STATE OF INDIANA
)
2015 022210
2015 APR 15 PM 3: 14
COUNTY OF LAKE
)
SS: IN RE: PALMER LEE WHITTEMORE DECEDENT OWN
RECORDER

## AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

The undersigned affiant, being first duly sworn, upon her oath, says:

- 1. That the above-named decedent died intestate on October 7, 2011. (Exhibit A, Death Certificate)
  - 2. That in excess of forty-five (45) days have elapsed since the death of the decedent.
- 3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, or is contemplated.
- 4. That Decedent's wife, Wilma D. Whittemore, predeceased on January 25, 2007. (Exhibit B, Spouse's Death Certificate)
  - 5. Decedent owned One Hundred Percent (100%) of the following parcel of real estate:

Lot 20 in Block 42, except that part in the rear of said lot taken for alley purposes, in Chicago-Tolleston Land and Investment Company's Second Oak Park Addition to Tolleston, in the City of Gary, as shown in Plat Book 2, Page 36, in the office of the Recorder of Lake County, Indiana.

Parcel No. 45-08-16-426-037.000-004

Commonly known as 2576 Jefferson Street, Gary, Indiana.

6. The decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: Fifty Thousand Dollars (\$50,000), plus the costs and expenses of administration of decedent's estate, and reasonable funeral expenses. (Exhibit C, Property Value Assessment)

011516

7. The persons entitled to an interest in said real estate, and their respective interests, are as follows:

Cheryl Y. Elliott

Daughter, 570 Taft Place, Gary, IN 46404- One-Half (1/2)

Palmer Lee Whittemore, Jr.

Son, 5900 Forrest Avenue, Apt B4, Gary, IN 46403 – One-Half (1/2)

- 8. That the individuals entitled to the real estate as a result of the decedent's death are the decedent's heirs at law as provided under the laws of intestate succession as provided under Ind. Code §29-1-2-1.
- 10. Each heir's distributive share has been calculated to be one-half (1/2) of decedent's interest.
- 11. That by reason of the above-stated matters, the affiant requests that the above-listed real estate of Palmer Lee Whittemore, be transferred to his heirs pursuant to the laws of intestate distribution in accordance with the provisions of Ind. Code §29-1-8-3.

This Document is the property of the Lake County FURTHER AFFIANT SAYETH NOT

Cheryl Elliott

W. anthony Walley

STATE OF INDIANA)

COUNTY OF LAKE ) SS

Before me on April 15, 2015, appeared Cheryl Elliott and voluntarily affixed her signature to this document.

My Commission Expires

WILLIAM ANTHONY WALKER
Lake County
My Commission Expires
August 30, 2020

This document prepared by The Walker law Group, P.C., 363 S. Lake Street, Gary, IN 46403 (219) 887-2626

