



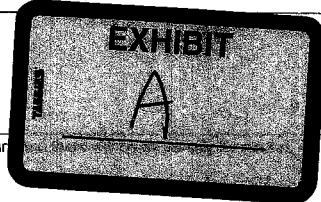
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000454

EDR No 00000223257

State No 044852

1. Decedent's Legal Name (First, Middle, Last) PALMER LEE WHITTEMORE SR				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 11:35 AM	4. Date Of Death (Month/Day/Year) 10/07/2011	
5. Social Security Number 303-24-6991	6a. Age - Yrs 87	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 02/03/1924		8. Birthplace (City and State or Foreign Country) BOAZ, KY	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) 2576 JEFFERSON STREET									
12. City Or Town, State, And Zip Code GARY, IN, 46407					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation LETTER CARRIER		17. Kind Of Business/Industry UNITED STATES POSTAL SERVICE	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town GARY				
18c. Street And Number 2576 JEFFERSON STREET						18d. Apt. No.	18e. Zip Code 46407	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race Black or African American				
22. Father's Name (First, Middle, Last) GRANUEL L WHITTEMORE				23. Mother's Name (First, Middle, Last) LEONA WHITTEMORE			23a. Mother's Maiden Last Name DAWSON		
24. Informant's Name CHERYL Y ELLIOTT		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 570 TAFT PLACE, GARY, IN 46404					
25. Place Of Disposition									
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) OAK HILL CEMETERY			25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408					27a. Funeral Home License Number: FH10500021		
27b. Signature Of Indiana Funeral Service Licensee: TAMIKA L ROMAYNE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD21000065			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. PROSTATIC CANCER WITH METASTATIC Due to (Or As A Consequence Of):						UNKNOWN	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		B. SEVERE ANEMIA Due to (Or As A Consequence Of):						UNKNOWN	
		C. CACHEXIA Due to (Or As A Consequence Of):						UNKNOWN	
		D. HYPERTENSION Due to (Or As A Consequence Of):						UNKNOWN	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I UNKNOWN						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: IFEANYI BENJAMIN ANIGBO, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: IFEANYI BENJAMIN ANIGBO, 650 GRANT STREET, SUITE 5, GARY, IN 46404						44. License Number 01044809A		45. Date Certified 10/13/2011	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: RICARDO HOOD, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 14 2011			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



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. 07 0045

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

PRECEDENT

PARENTS

INFORMANT

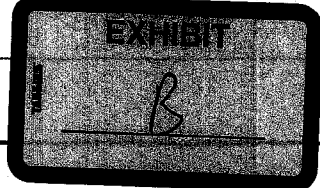
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Wilma Louise Whittemore				2. SEX Female		3a. TIME OF DEATH 9:30 A _M		3b. DATE OF DEATH (Month, Day, Year) January 25, 2007							
4. *SOCIAL SECURITY NUMBER 314-24-1633		5a. AGE—Last Birthday (Years) 82		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) August 12, 1924		7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence											
9b. FACILITY NAME (If not institution, give street and number) 2576 Jefferson Street						9c. CITY, TOWN, OR LOCATION OF DEATH Gary			9d. COUNTY OF DEATH Lake						
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Palmer L. Whittemore Sr.			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife			12b. KIND OF BUSINESS/INDUSTRY Own Home							
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary			13d. STREET AND NUMBER 2576 Jefferson Street								
13e. ZIP CODE 46407		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.)		16. RACE—American Indian, Black, White, etc. (Specify) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 3 College (1-4 or 5+) 3					
18. FATHER'S NAME (First, Middle, Last) Vollie Calloway						19. MOTHER'S NAME (First, Middle, Maiden Surname) Velma Harrell									
20a. INFORMANT'S NAME (Type/Print) Palmer L. Whittemore Sr.				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 2576 Jefferson Street Gary, IN 46407				20c. Relationship Husband							
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 30, 2007 Oak Hill Cemetery				21c. LOCATION—City or Town, State Gary, Indiana							
22a. EMBALMER'S NAME: Sherman G. Banks III				22b. EMBALMER'S LICENSE NO. (of Licenses) FD01016254		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes									
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b. LICENSE NUMBER (of Licenses) FD01016254		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell Warner FH10500021 4209 Grant Street Gary, IN 46408									
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.										Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>CARDIAC FAILURE</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>SEVERE ALZHEIMER</u> DUE TO (OR AS A CONSEQUENCE OF): c. <u>DEMENCIA</u> DUE TO (OR AS A CONSEQUENCE OF): d. <u>NON HEALING WOUNDS</u>															
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) 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.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>						29c. MEDICAL LICENSE NO. 01044809		29d. DATE SIGNED (Month, Day, Year) 2-5-06					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) BENJAMIN ANIGBO, M.D. 650 GRAND ST. SUITE 5 GARY IND 46404															
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>										32. DATE FILED (Month, Day, Year) FEB 09 2007					
33. MANNER OF DEATH <input checked="" 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. 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.											



