

STATE OF INDIANA)
)SS: Mailing address: 2943 New York St., Lake Station, IN 46405
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Mary Jane Wheeler, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Lawrence W. Wheeler, deceased.
2. That Mary Jane Wheeler and Lawrence W. Wheeler, acquired the following property as Husband and Wife during the term of their marriage.

LOT 16 BLOCK 16 IN LLOYDS DEEPRIVER SUBDIVISION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 22, PAGE 71, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 2943 New York St., Lake Station, IN 46405
Parcel No.: 45-08-24-204-007.000-020

3. That Mary Jane Wheeler and Lawrence W. Wheeler, remained married until the death of Lawrence W. Wheeler on the 25th day of June, 2017.
4. That Mary Jane Wheeler became the fee simple owner of the property at the death of Lawrence W. Wheeler.

I affirm under the penalties of perjury that the forgoing statements are true.

Mary Jane Wheeler
Mary Jane Wheeler

EXECUTED AND DELIVERED IN MY PRESENCE:

Maria Luis Witness Signature

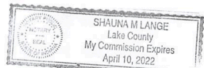
Maranda Comua Witness Printed

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, a notary public in fore said county and state this 5 day of April, 2022, **Mary Jane Wheeler** acknowledged the execution of the foregoing or attached Affidavit of Survivorship as her voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this 5 day of April, 2022.

SA Notary Signature
NP0652467



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

SA
Shauna M. Lange

This Instrument prepared by:
Shauna M. Lange, ESQ
REES AND LANGE, P.C.
301 Main Street, Hobart, IN 46342
(219) 947-1692

FILED

APR 11 2022

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

25.00
C# 1445
KES



NOT AN OFFICIAL DOCUMENT

INDIAN STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TRIMBORN 27976

Local No 002254

EDR No 00000584973

State No 032316

1. Decedent's Legal Name (First, Middle, Last) LAURENCE W WHEELER				5a. Maiden Name (If female)		2. Sex MALE		3. Time of Death 03:23 PM		4. Date of Death (Month/Day/Year) 06/25/2017			
5. Social Security Number		6a. Age - Yrs 80		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		7. Date of Birth (Month/Day/Year) 12/11/1936			
6e. Under 1 Hour Minutes		8. Birthplace (City and State or Foreign Country) WASHINGTON, PA		9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		11. Facility Name (If Not Institution, Give Street and Number) ST MARY MEDICAL CENTER INC			
12. City Or Town, State, And Zip Code HOBERT, IN, 46342		13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Surviving Spouse's Name MARY JANE WHEELER		15a. Last Name Before First Marriage OSTRANDER		16. Decedent's Usual Occupation ELECTRICIAN			
17. Kind Of Business/Industry STEEL		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town LAKE STATION		18d. Apt. No.		18e. Zip Code 46405			
18c. Street And Number 2943 NEW YORK STREET		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) CALVIN EARL WHEELER			
23. Parent's Name (First, Middle, Last) MARY JANE WHEELER		23a. Parent's Last Name Before First Marriage WILSON		24. Informant's Name MARY JANE WHEELER		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2943 NEW YORK STREET, LAKE STATION, IN 46405		25. Place Of Disposition CALVARY CEMETERY			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition: (Name Of Cemetery, Crematory, Other Place) CALVARY CEMETERY		25c. Location - City, Town, And State PORTAGE, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBERT CHAPEL, 600 W OLD RIDGE RD, HOBERT, IN 46342		27a. Funeral Home License Number FH83003069			
27b. Signature Of Indiana Funeral Service Licensee JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): F0D1006463		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. OESOPHAGEAL CANCER Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. ASYSTOLE C. D.		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. Approximate Interval From Death To Death		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Cause Not Determined		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38c. Apt. No.		38d. Zip Code		39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other			
41. Signature, Of Person Certifying Cause Of Death: EFOISA OSAYANDE OSAYE, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: EFOISA OSAYANDE OSAYE, 5454 HOHMAN AVE, HAMMOND, IN 46320		44. License Number 01076245B		45. Date Certified 06/30/2017		46. Additional Funeral Service Provider: LAKE COUNTY HEALTH OFFICER			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year): JUN 30 2017		47. *Jurat		49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			

THIS IS A TRUE COPY OF
THE RECORD KEPT ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT

JUN 30 2017

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