

DECLARATION OF HERITAGE

LYNETTE WILDER

PULASKI COUNTY RECORDER

9P

LAW Date 08/26/2011

Time 11:49:27

FEE:

29.00

I 20111453

Page 1 of 9

I Terry Lee Wayman a legitimate heir of William Beaver of Pulaski county Indiana hereby declare my acceptance of land patent certificate number 16780. the southwest quarter of the northeast quarter of section twenty five in township twenty nine north of range three west of the second principal meridian in the district of lands in Indiana containing forty acres.

attached to this document are birth records and death records for evidence to establish my claim to said land.

Exhibit A myself

Terry Lee Wayman born South Bend Indiana October seventh, nineteen hundred fifty eight 10/07/1958

Exhibit B father

Harold Dean Wayman born Pulaski county Indiana October eleventh, nineteen hundred thirty nine 10/11/1939

Exhibit C grandmother

Nora Caroline Beaver born Starke county Indiana April fourth nineteen hundred nineteen 04/19/19

Exhibit D great grandfather

William M. Beaver (Mat) as recorded on Nora Caroline Beaver's birth record

Exhibit E Great great grandfather

WILLIAM HENRY BEAVER
death certificate State of Tennessee Sullivan county Bristol death April 4 1919

Exhibit F land plat image from Pulaski county land surveyors office

"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."

NAME

TERRY WAYMAN

Recorded Pulaski County Indiana
Book _____ Page _____

Terry Wayman
2585 Fairbanks
Gary Indiana 46406

PREPARED BY TERRY WAYMAN

State of Indiana

Pulaski

County)

) SS "SEAL"

I certify that this statement is a full, true and complete copy of said form which is on file in this office as of 11:11 A.M.

September 19, 2014

Christina K. Hoffa

Recorder

Pulaski

County

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
CERTIFICATE OF LIVE BIRTH

58-091113

4177

1. PLACE OF BIRTH
a. COUNTY St. Joseph
b. CITY, TOWN, OR LOCATION South Bend

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Indiana
b. COUNTY Stark
c. CITY, TOWN, OR LOCATION Knox
d. STREET ADDRESS RR #1, Box 614

3. NAME OF HOSPITAL OR INSTITUTION St. Joseph's

4. IS PLACE OF BIRTH INSIDE CITY LIMITS?
YES ☒ NO ☐

5. IS RESIDENCE INSIDE CITY LIMITS?
YES ☐ NO ☒

6. IS RESIDENCE ON A FARM?
YES ☐ NO ☒

7. NAME OF CHILD
a. FIRST Harold
b. MIDDLE Wayman
c. LAST Kirkham

8. SEX OF CHILD
a. THIS BIRTH M
b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st ☐ 2nd ☐ 3rd ☐

9. DATE OF BIRTH
Month 10 Day 7 Year 58

10. AGE (At time of this birth)
19 YEARS

11. BIRTHPLACE (State or foreign country)
Indiana

12. USUAL OCCUPATION
laborer

13. KIND OF BUSINESS OR INDUSTRY
Indiana Steel

14. MAIDEN NAME
Margie

15. COLOR OR RACE
White

16. AGE (At time of this birth)
17 YEARS

17. BIRTHPLACE (State or foreign country)
Indiana

18. PREVIOUS DEATHS TO MOTHER (Do not include this birth)
a. How many? 1 b. How many other children? 1 c. How many total deaths? 2
d. How many born alive but are now dead? 1 e. How many born dead at A.P.V. (time after conception)? 1

19. INFORMANT'S NAME
Margie Kirkham Wayman

20. MOTHER'S MAILING ADDRESS
Stark

21. SIGNATURE
Margie Kirkham Wayman

22. ADDRESS
Stark

23. DATE SIGNED
10-24-58

24. DATE RECEIVED BY HEALTH DEPT.
10-16-58

25. SIGNATURE OF HEALTH OFFICER
[Signature]

26. DATE ON WHICH GIVEN NAME ADDED
BY



CERTIFICATE
State Form 26217 (R/2-92)

76448

THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE
WITH THE INDIANA STATE DEPARTMENT OF HEALTH

DEC - 5 2005



Not valid unless machine signed with multi-colored ribbon.
It is unlawful to reproduce this record.

