STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 049980

2017 AUG 10 AM 10: 07

MICHAEL B. BROW

## LAKE COUNTY RECORDER OF DEEDSER

COVER PAGE FOR AFFIDAVIT OF SURVIVORSHIP

ON PROPERTY LOCATED AT

8445 Manor Avenue, Unit 303

Dougsteme 463218

PIN# 45-06-24-183-039.000-027 This Document is the property of

the Lake Coppety Recorder!

UNIT NO. 303 AND GARGAGE PARKING SPACE NO. 303, AT 8445 MANOR AVENUE, IN RENAISSANCE CONDOMINIUMS, INC., A HORIZONTAL PROPERTY REGIME, AS CREATED BY A CERTIAN DECLARATION OF CONDOMINIUM RECORDER JUNE 22, 2000 AS DOCUMENT NO. 2000045384 AND ALSO FILED IN PLAT BOOK 88 PAGE 78, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, TOGETHER WITH AN UNDIVIDED INTEREST IN THE COMMON AND LIMITED COMMON AREAS AND FACILITIES APPURTENANT THERETO.



041131

Return Document to: Barrister Title 15000 S. Cicero Ave Oak Forest, IL 60452

File No. 17BAR40987

AUG 8 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR 25, 74 21574 IN THE MATTER OF THE REAL ESTATE OF:

Lawrence B. Wimmer, DECEASED and Mary L. Wimmer)

## AFFIDAVIT OF SURVIVORSHIP

Comes now, Mary L. Wimmer, being duly sworn upon her oath, and states as follows:

She is the owner in fee simple of the following real estate located in Lake County, Indiana:

UNIT NO. 303 AND GARGAGE PARKING SPACE NO. 303, AT 8445 MANOR AVENUE, IN RENAISSANCE CONDOMINIUMS, INC., A HORIZONTAL PROPERTY REGIME, AS CREATED BY A CERTIAN DECLARATION OF CONDOMINIUM RECORDER JUNE 22, 2000 AS DOCUMENT NO. 2000045384 AND ALSO FILED IN PLAT BOOK 88 PAGE 78, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, TOGETHER WITH AN UNDIVIDED INTEREST IN THE COMMON AND LIMITED COMMON AREAS AND FACILITIES APPURTEMENT THERETO

Commonly known ps: :8445 Manor Avenue Unit 303, Munster IN 4632 Key No. 45-06-24-183-039.000-027 the Lake County Recorder!

Title to the real estate is held in the name of Lawrence B. Wimmer and Mary L. Wimmer, as joint tenants with rights of survivorship.

Title holder Lawrence B. Wimmer died on the 9 day of May, 2016 and a certified copy of the death certificate of Lawrence B. Wimmer is attached to this affidavit.

The purpose of this affidavit is to cause the removal of Lawrence B. Wimmer, deceased from the title to the foregoing real estate.

AUG 8 2017 Mary L. Winnmer, Affiant

State of Indiana County of Lake

) JOHN E. PETAKA SWIJAN LAKE COUNTY AUDITOR

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Mary L. Wimmer, and acknowledged the execution of this instrument this 28 day of 2017.

Notary Public Printed Name: Antoinette m. Skos

My commission expires: 7-15-2025
County of Residence: LAKE

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in the attached document, unless required by law.

This instrument prepared by:

ANTOINETTE M SKOG Seal Notary Public – State of Indiana Lake County My Commission Expires Int 15, 2025



