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2017 009028

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 FEB 10 AM 9:49

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

_____, Lake, Indiana

45-06-12-15-03-1-00-023

STATE OF INDIANA, COUNTY OF _____, SS:

_____, Tyler Whitmer, being first duly sworn, on oath states that he is of lawful age and resides in the County of McLean, State of IL. That HE is the surviving Spouse of Barbara B Whitmer who died on the 28th day of August, 29 2016, and that as such surviving Spouse

is the owner of the following real estate, situated in _____ County, Indiana:

The West 37 1/2 feet of lot 5 in Locust Terrace, in the City of Hammond, as per plat thereof, recorded in Plat Book 18, page 12, in the Office of the Recorder of Lake County, INDIANA.

That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

That said decedent and this affiant were husband and wife at the time they took title to the above described real estate and that they remained such continuously until the death of said decedent.



Tyler Whitmer
Tyler Whitmer

Sworn to before me and subscribed in my presence this 9th day of

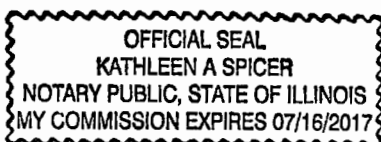
January, 29 2017.

Resident of McLean County.

Kathleen A. Spicer
Kathleen A. Spicer
Notary Public

My Commission Expires: 7-16-2017

PREPARED BY: Tyler Whitmer



Note: Document to be recorded in the Office of the Recorder.

FILED 2/9/17

135
AM

IN 001611

HOLD FOR GREATER INDIANA TITLE COMPANY 17

021039

JOHN E. PETALAS
LAKE COUNTY AUDITOR

**MCLEAN COUNTY HEALTH DEPARTMENT
BLOOMINGTON, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2016 0067147

DATE ISSUED 9/22/2016

DECEDENT'S LEGAL NAME BARBARA B WHITMER		SEX FEMALE	DATE OF DEATH AUGUST 28, 2016	
COUNTY OF DEATH MCLEAN	AGE AT LAST BIRTHDAY 80 YEARS	DATE OF BIRTH MAY 27, 1936		
CITY OR TOWN CHENOA		HOSPITAL OR OTHER INSTITUTION NAME MEADOWS MENNONITE HOME		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHARDON, OH	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME TYLER WHITMER	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 27 BRANDYWINE COURT		APT. NO.	CITY OR TOWN BLOOMINGTON	INSIDE CITY LIMITS? YES
COUNTY MCLEAN	STATE IL	ZIP CODE 61704	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BURDELL BICAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION THORA BARBER
INFORMANT'S NAME TYLER WHITMER		RELATIONSHIP HUSBAND	MAILING ADDRESS 27 BRANDYWINE COURT, BLOOMINGTON, IL, 61704	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION PRAIRIELAND CREMATORY	LOCATION - CITY OR TOWN AND STATE KNOXVILLE, IL	DATE OF DISPOSITION AUGUST 31, 2016	
FUNERAL HOME KIBLER-BRADY-RUESTMAN MEMORIAL HOME, 1104 N. MAIN ST., BLOOMINGTON, IL, 61701				
FUNERAL DIRECTOR'S NAME DANIEL PATRICK BRADY		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012162		
LOCAL REGISTRAR'S NAME WALTER P HOWE		DATE FILED WITH LOCAL REGISTRAR AUGUST 30, 2016		
CAUSE OF DEATH - PART I: SEVERE DEMENTIA ALZHEIMER'S TYPE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		2 YEARS
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I: CEREBRAL PARENCHYMAL HEMORRHAGE, HYPERTENSION		WAS AN AUTOPSY PERFORMED? NO		
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
FEMALE PREGNANCY STATUS NOT APPLICABLE		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 AUGUST 25, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 06:40 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 29, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH INGALASBE, DR. STEVEN, 385 SOUTH ORANGE STREET, EL PASO, ILLINOIS, 61738			PHYSICIAN'S LICENSE NUMBER 036069183	



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.



Walter P. Howe
Signature McLean County Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE