

STATE OF INDIANA)
) SS: LAKE SUPERIOR COURT
COUNTY OF LAKE) CROWN POINT, INDIANA

IN THE MATTER OF THE)
UNSUPERVISED ESTATE OF)
WILLARD O. WEASE,) CAUSE NO.: 45D05-2110-EU-000539
Deceased, by P.R. Patrick Wease,)

AFFIDAVIT OF DEATH

Comes now, Charles P. Dargo, Counsel for Patrick Wease, Personal Representative of the Estate of Willard O. Wease, and being duly sworn upon his oath, states as follows:

1. Naomi Wease, deceased, died on the 8th day of January, 2008. A copy of her death certificate is attached hereto and made a part hereof.
2. At the time of her death, Willard O. Wease and Naomi Wease, jointly owned the following property located in Lake County, State of Indiana, to-wit:

Shades Add. Cedar Lake, Plat 'A' All L.27 Bl.3
Parcel No.:45-15-26-478-024.000-043
Commonly Known As: 13947 Hobart St. Cedar Lake, IN 46303

Shades Add. Cedar Lake, Plat A All L.25 Bl.3
Parcel No.:45-15-26-478-050.000-043
Commonly Known As: 13950 Hobart St. Cedar Lake, IN 46303

Shades Add. Cedar Lake, Plat 'A' All L.26 Bl.3
Parcel No.: 45-15-26-478-025.000-043
Commonly Known As: 13949 Hobart St. Cedar Lake, IN 46303

Shades Add. Cedar Lake, Plat A All L.23 Bl.3
Parcel No.:45-15-26-478-048.000-043
Commonly Known As: 13942 Stevenson St. Cedar Lake, IN 46303

Shades Add. Cedar Lake, Plat A All L.22 Bl.3
Parcel No.:45-15-26-478-047.000.043
Commonly Known As: 13942 Stevenson St. Cedar Lake, IN 46303

Shades Add. Cedar Lake, Plat A All L.24 Bl.3
Parcel No.:45-15-26-478-049.000-043
Commonly Known As: 13950 Hobart St. Cedar Lake, IN 46303

Shades Add. Cedar Lake, Plat A Bl.4 lots 13 to 31
45-15-26-479-022.000-043
Commonly Known As: 13947 Hobart St. Cedar Lake, IN 46303

FILED

NOT AN OFFICIAL DOCUMENT

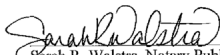
3. At the time of her death, the properties vested into her Husband, Willard O. Wease.
4. Willard O. Wease, decedent, died on February 4th, 2017. A copy of his death certificate is attached hereto and made a part hereof.
5. This Affidavit is made for the purposes of causing the proper transfer of the Real Estate in the Office of the Auditor and Recorder of Lake County, State of Indiana to Willard O. Wease.

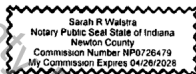
Charles P. Dargo, Counsel for Personal
Representative, Patrick Wease

State of Indiana, County of Newton, ss: Dated this 25th day of September, 2024.

Before me, the undersigned, a Notary Public in and for said County and State, this 26th day of September, 2024, personally appeared: Patrick Wease, and acknowledged the execution of the foregoing. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 04/26/2028


Sarah R. Walstra, Notary Public
Resident of Newton County



This Instrument Prepared By: Charles P. Dargo, P.C. of Law Offices of Charles P. Dargo, P.C.; 5985 E. 1015 N. Demotte, Indiana 46310; Telephone (219)-285-2008, Atty No. 22325-18

"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." Charles P. Dargo, P.C. of Law Offices of Charles P. Dargo, P.C.

NOT AN OFFICIAL DOCUMENT

Tracking No. **298018**

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to outline its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 00050002

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-31-1-10

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME (First, Middle, Last) Naomi Wease		2. SEX F	3a. TIME OF DEATH 10:15 AM	3b. DATE OF DEATH (Month, Day, Year) January 3, 2008
DECEDENT	4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 74	5b. UNDER 1 YEAR Months: _____ Days: _____	6. DATE OF BIRTH (Day, Month, Year) June 29, 1933	7. BIRTHPLACE (City and State or Foreign Country) Lee County, K.Y.
	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES	9. PLACE OF DEATH (Place only—see instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify): _____		10. CITY (Specify)
PRECEDENT	9a. FACILITY NAME (If not institution, give street and number) St. Anthony In-Patient Hospice		11a. CITY, TOWN, OR LOCATION OF DEATH Crown Point		11b. COUNTY OF DEATH Lake
	12. MARITAL STATUS (Specify) Widow	11. SURVIVING SPOUSE (If male, give maiden name) Wenemaker	11c. CITY, TOWN, OR LOCATION Wenemaker		12b. KIND OF BUSINESS/INDUSTRY
PARENTS	13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Cedar Lake		13d. STREET AND NUMBER 13947 Hobart St.
	13e. ZIP CODE 46303	13f. HOME CITY (List) Chicago, Ill.	14. CITIZEN OF WHAT COUNTRY U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify Cuban, Mexican, Puerto Rican, etc.	16. RACE—American Indian, Black, White, etc. (Specify) White
INFORMANT	17. FATHER'S NAME (First, Middle, Last) Lillie Goe		18. MOTHER'S NAME (First, Middle, Maiden Surname) Lillie Goe		
	20a. INFORMANT'S NAME (Type/Print) Sharon James		20b. MAILING ADDRESS (Street and Number or Rural Route Number; City or Town, State, Zip Code) 245 Nature View Ct. Fort Myers Beach, FL 33931		20c. Relationship DAUGHTER
DISPOSITION	21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) Cremation		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, or other place) January 4, 2008		21c. LOCATION—City or Town, State Crown Point
	22a. EMBALMER'S NAME Northwest Indiana Cremation Services		22b. EMBALMER'S LICENSE NO.		23. WAS DEATH REPORTED TO CORONER? No <input type="checkbox"/> Yes <input type="checkbox"/>
CAUSE OF DEATH	24. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER OF Licenses ED1016076		24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Eller-Brady FH 83000825 8510 Lakeshore Dr. Cedar Lake, IN 46303
	25. PART I List the disease, injury, or condition that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure, on each line. Non-Hodgkin's Lymphoma				
CAUSE OF DEATH	25a. IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) Non-Hodgkin's Lymphoma		25b. DUE TO (OR AS A CONSEQUENCE OF)		25c. Anatomical, Histological, Chemical, or Microscopic Findings metastatic
	25d. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		25e. DUE TO (OR AS A CONSEQUENCE OF)		25f. DUE TO (OR AS A CONSEQUENCE OF)
CERTIFIER	PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEDENT PREGNANT OR IN LABOUR? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		28. WAS AN AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	29a. CERTIFIER (Check only one) <input type="checkbox"/> SURVIVING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. 0103177
HEALTH OFFICER	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 25b (Type/Print) 1121 S Indiana Ave. Crown Point IN 46307		31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE SIGNED (Month, Day, Year) 1/4/08
	33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34. DATE OF INJURY (Month, Day, Year) 1/3/08		35. PLACE OF INJURY (Home, farm, street, etc.) 1121 S Indiana Ave. Crown Point, IN
36. DATE PROHONATED DEAD (Month, Day, Year)		37. MOTOR VEHICLE ACCIDENT? (Type/Print) No		38. LAKE COUNTY HEALTH OFFICER RAISED SEAL AFFIXED	