

2

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2016 074682

2016 NOV -4 PM 12:40

MICHAEL B. BROWN
RECORDER

2016 014921

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

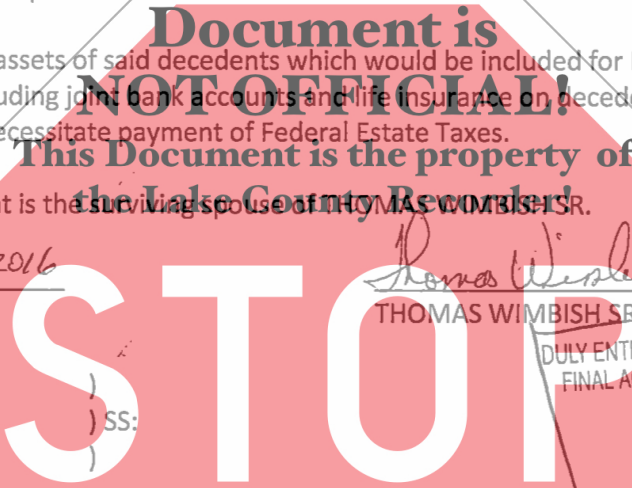
AKA VELMA WIMBISH J.D.

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 to 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

Thomas Wimbish
THOMAS WIMBISH SR.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER
MAR 11 2016

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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
JOHN E. PETALAS
LAKE COUNTY AUDITOR
NOTARY PUBLIC

My Commission expires:

016490

→ This Instrument prepared by JAMES S. DALY ANTO ATTORNEY AT LAW
2251 45TH STREET HIGHLAND, IN 46322



Parcel No. 45-08-01-453-017.000-604
Lot 20. Except the West 7 feet hereof and the
West 17 feet of Lot 21, Block 81 Glen L. Ryan's
Second Subdivision, City of Gary, as shown
in Plat Book 30, Page 24, Lake County, Indiana.

001499

Document being re-recorded to correct decedent's name.

noncon \$14 cash GP

1446
15-
non w 2530

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 STREET		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 GEMATORY	LOCATION - CITY OR TOWN AND STATE ROMEIOVILLE, 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%;">CAUSE OF DEATH</td> <td style="width: 15%;">PART I. MULTIPLE MYELOMA</td> <td colspan="4"></td> </tr> <tr> <td>IMMEDIATE CAUSE (Final disease or condition resulting in death)</td> <td>a.</td> <td colspan="4">Due to (or as a consequence of):</td> </tr> <tr> <td></td> <td>b.</td> <td colspan="4">Due to (or as a consequence of):</td> </tr> <tr> <td></td> <td>c.</td> <td colspan="4">Due to (or as a consequence of):</td> </tr> </table>						CAUSE OF DEATH	PART I. MULTIPLE MYELOMA					IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of):					b.	Due to (or as a consequence of):					c.	Due to (or as a consequence of):			
CAUSE OF DEATH	PART I. MULTIPLE MYELOMA																												
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of):																											
	b.	Due to (or as a consequence of):																											
	c.	Due to (or as a consequence of):																											
PART II. Enter other <i>significant conditions</i> contributing to death 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																								
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR		MANNER OF DEATH NATURAL																										
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?																									
LOCATION OF INJURY																													
DESCRIBE HOW INJURY OCCURRED:					IF TRANSPORTATION INJURY, SPECIFY:																								
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 036087155																									



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
David Orr
Cook County Clerk