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000	454	EDF	R No 0000	002232	57		State	No (	)4485	52	
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Nam	e (If female)		. 2. Sex	3. T	ime Of D	Death	4. Date Of	Death (Month/Day/Year)
PALMER LEE WHITTEMORE S  5. Social Security Number   6a. Age - Yrs	SR 6b. Under 1 Year	r 6c. Under 1 Month	6d Under 1 Day	6e. Under 1 Hour	7 Date	MA	LE ·	11:35			10/07/2011 Foreign Country)
					-	,			, , ,	and Otale of	
303-24-6991 87 9. Ever in U.S. Armed Forces? 10. If Death	Months Occurred In A Ho	Days ospital:	Hours	Minutes  10a. If Death Occu		02/03/1 where Other			AZ, KY		<del></del> -
		Department Outpatient	☐ Dead on Arrival	☐ Hospice Facility ☐ Other (Specify)	/ 🗵 De	ecedent's Ho	ome 🔲 Nurs	sing Hom	e/Long-term (	Care Facility	!
11. Facility Name (If Not Institution, Give Stree 2576 JEFFERSON STREET	and Number)										
12. City Or Town, State, And Zip Code		Annual Control of the		13. County	Of Death			1	Marital Statu		of Death  Separated Divorced
GARY, IN, 46407			·····	LAKE					Widowed	☐ Never	Married Unknown
15. Surviving Spouse's Name		15a.	(If Wife)Give Maider	n Last Name			lent's Usual Occ	•	l	JNITED	STATES
18. Residence - State	18a	a. County		18b. City Or To		LETTER	R CARRIEI	۲		POSTAL	SERVICE
INDIANA	LAK	ΚE		GARY							
18c. Street And Number							18d. Apt. No.		18e. Zip Co	ode	18f. Inside City Limits?
2576 JEFFERSON STREET									4640	07	🛛 Yes 🗌 No
19. Decedent's Education HIGH SCHOOL GRADUATE O		20. Decedent Of Hispan	nic Origin	21. [	ecedent's	Race					
COMPLETED		NOT HISPANIC	· · · · · · · · · · · · · · · · · · ·			can Ame	erican				
22. Father's Name (First, Middle, Last)				23. Mother's Name	FIRST, IVIIQO	ile, Last)			23a. MO	otners Maide	en Last Name
GRANUEL L WHITTEMORE	<del></del>	24a. Relationship To	a Dogodont	LEONA WHIT			City State 7in	Code)	DAWS	SON	
		, i	,					Code			
CHERYL Y ELLIOTT		DAUGHTER	25. Plac	570 TAFT PL ce Of Disposition							
25a. Method Of Disposition  Burial Cremation Donation Ent		Place Of Disposition (Na	me Of Cemetery, Cre	matory, Other Place)	25c. Lo	ocation - City	r, Town, And Sta	ate			
Removal From State	OAK	HILL CEMETE	DOC111	ment	GAR	V 10)					
Other (Specify): 26. Was Coroner Contacted? 27.	Name And Comple	ete Address Of Funeral F	Facility		JOAN	7, 114				27a. Funer	ral Home License Number:
☐ Yes ☒ No SM	ITH BIZZEV	L WARNER FU	NERAL HOM	E 4209 GRAN	ITA	CARY	IN 46408		١.	FH1050	10021
27b. Signature Of Indiana Funeral Service Licel TAMIKA L ROMAYNE, BY ELE	nsee:			is the n	*****	2	7c. License Nur D2100006			1111000	0021
, , , , , , , , , , , , , , , , , , ,		Car	use Of Death (See			)					Approximate
28. Part I. Enter The <u>Chain Of Events</u> - D Such As Cardiac Arrest, Respiratory Arres A Line. Add Additinal Lines If Necessary.	seases, Injuries, t, Or Ventricular F	Or Complications - The Fibrillation Without Sho	nat Directly Caused owing The Etiology.	The Death, Do Not Do Not Abbreviate.	Enter Terr Enter On	ninal Event ly One Cau	s se On				Interval: Onset To Death
Immediate Cause (Final Disease Or Cond	tion Resulting In	Death) Af	PROSTATIC CANC	ER WITH METAST		s A Consequence	e Off:				UNKNOWN
Sequentially List Conditions, If Any, Leadi	ng To The Cause	a Listed On B.	SEVERE ANEMIA								UNKNOWN
Line A. Enter The Underlying Cause (Dise The Events Resulting In Death) Last	ase Or Injury Tha	at Initiated	CACHEXIA		Due to (Or A	s A Consequenc	e Of):				LINUCNICUANI
,,,,,		C	CACHEAIA		Due to (Or A	s A Consequence	e Of):				UNKNOWN
Part II. Enter Other Significant Conditions Contri	buting to Death Bu		HYPERTENSION	n In Part I	29 Was	An Autopsy	Performed?				UNKNOWN
UNKNOWN							nding Available	To Com	Yes plete The Cau	☑ No use Of Death	1? Yes No
31. Did Tobacoo Use Contribute To Death?	32. If Fem	nale:	Programmi At Time Of Dog to	Not Prognant But Draw	nout Militin 42 I	Dave Of Death	33. Manner				
Yes Probably No Unknown	Not Pres	gnant, But Pregnant 43 Days To	1 year Before Death	Unknown If Pregnant W	thin The Past	Year	☐ Suicide	Coul	d Not Be Dete	ermined	Pending Investigation
34. Date Of Injury (Month/Day/Year)	35. Time	e Of Injury	36, Place	e Of Injury (E.G., Dec	edent's Ho	me, Constru	ction Site, Resta	aurant, V	Vooded Area)		Injury At Work?
38. Location Of Injury - State	38a, City (	Or Town	38b. Str	reet & Number		-			38c. Apt. No.		. Zip Code
39. Describe How Injury Occurred			ELIZAD IN	DIANA LLILIA			40. If Trans	portation tor Pa	n Injury, Speci ssenger Pede	fy: estrian Othe	r (Specify)
41. Signature, Of Person Certifying Cause Of D			TUDE .	Militar			rtifier (Check O				
IFEANYI BENJAMIN ANIGBO , 43. Name, Address And Zip Code Of Person Co	BY ELECTH ertifying Cause Of I	CONIC SIGNAL Death:	UKE			⊠ Ce	ertifying Physicia 44. Lie	n cense Ni	Coroner umber		eath Officer Date Certified
   IFEANYI BENJAMIN ANIGBO			ITE 5 GARY	IN 46404			0104	4809	Δ		10/13/2011
46. Additional Funeral Service Provider:	, 000 010 111		172 0, 0, 11(1)	111 10 10 1	,		47. */		· · · · · · · · · · · · · · · · · · ·	1	10/10/2011
48. Signature of Local Health Officer:	/ 6*		••			49. For Re	egistrar Only -		•	• •	
RICARDO HOOD, VIA ELECTE	CONIC SIGN		NT TO CERTIFICAT	E OF DEATH (FN)	RY OR O	RIGINAL		0	CT 14 20	011	
				- Serving part					E		
									<b>E</b> /	(HBI	
		al esta S								$\Delta$	

