

# NOT AN OFFICIAL DOCUMENT

3

STATE OF INDIANA )  
                          )ss:  
COUNTY OF LAKE )

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

2024-006900

8:44 AM 2024 Feb 23

## 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:

LOT 3 IN ZIMMER SUB., AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 109, PAGE 68, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 101<sup>st</sup> Ave., Crown Point, Indiana 46307  
Tax I.D. No.: 45-13-33-376-012.000-030

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  
RM

# NOT AN OFFICIAL DOCUMENT

EXECUTED AND DELIVERED in my presence:

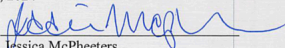
State of Indiana            )  
  )ss:  
County of Lake            )

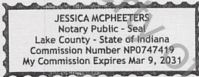
Before me, a Notary Public in and for said County and State, personally appeared Linda K. Zimmer who acknowledged the execution of the foregoing instrument.

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 73<sup>rd</sup> Ave., Merrillville, IN 46410.

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

\*\*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

Lake County Recorder

# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 00011625862

1. Decedent's Legal Name (First, Middle, Last) <b>David Raphael Zimmer II</b>		2. Gender <b>Male</b>		3. Time of Death <b>08:46 PM</b>		4. Date of Death (Month/Day/Year) <b>10/16/2023</b>													
5. Social Security Number <b>60</b>		6a. Under 1 Year <b>Months</b>		6b. Under 1 Month <b>Days</b>		6c. Under 1 Day <b>Hours</b>		6d. Under 1 Hour <b>Minutes</b>		7. Date of Birth (Month/Day/Year) <b>02/19/1963</b>		8. Birthplace (City and State or Foreign Country) <b>Gary, Indiana</b>							
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)													
11. Facility Name (If Not Institution, Give Street and Number) <b>St. Mary Medical Center Hobart</b>																			
12. City Or Town, State, And Zip Code <b>Hobart, Indiana 46342</b>						13. County Of Death <b>Lake</b>			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 <b>Linda Kay Zimmer</b>				15a. Last Name Before First Marriage <b>Dobson</b>				16. Decedent's Usual Occupation <b>Carpenter</b>				17. Kind Of Business/Industry <b>Oil</b>							
18. Residence - State <b>IN</b>				18a. County <b>Lake</b>				18b. City Or Town <b>Hobart</b>				18c. Street And Number <b>823 S Linda Street</b>		18d. Apt. No.		18e. Zip Code <b>46342</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>High School graduate or GED completed</b>				20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>				21. Decedent's Race <b>White</b>											
22. Parents Name (First, Middle, Last) <b>David R Zimmer</b>				23. Parents Name (First, Middle, Last) <b>Norma Jean Zimmer</b>				23a. Parents Last Name Before First Marriage <b>Stuby</b>											
24. Informant's Name <b>Linda Kay Zimmer</b>				24a. Relationship To Decedent <b>Wife</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>823 S Linda Street, Hobart, IN, 46342</b>											
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) <b>Northwest Indiana Cremation Service</b>				25c. Location - City, Town, And State <b>Crown Point, IN</b>											
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>Burns Funeral Home 701 E. 7th St., Hobart, Indiana, 46342</b>				27a. Funeral Home License Number: <b>FH83002380</b>											
27b. Signature Of Indiana Funeral Service Licensee: <b>James F. Burns</b>						27c. License Number Of Licensee: <b>FC01009461</b>													
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter The Cause Of Death (See Instructions And Examples). Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter In Full On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. acute myocardial infarction</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 <b>B. <u>Due to COPD As A Complication</u></b> <b>C. <u>Due to COPD As A Complication</u></b> <b>D. <u>Due to COPD As A Complication</u></b>												Approximate Interval: Onset To Death <b>20 minutes</b>							
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. <b>29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b>																			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" 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 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											
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: <b>Lisa Mullally</b>						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: <b>Lisa Mullally 11275 Delaware Pkway, Suite A, Crown Point, IN 46307</b>						44. License Number: <b>02003098A</b>		45. Date Certified: <b>10/24/2023</b>		46. Additional Funeral Service Provider:									
46. Signature Of Local Health Officer: <b>Chandana Varshita</b>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>10/25/2023</b>													