

**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

THOMAS WIMBISH SR. being first duly sworn upon oath, deposes and says:

1. That VELMA D WIMBISH died on February 4 2011 a resident of Lake County, Indiana.
2. That the marital relationship which existed between them at the time they acquired title the real estate at 4306 Ryan Court Gary, IN 46403 until the date of her death.
3. That all funeral expenses in connection with the death of said decedents have been paid in full.
4. That all of the assets of said decedents which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedents' lives were not sufficient to necessitate payment of Federal Estate Taxes.
5. That the affiant is the surviving spouse of THOMAS WIMBISH SR.

DATED 3-5-2016

STATE OF INDIANA )  
 )  
COUNTY OF LAKE )

**Document IS NOT OFFICIAL!**  
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 DAILY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER  
 MAR 11 2016  
 JOHN E. PETALAS  
 LAKE COUNTY AUDITOR

Before me, a Notary Public in and for said County and State, personally appeared THOMAS WIMBISH SR., who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 5 day of March 2016.

Resident of LAKE COUNTY, INDIANA.

*[Signature]*  
NOTARY PUBLIC

My Commission expires:

→ This Instrument prepared by JAMES S. DAL SANTO ATTORNEY AT LAW  
2251 45<sup>TH</sup> STREET HIGHLAND, IN 46322



**Michael Barnett**  
Resident Of  
Lake County  
My Commission Expires:  
6/10/2016

Parcel No. 45-08-01-453-017.000-004  
Lot 20. Except the West 7 feet hereof and the  
West 17 feet of Lot 21, Block 8, Glen L. Ryan's  
Second Subdivision, City of Gary, as shown  
in Plat Book 30, Page 24, Lake County, Indiana.

noncon  
\$14  
cash  
GP

001499

2016 014921

2016 MAR 11 PM 2:51

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

# CERTIFICATION OF DEATH RECORD


## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0011461

DATE ISSUED 02/15/2011

DECEDENT'S LEGAL NAME VELMA D WIMBISH				SEX FEMALE	DATE OF DEATH FEBRUARY 04, 2011												
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 59 YEARS	DATE OF BIRTH APRIL 12, 1951														
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME SEASONS HOSPICE AT WEISS MEMORIAL HOSPITAL															
PLACE OF DEATH HOSPICE FACILITY																	
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME THOMAS E WIMBISH SR	EVER IN U.S. ARMED FORCES? NO													
RESIDENCE 5365 LINCOLN STRET		APT. NO.	CITY OR TOWN MERRILLVILLE	INSIDE CITY LIMITS? YES													
COUNTY LAKE	STATE IN	ZIP CODE 46410	FATHER'S NAME LEROY JACKSON	MOTHER'S NAME PRIOR TO FIRST MARRIAGE THELMA JACKSON													
INFORMANT'S NAME THOMAS E WIMBISH SR		RELATIONSHIP HUSBAND	MAILING ADDRESS 5365 LINCOLN STREET, MERRILLVILLE, IN, 46410														
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE ROMEOWILLE, IL	DATE OF DISPOSITION FEBRUARY 14, 2011													
FUNERAL HOME ILLINOIS CREMATION CENTERS, 1415 WEST 22ND STREET, OAK BROOK, IL, 60523																	
FUNERAL DIRECTOR'S NAME ERIC CHRISTOPHER KLEMUNDT			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016394														
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 14, 2011														
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"><b>CAUSE OF DEATH</b></td> <td style="width: 15%;">PART I. MULTIPLE MYELOMA</td> <td colspan="4" rowspan="4" style="text-align: center; vertical-align: middle;"> <div style="border: 2px solid red; padding: 10px; color: white; font-weight: bold; font-size: 2em;">STOP</div> <p style="color: white; font-weight: bold; font-size: 1.2em;">Document is NOT OFFICIAL!</p> <p style="color: white; font-weight: bold; font-size: 1.2em;">This Document is the property of the Lake County Recorder!</p> </td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a. _____</td> </tr> <tr> <td></td> <td>b. _____</td> </tr> <tr> <td></td> <td>c. _____</td> </tr> </table>						<b>CAUSE OF DEATH</b>	PART I. MULTIPLE MYELOMA	<div style="border: 2px solid red; padding: 10px; color: white; font-weight: bold; font-size: 2em;">STOP</div> <p style="color: white; font-weight: bold; font-size: 1.2em;">Document is NOT OFFICIAL!</p> <p style="color: white; font-weight: bold; font-size: 1.2em;">This Document is the property of the Lake County Recorder!</p>				IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a. _____		b. _____		c. _____
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IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a. _____																
	b. _____																
	c. _____																
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.		WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A MANNER OF DEATH NATURAL															
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR	INJURY AT WORK?															
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY															
LOCATION OF INJURY		IF TRANSPORTATION INJURY, SPECIFY.															
DESCRIBE HOW INJURY OCCURRED.																	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:30 AM													
CERTIFIER PHYSICIAN				DATE CERTIFIED FEBRUARY 08, 2011													
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SANJAY J AMIN, 606 POTTER ROAD, DES PLAINES, ILLINOIS, 60016				PHYSICIAN'S LICENSE NUMBER 036087.155													

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

  
 David Orr  
 Cook County Clerk



**ANY ALTERATION OR FRAUD Voids THIS CERTIFICATE**