B

CERTIFICATE OF BIRTH

Certificate of Birth

Pulaski County Health Department

This Certifies, that according to the records of the Pulaski County Health Department

Name: HAROLD DEAN WAYMAN

Was Born In Pulaski County, Indiana on: OCTOBER 11, 1939

Child Of: LE ROY AND NORA WAYMAN

Birthplace of Father: ILLINOIS Birthplace of Mother: INDIANA

Filed: 1014-1939 Certificate Number: 183 *for [signature] MD*

SEAL

County Health Officer

ISSUED: 09042008
NOT VALID UNLESS HEALTH OFFICER SIGNATURE AFFIXED.
IT IS UNLAWFUL TO REPRODUCE THIS RECORD

STATE OF INDIANA

1525552
WARNING:

ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO-COPIED.

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

PLACE OF BIRTH
County of Stark
Township of Wayne
City of _____

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registered No. 1461

FULL NAME OF CHILD Nora Caroline Beann
If child is not named, make supplemental report.

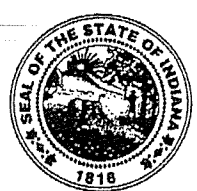
Sex of Child Female
Twin, triplet, or other? None
Number in order of birth First
Last name? Yes
Full Name William M. Beann
FATHER
Residence Stark Co. Ind.
Color White
Age at last Birthday 42
Birthplace Green Co. Tenn.
Occupation Farmer

Full Maiden Name Frances L. Garner
MOTHER
Residence Stark Co. Ind.
Color White
Age at last Birthday 36
Birthplace Hawkins Co. Tenn.
Occupation Housewife

Number of children born to the mother, including present birth 7
Number of children, of this mother, now living, including present birth 6
Were pre-natal examinations required? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.
(Signature) A. J. Doet
Address San Pierre, Ind.
Filed 5/4 1919
When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Given name entered from a supplemental report 10



CERTIFICATE
State Form 26217 (R/2-92)

205931

THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE
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1 OCT - 9 - 1919

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C

**INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH**

Local No. 65-50

State No. 66 010989

1. PLACE OF DEATH a. COUNTY <u>Stark</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Indiana</u>	
b. CITY, TOWN, OR LOCATION <u>Maumee</u>		c. CITY, TOWN, OR LOCATION <u>Stark</u>	
c. Length of stay in it <u>50 yrs.</u>		d. STREET ADDRESS <u>Knox</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>William Madison Beaver</u>		4. DATE OF DEATH Month <u>3</u> Day <u>14</u> Year <u>66</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> UNMARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-28-1877</u>
9. AGE (In years, months, days, hours, minutes) <u>88</u>		10. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	
11. FATHER'S NAME <u>Tom. H. Beaver</u>		12. MOTHER'S MAIDEN NAME <u>Anna Wright</u>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>314-</u>		14. SOCIAL SECURITY NO. <u>314-</u>	
15. INFORMANT'S ADDRESS <u>21- Knox Ind.</u>		16. INFORMANT'S NAME <u>Mrs. Amanda Beaver</u>	
17. CAUSE OF DEATH (Enter only one cause for the (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE <u>Chronic Hypertension</u>		18. RELATIONSHIP TO DECEASED <u>Wife</u>	
19. OTHER SIGNIFICANT CONDITIONS EXISTING AT DEATH BUT NOT RELATED TO THE TERMINAL ILLNESS (Enter in Part I or Part II of record) <u>Senile Dementia</u>		20. TIME OF DEATH (Hour, Month, Day, Year) <u>10:00 AM 3-14-66</u>	
21. PLACE OF DEATH (a. Home, farm, factory, street, office, etc.) <u>Home</u>		22. CITY, TOWN, OR LOCATION <u>Stark</u>	
23. ATTENDING PHYSICIAN: I certify that I attended the deceased from <u>3-17-66</u> and last saw him alive on <u>3-17-66</u> . Death occurred at <u>Stark</u> on the date stated above, and to the best of my knowledge, from <u>Chronic Hypertension</u> .		24. HEALTH OFFICER: I certify that I investigated cause of death as documented and find that death occurred at <u>Stark</u> from cause stated and on date stated.	
25. SIGNATURE OF PHYSICIAN <u>Chas. H. ...</u>		26. SIGNATURE OF HEALTH OFFICER <u>Knox Ind.</u>	
27. SIGNATURE OF LOCAL HEALTH OFFICER <u>...</u>		28. SIGNATURE OF FEDERAL DIRECTOR <u>...</u>	



