

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 055000

2016 AUG 12 AM 10:56

MICHAEL B. BROWN
RECORDER

Case # 1604201

SURVIVORSHIP AFFIDAVIT

Comes now George Michael Wimmer, who being duly sworn upon his oath, deposes and says:

That, George P Wimmer, Jr aka George P Wimmer is the surviving spouse of Elizabeth L. Wimmer, deceased who died domiciled in Lake County, Indiana, on 11-27-2002

That Elizabeth L Wimmer and George P Wimmer aka George P Wimmer Jr acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:
SEE ATTACHED EXHIBIT "A"

Affiant states that Elizabeth L Wimmer and George P Wimmer aka George P Wimmer Jr continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Elizabeth L Wimmer's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to George P. Wimmer aka George P. Wimmer Jr.

Executed: 8/3/16

Signature: *George Michael Wimmer*
George Michael Wimmer

STATE OF INDIANA
COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state this 3rd day of August, 2016.

Kevin Zarembo
Notary Public Kevin Zarembo
Resident of Lake County
My Commission expires 12/9/2019



Prepared by:
George Michael Wimmer

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law George Michael Wimmer

Return to: _____

014574

FILED

AUG 11 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

M-Z
15:00

CH 1820501050

CHICAGO TITLE INSURANCE COMPANY

EXHIBIT "A"

LOT 3 IN BLOCK 7 IN GREENLAWN ADDITION TO HAMMOND, AS PER PLAT THEREOF,
RECORDED IN PLAT BOOK 17 PAGE 28 IN THE OFFICE OF THE RECORDER OF LAKE
COUNTY, INDIANA.

Property Address: 7232 Marshall Ave,



* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 928

Date Issued Dec 2 2002
Hammond Health Commissioner Franklin J. Sremuda M.D.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) ELIZABETH L. WIMMER				2. SEX Female		3a. TIME OF DEATH 8:50 PM		3b. DATE OF DEATH (Month, Day, Yr.) November 27, 2002	
4. *SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 73		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo. Day, Yr.) January 7, 1929	
7a. WAS DECEDENT A U.S. VETERAN? No		7b. 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"/> DOA 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) 7232 MARSHALL AVENUE				9c. CITY, TOWN, OR LOCATION OF DEATH HAMMOND			9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) GEORGE WIMMER		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER			12b. KIND OF BUSINESS/INDUSTRY OWN HOME		
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION HAMMOND			13d. STREET AND NUMBER 7232 MARSHALL AVENUE		
13e. ZIP CODE 46323		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		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) WHITE	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12		17. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5 +)		18. FATHER'S NAME (First, Middle, Last) JOSEPH SAYNE					
19. MOTHER'S NAME (First, Middle, Maiden Surname) MARY FLAYTER						20a. INFORMANT'S NAME (Type/Print) GEORGE P. WIMMER			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7232 MARSHALL AVENUE, HAMMOND, IN 46323						20c. Relationship Husband			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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, Burial, or other place) Nov 30, 2002 ELMWOOD CEMETERY			21c. LOCATION—City or Town, State HAMMOND IN			
22a. EMBALMER'S NAME DAVID F MCCOY			22b. EMBALMER'S LICENSE NO. FDO8700581			23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>			24b. LICENSE NUMBER (of Licensee) FDO1013507			25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BOCKEN FUNERAL HOME, INC. FH83002801 7042 KENEDY AVENUE, HAMMOND, IN			
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. end stage emphysema DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.									
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. 01033451		29d. DATE SIGNED (Month, Day, Year) 12-2-02 (December)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DON H DUMONT, M.D. 761-45TH STREET, MUNSTER, IN 46321-									
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>							32. DATE FILED (Month, Day, Year) December 2, 2002		
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"/> Homicide <input type="checkbox"/> Could not be Determined			34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED		
34a. 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.						