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntar

ATTENTION ESTATE: The Social Security # is eing requested by this state agency in order to ursue its statutory responsibility. Disclosure is oluntary and there will be no penalty for refusal. ocal No.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State of the statutory of the state of the s

01-1-	K1 -
State	No.

• *	THE RECOR	OS IN THIS SE	RIESA	RE CONFIDENTIAL P	PER IC 16-37-1-10							
PE/PRINT	1. DECEASED-NAI Wilma			, Vhittemor	·e		2. SEX Fema	le.	3a. TIME OF D		3b. DATE OF DEATH	(Month, Day, Year) 7 25, 200
IN RMANENT	4. *SOCIAL SECURI			ia. AGE – Last Birthday	5b. UNDER 1 YEAR	5c. UNDER 1	DAY 6. DA	TE OF BIR	TH (Mo. Day, Yr)	7.	BIRTHPLACE (City and	d State or Foreign Coun
ACK INK	314-24			(Years) 82	Months Day	Hours I	Auc Auc	gust	12, 1	924	Gary,	Indiana
	8a. WAS DECEDENT A U.S. VETERAN			R LAST SERVED IN ARMED FORCES?	HOSPITAL:   Inj		9a. PL/	1	EATH (Check only			
	No	-	1	N/A				OTHER:			Other (Specify)	
`t.e	9b. FACILITY NAME	(If not institution			<u> </u>	/Outpatient D		N OB LOC	Residence		9d COUNTY OF DE	E ATL
CEDENT		-	-	Street		'	36. GH 1, 10141	•		111	_	:AIII
	10. MARITAL STAT			VIVING SPOUSE		I do DECEDEN	TIO 1101141 O	Gar	<del>-</del>	. 1	Lake	<del></del>
	(Specify) Marrie		(If wi	fe, give maiden name)		done during	most of working	ing life. Do	ON (Give kind of v not use retired) 千ら	ork	12b. KIND OF BUSINES OWN HON	
	13a. RESIDENCE —		13b. CO		13c, CITY, TOWN, O				3d. STREET ANI	NUMBI		
	India			ake	Gar						erson St	
-	13e. ZIP CODE 13				15. WAS DECEDEN	T OF HISPANIC O	RIGIN?	16. RACE	American India		17. DECEDE	NT'S EDUCATION
				WHAT COUNTRY?			ecify Cuban,	Black, (Speci	, White, etc. ify)			hest grade completed)
	46407	ig. ON A FARM □XNo □	? Yes	USA	Mexican, Puerto	Hican, etc.)			lack	Ele	ementary/Secondary (0-	-12)   Coilege (1-4 or 3
ENTO	18. FATHER'S NAME			<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	19. MOTHER	S NAME (/	First, Middle, Mai	den Surn	ame)	
ENTS	ŀ	ie Cal		V 2 47					arrell		<b>,</b>	
	20a. INFORMANT'S	······································		way	DON MAIL IN	C ADDDESS (Ct					n, State, ZIP Code) 2	20c. Relationship
ORMANT				Lamara C.	1					-		
				temore Sr							IN 4640	
	21a. METHOD OF DI		_	ombment	21b. DATE AND PLAC other place)		•	•-	•	21c.	LOCATION—City or To	own, State
	25			noval from State		January	$-30_{v}$	200	7			
	☐ Donation ☐	Other (Specify)			Oak i	Hill Ce	meter	У		G	ary, Ind	liana
POSITION	22a. EMBALMER'S N	AME:			22b. EMBALMER	'S LICENSE NO.	15	23.	WAS DEATH REF	ORTED	TO CORONER?	
	Sherma	an G.	Bar	nks/III	FD01	016254	10		□ No ¬	Yes		
	\24a. SIGNATURE OF					LICENSE NUMBER	2	5. NAME,	ADDRESS, AND L	ICENSE	NUMBER OF FUNERA	L HOME
	//				JUF	(of Licensee)						
	1/16		10			500 to 2 c						FH105000
	$\times$ $\mu$		-/	for kent	tunert.	EDOT OTP	254 4	209	Grant	St	<u>reet Gar</u>	y, IN 46
	Æ6. PART I. E	nter the disease:	s, injuries	s, or complications that ca	used the death. Do not	enter nonspecific te	ms, such as ca	rdiac or re	spiratory			Approximate
	aı	rest, shock, or h	eart fallu	re. List only one cause on	reach line.	mey me	coruc					Interval Betw