CERTIFICATE
State Form 26217 (R/2-92)

205652

THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE
WITH THE INDIANA STATE DEPARTMENT OF HEALTH

DET-2 2000

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E

STATE OF TENNESSEE

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

County Madison

Civil Dist. 13

Village Madison

City Madison

State Tenn.

Registration District No. 13

Primary Registration District No. 13

Registration District No. 13

Primary Registration District No. 13

Registration District No. 13

Primary Registration District No. 13

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Registration District No. 13

N. B. - Every item of information should be carefully supplied. ASD should be stated. If not, it may be properly classified. Exact statements of occupation is important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of occupation is important. See instructions on back of certificate.

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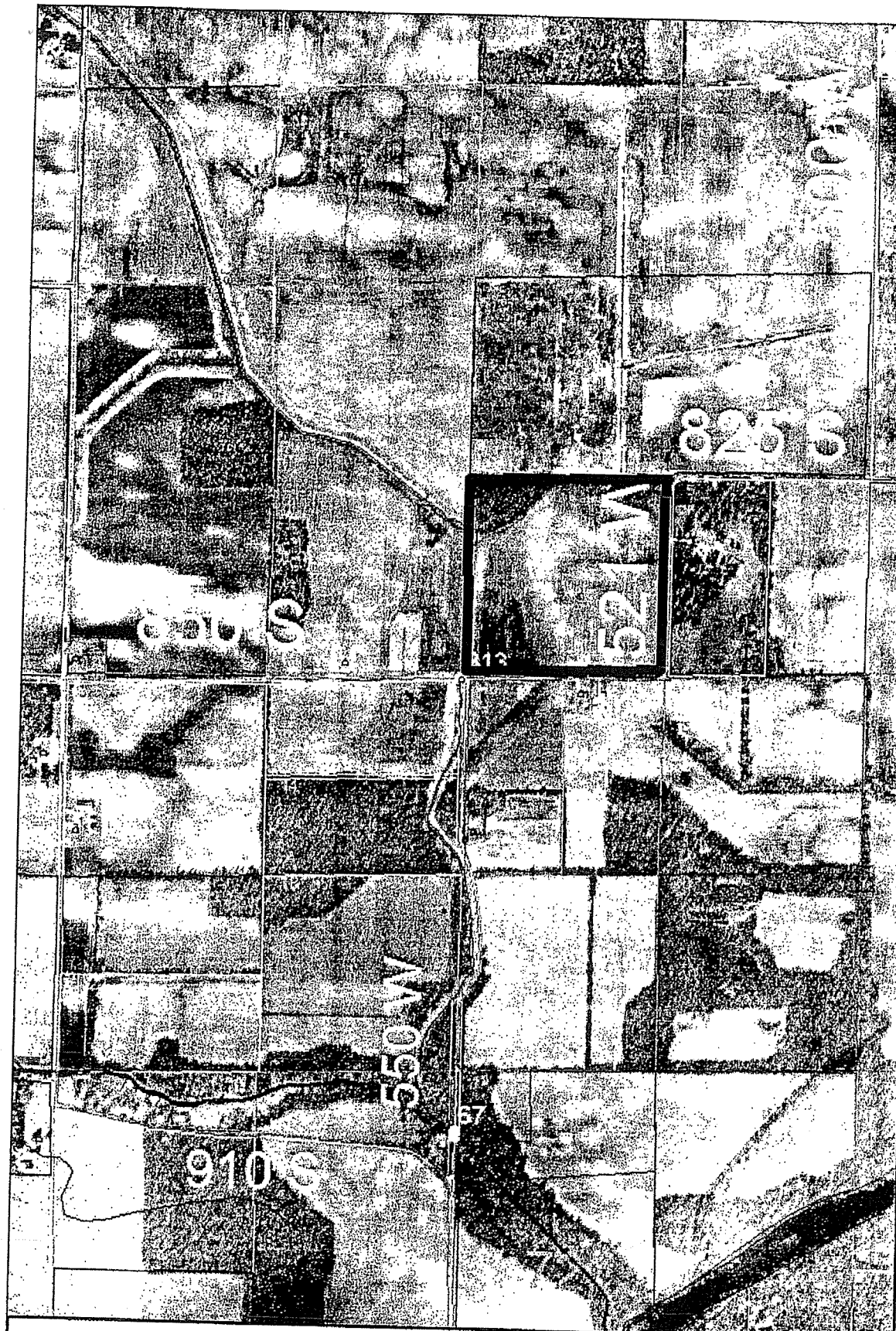
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Legal Ditches
Name:
~ weltzin ditch
~ swingle ditch