Calumet Township
 Jacquelyn Collins
 501 E 5th Ave
 Gary, IN 46402



NOTICE OF ASSESSMENT OF LAND AND STRUCTURES

State Form 21366 (R10 / 12-10)
 Prescribed by Department of Local Government Finance

**FORM
 11 R/A**

This notice indicates the assessed value of your property. Information on the valuation of your property and a copy of the property record card can be obtained from the Assessing Official at the telephone number and address below.

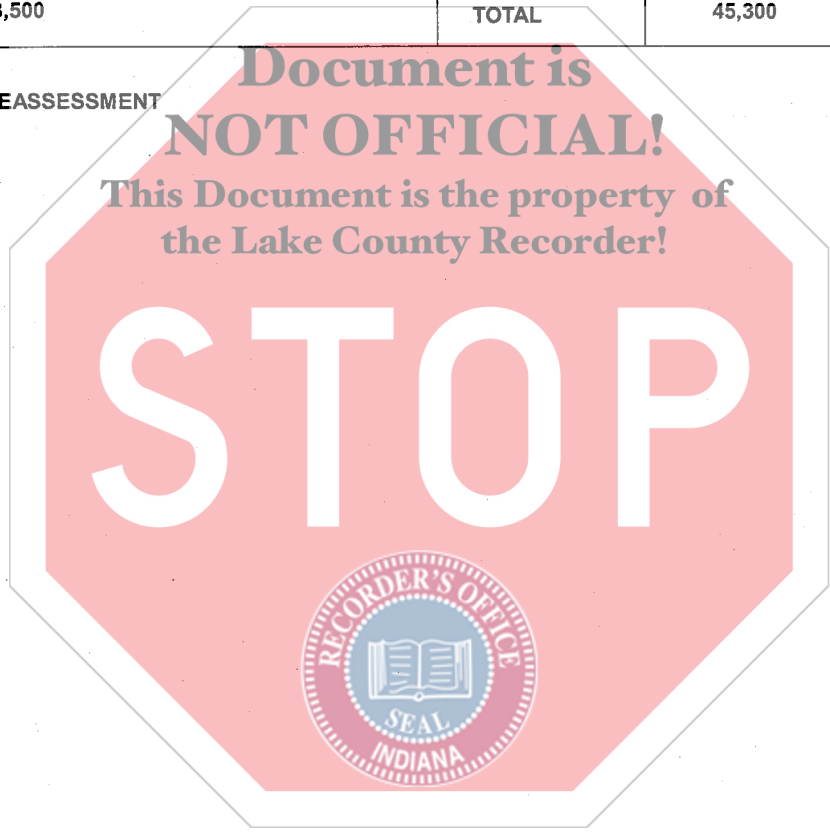
Notice to the taxpayer of the Opportunity to Appeal (IC 6-1.1-15-1):
 If a taxpayer does not agree with the action of the assessing official giving this notice, the County Property Tax Assessment Board of Appeals will review that action if you file a notice in writing with the Township Assessor (if any) or the County Assessor within forty-five (45) days of the mailing of this notice. This written notice should include the name of the taxpayer, the address of the property, the key number or the parcel number of the property, the address of the taxpayer (if different from the property address), and the telephone number of the taxpayer. An appeal of this assessed value requires evidence relevant to the value of the taxpayer's property as of the assessment date.

Name and address of property owner 141788 686 690 *****AUTO**5-DIGIT 46404 Palmer Lee & Wilma L Whittemore 570 Taft Pl Gary, IN 46404-1323 	Legal description 2ND OAK PARK ADD. L.20 BL.42
	Parcel or ID number 45-08-16-426-037.000-004
	Property address (number and street, city, state, and ZIP code) 2576 JEFFERSON ST Gary, IN 46407

PREVIOUS ASSESSMENT		NEW ASSESSMENT EFFECTIVE MARCH 1, 2012	
LAND	1,800	LAND	1,800
STRUCTURES	41,700	STRUCTURES	43,500
TOTAL	43,500	TOTAL	45,300

Reason for revision of assessment:

STATEWIDE GENERAL REASSESSMENT



If the change in assessment is due to a new home, you should be aware that there are many property tax benefits or deductions available. Please see INDIANA PROPERTY TAX BENEFITS (State Form 51781) available on the DLGF website, www.IN.gov/dlgef. If the real property is reassessed because it has been rehabilitated, you may be eligible for rehabilitation deductions - see Form 322A or Form 322/RE.

County LAKE	Township Calumet Township	Date of notice (month, day, year) 01/02/2013
Assessing Official Jacquelyn Collins		Telephone number (219) 885-
Address (number and street, city, state, and ZIP code) 501 E 5th Ave Gary, IN 46402		

