

NOT AN OFFICIAL DOCUMENT

4

STATE OF INDIANA)
)ss:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
2024-006899
STATE OF INDIANA
LAKE COUNTY
8:44 AM 2024 Feb 23
RECORDED AS PRESENTED

AFFIDAVIT OF DEATH OF DAVID R. ZIMMER II

LINDA K. ZIMMER, being first duly sworn, upon oath deposes and states as follows:

1. Affiant resides at 823 S. Linda Street, Hobart, Indiana 46342.
2. Affiant, Linda K. Zimmer, is the spouse of the decedent, David R. Zimmer II. This Affidavit is to establish the death of David R. Zimmer II, who died a resident of Lake County, Indiana, on October 18, 2023. A certified copy of the Death Certificate is attached.
3. At the time of death, David R. Zimmer II owned the following parcel of real estate located in Lake County, Indiana, to wit as husband and wife, tenancy by the entirety, with Linda K. Zimmer:

Legal Description:

See Exhibit A

Commonly known as: 8800 E. 101st Ave., Crown Point, Indiana 46307

Tax I.D. No.: 45-13-33-376-006.000-030; 45-13-33-400-007.000-030; 45-13-33-400-008.000-030

4. Affiant states that there never was an estate probated concerning the death of David R. Zimmer II; there were no claims filed as a result of the death of David R. Zimmer II; and the funeral expenses and all expenses of illness were paid at the time of his death. No estate is anticipated to be commenced.
5. There were no Federal Estate taxes of Indiana Inheritance taxes due as a result of his death.
6. The statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, and to induce the Auditor of Lake County, Indiana to transfer ownership of the real estate described above to Linda K. Zimmer, fee simple.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Date: 02/21/2024


LINDA K. ZIMMER

FILED

FEB 23 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25
CS
AM

NOT AN OFFICIAL DOCUMENT

EXECUTED AND DELIVERED in my presence:

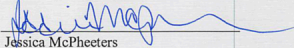
State of Indiana)
)ss:
County of Lake)

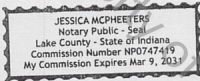
Before me, a Notary Public in and for said County and State, personally appeared Linda K. Zimmer who acknowledged the execution of the foregoing instrument.

Witness my hand and Notarial Seal this Wednesday, February 21, 2024

My commission expires:

Signature
Printed
Resident of


Jessica McPheeters
Lake County, Indiana



Prepared by: Jessica L. McPheeters, Esq., Weiss, Schmidgall and Hires, P.C., 6 West 73rd. Ave., Merrillville, IN 46410.

Grantee: Linda K. Zimmer: 8800 E. 101st Ave., Crown Point, Indiana 46307
Return to: Linda K. Zimmer: 823 S. Linda Street, Hobart, Indiana 46342
Send tax bills to: Linda K. Zimmer: 8800 E. 101st Ave., Crown Point, Indiana 46307

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. No representation is made as to any time after this instrument was delivered or given to our client.


Jessica L. McPheeters, Esq. 35020-45

EXHIBIT 'A'