	IMMEDIATE CAUSE (F	inal	s	CARd	IZC TAI	lvre						Onset and Do
	disease or condition resulting in death)			DUETO (C	OR AS A CONSEQUE							
ISE OF TH	resulting in death)		k	DEVER	51K 3	HEIMER						
	Conditions, If any, whi				OR AS A CONSEQUE	NCE OF):						
	rise to the immediate stating the underlying			*	ENGIA							
	cause last				OR AS A CONSEQUE							
			d	· NON A	IEALING	WOUNDS	S					
	PART II. Other signific	ant conditions -	Conditio	ns contributing to death b	out not previously state	l in Part I. 27	WAS DECEDE	=NT	28a. WAS	AN AUTO	OPSY 285 WERE	E AUTOPSY FINDINGS
						21.	PREGNANT (	OR 90 DA	AYS PERF	ORMED?	? AVAIL	ABLE PRIOR TO
							POSTPARTUN (Yes or No)	A1.5	(Yes c	r No)		PLETION OF CAUSE EATH? ( <i>Yes or No</i> )
					11111	R'S	no			no	1	10
	29a. CERTIFIER	DV cer	TIEVING	PHYSICIAN To the be	6.00					/		
	(Check only			FICER On the basis of e	est of my knowledge, de							
	one)											
		COI		On the basis of examina	ation and/or investigation	on, in my opinion , d	eath occurred a	at the time,	date, and place, a	nd due te	o the cause(s) and man	ner as stated.
	29b. SIGNATURE ANI	TITLE OF CER	TIFIER		E . O	EAL		29c.	MEDICAL LICEN	SE NO.	· I	SIGNED (Month, Day, Y
ITIFIER					Yes INC	LAND THE		01	10448	09	2-	5-06
	30. NAME AND ADD	RESS OF PERS	ON WHO	COMPLETED CAUSE	OF DEATH (ITEM 26) (	Type/Print)		/	,		<del></del>	
	BENSAM	IN AA	116	BD M.A	650 (7)	PANK IST	, Surte	5	6-001	hM	46404	
	31. HEALTH OFFICE		070	DIT	430 01	TINC U	1 OVEC	: <u>U</u>	Crifcy 4	100).		
LTH ICER			6	410000	~			-			32. DATE E	EB_0
1	33. MANNER OF DEA	тн	J. 47	34a. DATE OF INJURY	34b. TIME O	34c. IN.III	RY AT WORK?	] ;	34d. DESCRIBE	IOW IN.II		· · · · · · · · · · · · · · · · · · ·
				(Month, Day, Yea		4	or No)					
i	Natural 🗌	Pending						1			•	
	Accident	investigation										
		Could Not Be		34e. PLACE OF INJUF building, etc. (Spe		eet, factory, office	34	f. LOCATI	ON (Street and N	umber o	r Rural Route Number,	City or Town, State)
1	☐ Homicide	Determined									2017-W16	W. C. Barrer
				<u> </u>			j				5/4/1	emera .
	34g. DATE PRONOUN	CED DEAD (Mo	nth, Day	, Year) 34h. MOTOR	VEHICLE ACCIDENT	(Yes or No) If ye	s, specify driv	er, passen	ger, pedestrian, d	etc.	1	)
											1	
	SDH06-004 S	tate Form	10110	(R5/1-99)			<del></del>				a, a dallo	4.4

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



**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

- Որելը վես ((Որելիր Այլի իլեւսի ըրև հիկինի (Ալելի ինսին Որ

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 ASSI	SSMENT 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

**Jocument** is

NOT OFFICIAL! This Document is the property of

the Lake County Recorder!

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/dlgf. 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 Date of notice (month, day, year) **Calumet Township** 01/02/2013 Assessing Official Telephone number

Address (number and street, city, state, and ZIP code) 501 E 5th Ave Gary, IN 46402

**Jacquelyn Collins** 



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