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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-040680

9:27 AM 2022 Dec 8

Quitclaim Deed

RECORDING REQUESTED BY _____

AND WHEN RECORDED MAIL TO:

Daniel Clayton Whitlow, Grantee(s)
2605 B Reahn St
Orlando, Florida 32806

Consideration: \$ 0

Property Transfer Tax: \$ 45-23-65-46-065+000-0357 / 45-23-65-476-004-066-0371

Assessor's Parcel No. 010-10-01-021-0026 E-D10-10-7-LOCH-0635

PREPARED BY: Ruth Whitlow certifies herein that he or she has prepared this Deed.

Signature of Preparer _____

Date of Preparation _____

Printed Name of Preparer _____



THIS QUITCLAIM DEED, executed on October 24, 2022 in the County of

Lake, State of Indiana

by Grantor(s), Ruth Daves Whitlow,
whose post office address is 20419 woodmer St. Lowell, Indiana 46356,
to Grantee(s), Daniel Clayton Whitlow And Michele M. Whitlow,
whose post office address is 2605 B Reahn St. Orlando, Florida 32806

WITNESSETH, that the said Grantor(s), Ruth Daves Whitlow,
for good consideration and for the sum of one dollar and zero cents
(\$ 1.00) paid by the said Grantee(s), the receipt whereof is hereby acknowledged,

does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title,

Ruth Whitlow

25
CC
LK

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interest and claim which the said Grantor(s) have in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Lake, State of Indiana and more specifically described as set forth in EXHIBIT "A" to this Quitclaim Deed, which is attached hereto and incorporated herein by reference.

IN WITNESS WHEREOF, the said Grantor(s) has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

GRANTOR(S):

Ruth Whitlow
Signature of Grantor

Ruth Whitlow
Print Name of Grantor

D. K. McNamee
Signature of First Witness to Grantor(s)

Gina K. Harrell
Print Name of First Witness to Grantor(s)

Signature of Second Grantor (if applicable)

Print Name of Second Grantor (if applicable)

Kathleen Adams
Signature of Second Witness to Grantor(s)

KATHERIN ADAMS
Print Name of Second Witness to Grantor(s)

GRANTEE(S):

Michelle Whitlow
Signature of Grantee

Michelle Whitlow
Print Name of Grantee

Stuart Glenn
Signature of First Witness to Grantee(s)

Stuart Glenn
Print Name of First Witness to Grantee(s)

Wendy C. Whitlow
Signature of Second Grantee (if applicable)

Wendy C. Whitlow
Print Name of Second Grantee (if applicable)

[Signature]
Signature of Second Witness to Grantee(s)

Robert K. [Signature]
Print Name of Second Witness to Grantee(s)

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NOTARY ACKNOWLEDGMENT

State of Indiana

County of Lake

On 10/27/2022, before me, Kailee R Curry, a notary public in and for said state, personally appeared, Ruth Whitton

who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Kailee R Curry
Signature of Notary

Affiant Known _____ Produced ID _____

Type of ID _____



"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."

PREPARED BY: RW

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STATE OF Florida
COUNTY OF Orange

The foregoing instrument was acknowledged before me by means of [XX_] physical presence or [] online notarization, this 14TH day of NOVEMBER, 2022 by DANIEL C WHITLOW AND MICHELE WHITLOW , who is personally known to me or has produced a FL DRIVERS LICENSES as identification.

[Notary Seal]



[Signature]
Notary Public

Printed Name: JANET L HENSON

My Commission Expires: _____

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Exhibit "A"

The East 145 feet of the west 165 feet of the South 134 feet of the Southeast Quarter of the Southeast Quarter, and the North 98 feet of the South 232 feet of the west 185 feet and the East 20 feet of the west 185 feet of the South 134 feet of the Southeast Quarter of the Southeast Quarter of Section 5, Township 32 North, Range 9 West of the 2nd P.M. in Lake County, Indiana.



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracing No. 341430

Local No 002732

EDR No 00002065085

State No 2017-038609

1. Decedent's Legal Name (First, Middle, Last) BOBBY CLAYTON WHITLOW		19. Maccen Name (If female)		2. Gender Male	3. Time of Death 07:27 AM	4. Date of Death (Month/Day/Year) 08/07/2017	
5. Social Security Number 79		6a. Age - Under 1 Year	6b. Under 1 Month	6c. Under 1 Day	6d. Under 1 Hour	7. Date of Birth (Month/Day/Year) 06/29/1938	8. Birthplace (City and State or Foreign Country) EDMONTON, Kentucky
9. Ever in U.S. Armed Forces?		10. a. Death Occurred in a Hospital:		10a. If Death Occurred Somewhere Other Than a Hospital			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		<input type="checkbox"/> Hospice Facility <input checked="" 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) 20419 WOODMAR Street							
12. City Or Town, State, And Zip Code Lowell, Indiana 46356				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 RUTH WHITLOW			15a. Last Name Before First Marriage JONES		16. Decedent's Usual Occupation LINEMAN		17. Kind Of Business/Industry AUTOMOTIVE
18. Residence - State IN		18a. County Lake		18b. City Or Town Lowell			
18c. Street And Number 20419 WOODMAR Street				18d. Apt. No.	18e. Zip Code 46356		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Decedent's Education 8th grade or less		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) BEDFORD WHITLOW			23. Parent's Name (First, Middle, Last) UNKNOWN UNKNOWN			23a. Parent's Last Name Before First Marriage UNKNOWN	
24. Informant's Name RUTH WHITLOW		24a. Relationship to Decedent Spouse		24b. Mailing Address (Street And Number, City, State, Zip Code) 20419 WOODMAR Street, Lowell, IN, 46356			
25. Place Of Disposition							
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) LOWELL MEMORIAL CEMETERY		25c. Location - City, Town, And State Lowell, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Sheets Funeral Home And Cremation Services 804 E. COMMERCIAL AVENUE, Lowell, Indiana, 46356				27a. Funeral Home License Number FH83004277	
27b. Signature Of Indiana Funeral Service Licensee: JENNIFER LYNN OSBORN		Electronically Signed		27c. License Number (Of Licensee) FD21300013			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Event. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT							
Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only On This Line. Add Additional Lines If Necessary.							
Immediate Cause (Final Disease Or Condition Resulting In Death)							
A. ATRIAL FIB							
B. CONGESTIVE HEART FAILURE							
C.							
D.							
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							
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I.							
NONE							
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"/> Could Not Be Determined		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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)		38. Apt. No.	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38d. Zip Code	
39. Describe How Injury Occurred				43. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: FRANK Raymond QUINT				Electronically Signed		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: FRANK Raymond QUINT 704 S. STATE ROAD 2, Hebron, IN 46341				44. License Number 01083337A		45. Date Certified 08/08/2017	
46. Additional Funeral Service Provider:				47. AKAS			
48. Signature of Local Health Officer: CHANDANA VAVILALA				Electronically Signed		49. For Registrar Only (Date Filed, Month/Day/Year): 08/08/2017	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

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