Regional Roads
Highway:

Parcels

Parcel:

- ~ 001
- ~ 002
- ~ 003
- ~ 004
- 005
- ~ 006
- ~ 007
- 008
- 009
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- ~ 073

Regional Counties

- ☐ County Boundary
- ☐ Maintained Water She

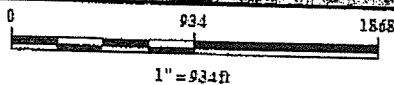
Addresses

Regional Counties

Railroads

- ~ Water
- ~ Highways
- ~ Roads
- Bridges
- ~ Maintained Water She

WTH
ENGINEERING



Handwritten mark resembling a stylized 'A' or '1'.

18 Nov 11/86

Copied June 11, 1877.

CERTIFICATE,
No. 16789

THE UNITED STATES OF AMERICA,

42

To all to whom these Presents shall come, Greeting:

WHEREAS *William Beaver, of Pulaski County,
Indiana,*

has deposited in the GENERAL LAND OFFICE of the United States, a Certificate of the REGISTER OF THE LAND OFFICE at *Winamac,* whereby it appears that full payment has been made by the said

William Beaver, according to the provisions of the Act of Congress of the 24th of April, 1820, entitled "An Act making further provision for the sale of the Public Lands," for the South West quarter of the North ~~East~~ ^{East} quarter, of Section Twentyfive, in Township Twenty nine North, of Range Three West of the second Principal Meridian; in the District of Lands subject to sale at *Winamac, Indiana;* containing Forty Acres:

according to the official plat of the survey of the said Lands, returned to the General Land Office by the SURVEYOR GENERAL, which said tract *has* been purchased by the said *William Beaver,*

NOW KNOW YE, That the UNITED STATES OF AMERICA, in consideration of the Premises, and in conformity with the several acts of Congress, in such case made and provided, HAVE GIVEN AND GRANTED, and by these presents DO GIVE AND GRANT, unto the said *William Beaver,*

and to *his* heirs, the said tract above described: TO HAVE AND TO HOLD the same, together with all the rights, privileges, immunities, and appurtenances of whatsoever nature, thereunto belonging, unto the said *William Beaver,*

and to *his* heirs and assigns forever.

In Testimony Whereof, I, *James H. Polk* PRESIDENT OF THE UNITED STATES OF AMERICA, have caused these Letters to be made PATENT, and the SEAL of the GENERAL LAND OFFICE to be hereunto affixed.

Given under my hand, at the CITY OF WASHINGTON, the *First* day of *April* in the Year of our Lord one thousand eight hundred and *Forty Eight* and of the INDEPENDENCE OF THE UNITED STATES the *Seventy second*.

BY THE PRESIDENT: *James H. Polk*

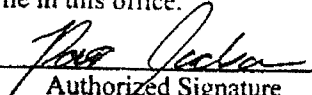
By *J. M. Stephens* Asst. Sec'y.
S. M. Laughlin, RECORDER of the General Land Office.

Bureau of Land Management
Eastern States
7450 Boston Boulevard
Springfield, VA 22153

AUG 08 2011

Date

I hereby certify that this
reproduction is a true copy
of the official record on
file in this office.


Authorized Signature