NOT AN OFFICIA PLANT DE

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

8:31 AM 2022 Apr 12

STATE OF INDIANA COUNTY OF LAKE

Mailing address: 2943 New York St., Lake Station, IN 46405

AFFIDAVIT OF SURVIVORSHIP

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

)SS:

- 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

- 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 for perjury that the forgoing statements are true.

Mary Jane Wheeler Mary Jane Wheeler

EXECUTED AND DELIVERED IN MY PRESENCE:

Witness Signature

Jaranda Cimus Witness Printed

STATE OF INDIANA)SS: COUNTY OF LAKE

Ing Re 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 Affidayit of Survivorship as her voluntary act for the purposes stated therein.

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

Notary Signature

NP0652667

SHAUNA M LANGE

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.

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

NOT AN OFFICIAL POCUMENTO

| Local No | | | | EDR No O | | | | State No | | | | |
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| Decedent's Legal Name (First, M | | - | = | 1a. Maic | den Name (If female) | | 2. Sex | 3. Time (| | 4. Date 0 | Of Death (Month/Da | |
| AWRENCE W WHEEL Social Security Number 6a. A | ER ee - Yrs I & | b. Under 1 Year | 6c. Under 1 | Month 6d. Under | 1 Day 6e. Under 1 Ho | ur 7. Date of I | MALE Birth (Month/Da | 03: | 23 PM Birthplace (City | and State | 06/25/2017 or Foreign Country) | |
| The second second second | ALC: U | | Davs | Hours | Minutes | | | Transaction of the | VASHINGT | | | |
| Ever in U.S. Armed Forces? | | Occurred in A Hospit | | nours | 10a: If Death O | courred Somewh | 2/11/1936 here Other Than | A Hospital | 1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 101111 | all product | |
| Yes No Unknown | ☐ Inpatient | | partment Ou | tpatient Dead or | Hospice Fac | | ident's Home | ☐ Nursing h | Home/Long-term | Care Facil | N. | |
| . Facility Name (If Not Institution | , Give Street a | nd Number) | | THE PERSON NAMED IN | | The late | Lange II | | de paller | 121121 | all miles | |
| MARY MEDICAL CE City Or Town, State, And Zip C | ENTER IN | IC . | TIPLE. | | 13. Cour | ty Of Death | 10 1000 1000 | -11-11- | 14. Marital Stat | tus At Time | Of Death | |
| | | | | | | | | Married Married, But Separated | | | | |
| OBART, IN, 46342 5. Surviving Spouse's Name | | | | LAKE 15a. Last Name Before First Marriage | | | | | | | 17. Kind Of Business/Industry | |
| | | | | COTDANIO | | | FOTDIOL | | | OTEC | | |
| ARY JANE WHEELEI Residence - State | K | 18a. C | County | OSTRANDE | 18b. City Or | Town | LECTRICI | AN | | STEEL | | |
| DIANA | 16 | LAKE | | | LAKE ST. | ATION | | | | | | |
| c. Street And Number | | | | 1 | | | 18d | Apt. No. | 18e, Zip (| Code | 18f. Inside City | |
| 43 NEW YORK STRI | EET | 5 | | | | | | | 464 | 105 | ⊠ Yes □ | |
| Decedent's Education | IATE OR | | Decedent O | f Hispanic Origin | 2 | I. Decedent's Ra | ice | | | | | |
| GH SCHOOL GRADI OMPLETED | | NO | T HISP | ANIC | w | hite | | 777 | THE PARTY NAMED IN | - Charles | March Tourist | |
| Parent's Name (First, Middle, La | ast) | | | IL THE | 23. Parents Nan | ne (First, Middle, | Last) | | 23a. Pa | arent's Last | Name Before First I | |
| ALVIN EARL WHEEL | ER | 1 | | الجريالي | FRANCIS L | ELA WHE | ELER | 200 700 | WILS | ON | | |
| Informant's Name | 11211 | ACCOUNT OF THE PARTY OF THE PAR | | onship To Decedent | 24b. Mailing Add | | | | | 105 | | |
| ARY JANE WHEELE | K | THE STATE OF | WIFE | | 2943 NEW 25. Place Of Disposition | TORKSTE | KEET, LAF | ESIATI | UN, IN 46 | 405 | Thillippe | |
| a. Method Cf Disposition Burial Cremation Dona | tion □ Erton | | e Of Disposi | ton (Name Of Ceme | tery, Crematory, Other Pla | ce) 25c. Loca | tion - City, Tow | n, And State | Lipida | Tall I | Third in | |
| Removal From State | BOIT LI LINOI | | | (0) | | | | | | | | |
| Other (Specify): | matern. | CALVA | ARY CE | METERY | Abapelle pette | PORT | AGE, IN | 1112771 | Margallin. | 27a Fur | eral Home License | |
| Was Coroner Contacted? | | | | | | | | | | | | |
| | | | | | | | | | | THE . | | |
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| D Yes ⊠ No b. Signature Of Indiana Funeral: MES J. KRAUSE , B | REE Service Licens Y ELECT | S FUNERAL ee: RONIC SIGN | HOME, | HOBART CH | th (See Instructions A) | nd Examples) | FD01 | 006463 | 6342 r (Of Licensee): | THE . | Approxima | |
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