TAX: I.D. NO. 45-13-33-376-006.000-030
45-13-33-400-007.000-030
45-13-33-400-008.000-030

O'CONNOR/ZIMMER

PART OF THE SOUTH 1/2 OF SECTION 33, TOWNSHIP 35 NORTH, RANGE 7 WEST OF THE 2nd P.M. IN LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: BEGINNING AT THE CENTER OF SAID SECTION 33; THENCE SOUTH 89°42'44" EAST, ALONG THE EAST-WEST CENTER LINE OF SAID SECTION 33, 236.46 FEET; THENCE SOUTH 00°15' 24" WEST, 1209.87 FEET TO THE NORTHEASTERLY RIGHT-OF-WAY LINE OF THE CHESAPEAKE AND OHIO RAILROAD; THENCE NORTH 60°04' 50" WEST, ALONG SAID NORTHEASTERLY RIGHT-OF-WAY LINE, 1028.57 FEET TO THE WEST LINE OF THE EAST 1/2 OF THE EAST 1/2 OF THE SW 1/4 OF SAID SECTION 33; THENCE NORTH 00°00' 12" WEST, ALONG SAID WEST LINE, 701.33 FEET TO AFORESAID EAST-WEST CENTER LINE; THENCE SOUTH 89°42' 44" EAST, ALONG SAID EAST-WEST CENTER LINE, 660.50 FEET TO THE POINT OF BEGINNING, CONTAINING 19.633 ACRES, MORE OR LESS AND ALSO PART OF THE SOUTH 1/4 OF SAID SECTION 33, DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTH 1/2 CORNER OF SAID SECTION 33; THENCE NORTH 89°44' 36" WEST, ALONG THE SOUTH LINE OF SAID SECTION 33, 660.50 FEET TO THE WEST LINE OF THE EAST 1/2 OF THE EAST 1/2 OF THE SW 1/4 OF SAID SECTION 33; THENCE NORTH 00° 00' 12" WEST, ALONG SAID WEST LINE, 1821.87 FEET TO THE SOUTHWESTERLY RIGHT-OF-WAY LINE OF THE CHESAPEAKE AND OHIO RAILROAD; THENCE SOUTH 60°04'50" EAST, ALONG SAID SOUTHWESTERLY RIGHT-OF-WAY LINE, 1039.15 FEET; THENCE SOUTH 00° 15' 24" WEST, 1307.58 FEET TO THE SOUTH LINE OF SAID SECTION 33; THENCE NORTH 89°44' 36" WEST ALONG SAID SOUTH LINE, 234.20 FEET TO THE POINT OF BEGINNING.

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **0001194**

1. Decedent's Legal Name (First, Middle, Last) David Raphael Zimmer II		19. Maiden Name (if female)		2. Gender Male		3. Time Of Death 08:46 PM		4. Date Of Death (Month/Day/Year) 10/18/2023					
5. Social Security Number 60		6a. Age - Yrs 80		6b. Under 1 Year Months 0		6c. Under 1 Month Days 0		6d. Under 1 Day Hours 0		7. Date of Birth (Month/Day/Year) 02/19/1963		8. Birthplace (City and State or Foreign Country) Gary, Indiana	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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 Hobart		12. City Or Town, State, and Zip Code Hobart, Indiana 46342		13. County Of Death Lake		14. Marital Status At Time Of Death <input 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 Linda Kay Zimmer		15a. Last Name Before First Marriage Dobson		16. Decedent's Usual Occupation Carpenter		17. Kind Of Business/Industry Oil							
18. Residence - State IN		18a. County Lake		18b. City Or Town Hobart		18c. Apt. No.		18d. Zip Code 46342		18e. 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 Spanish/Hispanic/Latino		21. Decedent's Race White									
22. Parents Name (First, Middle, Last) David R Zimmer		23. Parents Name (First, Middle, Last) Norma Jean Zimmer		23a. Parents Last Name Before First Marriage Stuby									
24. Informant's Name Linda Kay Zimmer		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 823 S Linda Street, Hobart, IN, 46342									
25. Place Of Disposition													
25a. Method Of Disposition <input 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) Northwest Indiana Cremation Service				25c. Location - City, Town, and State Crown Point, IN							
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns Funeral Home 701 E. 7th St., Hobart, Indiana, 46342				27a. Funeral Home License Number: FH83002380							
27b. Signature Of Indiana Funeral Service Licensee: James F. Burns		Cause of Death (See Instructions And Examples) Electronically Signed				27c. License Number Of Licensee: FP01009461		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter The Etiology. Do Not Abbreviate. Enter On A New Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. acute myocardial infarction Due to 25b As A B. 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 Due to 25c As A C. Due to 25d As A D. LAKE COUNTY HEALTH OFFICER					
29. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I.													
30. Were Autopsies Finding 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 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 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		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		38b. Street & Number		38c. Apt. No.		38d. Zip Code					
39. Describe How Injury Occurred													
41. Signature Of Person Certifying Cause Of Death: Lisa Mullally		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				44. License Number: 02003098A		45. Date Certified: 10/24/2023					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lisa Mullally 11275 Delaware Pkway, Suite A, Crown Point, IN 46307		46. Additional Funeral Service Provider:		47. Signature Of Local Health Officer: Chandana Vavilala		48. For Registrar Only - Date Filed (Month/Day/Year): 10/25/2023		49. For Registrar Only - Date Filed (Month/Day/Year): 10/25/2023					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													