	☐ Hospice Facility	Decedent's Ho	me 🔲 Nursing Home/Long-		
☐ Yes ☑ No Unknown	∐ Impa	tient 🗆 Emergeno	y Department Outpatio	ent 🔲 Dead On Arrival	and On Arrival  Term Care Facility (1) Other (Specify)							
11. Facility Name (# Not Institut		And Number)			•		•	<del></del>				
1549 N. BRAOD STRE							,					
12. City Or Town, State, And Zip Code GRIFFITH										eparated Divorced		
15. Surviving Spouse's Name				15a. (If Wife)Give Maiden Last Name			16. Decedent's Usual Occupation			17. Kind Of Business/Industry		
N/A			N/A			LAUNDRY, ATHELTIC			MUNSTER HIGH SCHOOL			
18. Residence - State				a. County 18b. City Or Town					•			
INDIANA			LAKE	AKE GRIFFITH								
18c. Street And Number	rocet						18d. Apt. No.		. Zip Code	18t. Inside City Limits?		
1549 N. BROAD ST			160 5	(Utamada 80)		Denado de S		46	319			
19. Decedent's Education 9-12th grade, no diplo	ma		No. not Spa	f Hispanic Origin Anish/Hispanic/Latir	1	Decedent's Race						
22. Father's Name (First, Middle		· **** · · · · · · · · · · · · · · · ·	, spa		23. Mother's Name		<del></del> )		238. Mother's Ma	iden Last Name		
WADE HARMON					GERTRUDE H				ROSENBAU			
24. Informant's Name			24a. Relatio	24a. Relationship to Decedent 24b. Making Address (Street And Number				de)				
DEBORAH DAY			DAUGHT	TER	1549 BROAD	STREET , GR	RIFFITH, INDIAN	IA 46319				
25a, Method Of Disposition		1 26h E	Name Of Disconsides (N	25. P	lace Of Disposition	1 25c Location	- City, Yown, And State					
☐ Donation ☐ Entombment ☐ ☐ Other (Specify):		nation State KEL	LY CARROLL C	REMATORY CI	umen	GARY, INI	/					
28. Was Coroner Contacted?  ☐ Yes ☑ No			ete Address Of Funera	Facility EMATION SERVICE	924 W 45TH A	VENUE GRI	FEITIA		27a. Fun FH106	eral Home License Number: 00026		
27b, Signature Of Indiana Fune			at Howe a or	ZWATON SERVICE	RE	LIA		Joense Number (O	1			
Kam 2	white	<u>4</u>	This	Docume	nt is the	prope	*Del	8700086	· Callety			
26. Part I. Enter The Chair Such As Cardiac Arrest, Re	n Of Events	Diseases, Injuri	ies, Or Complicatio	Cause Of Death (Sens—That Directly Cause out Showing The Etiology	ed The Death, Do N	ot Enter Termin	al Events			Approximate Interval: Onset		
A Line. Add Additional Line	s If Necessa	ry.						Arre	14-	To Death Second		
Immediate Cause (Final Di	sease Or Con	dition Resulting	In Death	^	- diopu	Due To (Or As A C	Consequence Of):	77 710	<del>Σ</del> (			
Sequentially List Condition				B. Lun	~ C	Cur C C C	Consequence Of):			month		
The Events Resulting In De		sease or rightly	That hugales	c Chron				PU (honor.		Year		
				D.				d	·			
Part II . Enter Other Significant	Conditions Contr	ibuting To Death B	ut Not Resulting In The	e Underlying Cause Given In	Part I		ulopsy Performed? opsy Findings Available		GAUSE OF DEATH?	Yes Dag		
31. Did Tobacco Usa Contribute	To Death?		emale:				33. Manne					
☐ You (SuProbably ☐ No ☐ Union		D Not	Pregnant Within Past Year Pregnant, But Pregnant 43	CI Pregnant At Time Of Death Days To 1 Year Before Death	🖸 Unknown if Pragnant With	n The Post Year	CZ Bulcido C	Could Not Be Detern	ent 🖸 Pending Investi nined			
34. Date Of Injury (Month/Day/)	'ear)	35. Ta	me Of Injury	38. P	tace Of Injury (E.G., Dec	edent's Home, Co	nstruction Site, Restau	rant, Wooded Area	97	/. Injury At Work?		
<b>66.1</b>			a Co. Tour	888		差		/1.55		☐ Yes ☐ No		
38. Location Of Injury - State		38a, 1	ity Or Town	366.	Street & Number	5		38c. /	Apt. No. 38d	. <i>ap</i> co <del>uc</del>		
39 Describe How Injury Occurre				Ę į	إلى الحبادا		l so/lif T	ransportation	Injury, Specif	v:		
ат отволье пом наму осоште				E	SEAL	يتيا		,	r [] Pedestrian [] Of	•		
41. Signature, Of Person Certify	Chuse Of De	g <sup>th:</sup>	- 7	10	WOIAN ATTE		Certifier (Check Only	(One)				
	1:0	-u		ver_	<u> </u>	/		l bassa N t -	T =			
43. Name, Address And Zip							•	License Number	45. D	ate Certified		
		). 505 t	. LINCOI	N HWY. SCH	ERERVILLE	. IN 46		2000872	loz	/02/10		
48. Additional Funeral Service F	rovider:						47.	*Akes:				
48. Signature of Local Health Of					49. For Registra	Dnly - Date Filed	(Mooth/Day/Year):	· · · · · · · · · · · · · · · · · · ·				
			But	D.O.			Sul	y 7.	2010			
State Form 10110 (R7/9-07)				thite answer in earlier in restrict its	abitory removemblity. Disches	ore in unknown and the	on will be out generally for outy	THE RECORDS &	I THIS SERVES ARE CO	WEIDENTIAL PER IC 16.47.1.10		