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 88257

Local No 00			EDR No 0000		64	2. Sex		No 0228		Of Dooth (Mon	oth/Day/Maarl	
Decedent's Legal Name (First, Middle, Last)			ia, Maiden Nar	пе (птеглаге)	r lenale)				4. Date	Date Of Death (Month/Day/Year)		
LAWRENCE B WIMMER  5. Social Security Number   6a. Age - Yrs	6b. Under 1 Ye		fonth 6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Mont		0:10 AM 8. Birthplace (C	ity and State	or Foreign Cou		
-3594 89	Months	Days	Hours	Minutes	1	08/20/19	26	GAINSVIL	LE, TX			
9. Ever in U.S. Armed Forces? 10, If Dea	ath Occurred In A	Hospital:		10a. If Death Occi		where Other T		ng Home/Long-te	erm Care Fac	ility		
☑ Yes       ☐ No       ☐ Unknown       ☐ Inpatient       ☐ Emergency Department Outpatient       ☐ Dead on Arrival       ☐ Other (Specify)         11. Facility Name (If Not Institution, Give Street and Number)												
8445 MANOR AVENUE	eet and Number)									013		
12. City Or Town, State, And Zip Code					☐ Married ☐ M					s At Time Of Death  Married, But Separated Divorced		
MUNSTER, IN, 46321 15. Surviving Spouse's Name	15a. (If Wife)Give Maid	LAKE en Last Name										
•			, , , , , , , , , , , , , , , , , , , ,			OI EDIA			DA!! D	040		
18. Residence - State	1	8a. County		18b. City Or To	CLERK 18b. City Or Town			RAILROAD				
INDIANA	L	AKE	MUNSTER									
18c. Street And Number							18d. Apt. No.	18e. Z	p Code	1	e City Limits?	
8445 MANOR AVENUE  19. Decedent's Education		Lao Danderi Oli	diago da Oriente	214	Decedent's	Pake	303	4	6321	M 193		
	OMA	NOT HISPA	Docu	ment	15	, land						
9TH - 12TH GRADE; NO DIPL 22. Father's Name (First, Middle, Last)	_OIVIA	INOT MISPA	OTOI	White 23, Mother's Name		de, Last)		23a	. Mother's Ma	aiden Last Nam	e	
  GEORGE P WIMMER	,			LILLAN WIM	MER	11.			SPER			
24, Informant's Name		24a. Relations	ocument	123. Valing Address	a Olbi	⊌						
MARY WIMMER		DAUGHT	ERake Co	622 CAMBRI ace Of Disposition	PGF C	OURT A	PT 2B, MU	NSTER, II	N 46321			
25a. Method Of Disposition ☐ Burial ☒ Cremation ☐ Donation ☐ E		. Place Of Dispositio	n (Name Of Cemetery, C		) 25c. L	ocation - City,	Town, And Stat	е		•		
Removal From State		LIVCARRO	LL CREMATORY		GAR	RY, IIN						
Other (Specify): 26. Was Coroner Contacted? 27		plete Address Of Fu			GAN	, 11			27a. Fu	ineral Home Lic	ense Number:	
☐ Yes ☒ No BI	URNS-KISH	FUNERAL H	OME INC-MUN	STER, 8415 C	ALUME	TAVE, M	AUNSTER	, IN 46321		004968	` .	
27b. Signature Of Indiana Funeral Service Lie BRIAN T. BURNS, BY ELEC		SNATURE				FC	c. License Num 008601763	3				
28. Part I. Enter The <u>Chain Of Events</u> - Such As Cardiac Arrest, Respiratory Arr	Diseases, Injurie	es, Or Complication	'Cause Of Death (Se as - That Directly Cause				THIS IS HE RECO	A TRUE C	OPY OF E WITH	Appro	oximate val: Onset	
Such As Cardiac Arrest, Respiratory Arr A Line. Add Additional Lines If Necessa	est, Or Ven <mark>tricula</mark> ry.	ar Fibrillation Witho		y. Do Not Abbreviate	. Enter Or	nly One Caus	E COUNT	Y HEALTH	DEPAR	TMENTO P SEVE		
Immediate Cause (Final Disease Or Cor	ndition Resulting	In Death)	A. <u>MULTIORGANE</u>		Due to (Or	As A Consequence				<u>MON</u>		
Sequentially List Conditions, If Any, Lea	iding To The Car	ase Listed On	B. CONGESTIVE HE	ART FAILURE	Due to (Or a	As A Consequence	00:	Y 16	2016	YEAR	3	
Line A. Enter The Underlying Cause (D The Events Resulting In Death) Last	isease or injury	That millated	C. AORTIC STENOS	iis 🗐 💆	Due to (Ox	As A Consequence	00:			YEAR	s	
			D. CORONARY ART	ERY DISEASE	D04 t0 (O1		5	113 G	ر ماوس	30 YE	ARS	
Part II. Enter Other Significant Conditions Cor	tributing to Death	But Not Resulting In	The Underlying Couse G	VOO IN PORT I THE		s An Autopy	11 101 4 4 4 1	ALA FIEW	Secure de la Company	CER		
ACUTE ON CHRONIC RENAL FAILURE 31. Did Tobacco Use Contribute To Death?	32, If F	Female:		dillinin.	30. We	re Autopsy Fin	33. Manner		Cause Of D	eath? Y	es 🗌 No	
Yes Probably No Unknown			Pregnant At Time Of Death Days To 1 year Before Death	Not Pregnant, But Pre Unknown If Pregnant to			1	☐ Homicide ☐	_	Pending In	vestigation	
34. Date Of Injury (Month/Day/Year)		me Of Injury		ace Of Injury (E.G., De						37. Injury At W	ork?	
38. Location Of Injury - State	38a. C	ity Or Town	38b.	Street & Number				38c. Ap	. No.	38d. Zip Code		
39. Describe How Injury Occurred							40. If Transp	portation Injury,	Specify:	Other (Specify)	ESS	
41. Signature, Of Person Certifying Cause C			·				tifier (Check Or	fly Offe)		DUNL		
MARK FRANCIS KEVIN , BY 43. Name, Address And Zip Code Of Person			JRE			⊠ Cer	rtifying Physician 44. Lic	ense Number		Health Office 45, Date Cartifi		
MARK FRANCIS KEVIN , 79	05 CALUME	T AVENUE,	MUNSTER, IN 4	6321				6785A 🛫		05/13/	2016	
46. Additional Funeral Service Provider:							47. *A	i I				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Re	gistrar Only -	Date Filed (Mor		: <del></del>		
AMENDMENT TO CERTIFICATE OF DEATH (E						ORIGINAL)				<del>-,,-</del>		
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