

# SURVIVORSHIP AFFIDAVIT

STATE OF Indiana }  
COUNTY OF Lake 92022839 } s. s.

N

On this 3rd day April, '92 before me personally appeared \_\_\_\_\_  
(insert date)

Robert H. Mahaffey

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is SON OF OWNER  
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by  
Paul Buikema a/k/a Paul R. Buikema and Nellie M. Buikema

4. Said Paul Buikema a/k/a Paul R. Buikema  
(fill in name of co-tenant who died)

died on January 5, 1986

leaving \_\_\_\_\_ will;  
(insert "a" or "no" if will is attached)

5. The legal description of the premises in question is:  
Lot 9, Block 15, Cline Gardens Addition, as shown in Plat Book 31, page 71, in Lake County, Indiana.

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
No

(If answer is "Yes," identify the divorce proceedings: \_\_\_\_\_);

8. Affiant's relationship to the deceased was SON

Signature: Robert H. Mahaffey  
Robert H. Mahaffey  
Address: 5451 GRANT ST.  
MERRILLVILLE, IN. 46410

Subscribed and sworn to before me by the affiant

this 3rd day of April, 1992  
(insert date)

Roberta S. Tate Notary Public Res. of Porter Co.

My Commission Expires 12-17-93

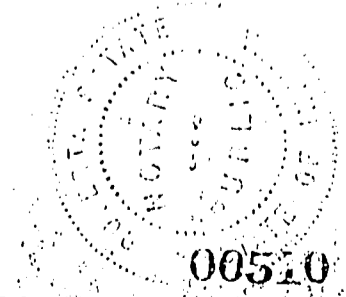
This instrument prepared by Robert H. Mahaffey



STATE OF INDIANA/S.S.M.O.  
LAKE COUNTY  
FILED FOR RECORD  
APR 14 11 19 PM '92  
ROBERT H. MAHAFFEY  
RECORDER

#32-228-9

CHICAGO TITLE INSURANCE COMPANY  
INDIANA DIVISION



00510

800 ct

REGISTRATION DISTRICT NO. <b>16.34</b>		STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		
DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Paul R. Buikema		2. Male	3. January 5, 1986	
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		ORIGIN OR DESCENT	AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR (MOS., DAYS)
4. White		5. Dutch	6. 83	7. 83
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN FIELD, GIVE STREET AND NO.)		IF HOSP. OR INST. INDICATED DOA OR PERM. RM. INPATIENT (SPECIFY)
7a. Harvey		7c. Ingalls Memorial Hospital		7d. Inpatient
STATE OF BIRTH (IF NOT U.S.A. NAME, COUNTRY)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. Missouri	9. U.S.A.		10. Married	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
12. 484-03-2135	13a. Pipe Fitter	13b. Local #597		11. Nellie Harpster
RESIDENCE STREET AND NUMBER	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	STATE
14a. 6534 Rhode Island	14b. Hammond	14c. Yes	14d. Lake	14e. Indiana
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. Unavailable		16. Unavailable		
INFORMANT (NAME AND ADDRESS)		PREVIOUSLY MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)		
17a. Nellie Buikema		17b. Wife		
17c. 6534 Rhode Island Hammond, IN				
18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. IMMEDIATE CAUSE				
(a) Cardio-Pulmonary Arrest		5 min.		
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.				
(b) Severe chronic obstructive lung disease		2 months		
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				
Pneumonia, Guillain-Barré Syndrome				
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a.	20b.		19a. No	19b.
1 (a) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		MONTH, DAY, YEAR	HOUR OF DEATH:	
21a.		14/86	21c. 4:50 PM M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MO., DAY, YR.)		
22a. SIGNATURE <i>Cressa K. Knich</i>		22b. 1/7/86		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		
22c. 4647 W. Lincoln, Matteson, IL 60443		22d. 036-068636		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
23.				
BURIAL CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
24a. Burial	24b. Calumet Park	24c. Merrillville, Indiana	24d. Jan. 9, 1986	
FUNERAL HOME	NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE
25a. DeYoung & Vroegh Funeral Home	649 E. 162nd St.	South Holland, Illinois	60473	
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25b. <i>Adrian Vroegh</i>	25c. 6226 00511		26b. Jan. 7, 1986	
LOCAL REGISTRAR'S SIGNATURE	DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <i>Walter Johnson</i>				

Olive Gardens Care R. 9 be 15  
 # 32-228-9

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the Death record for the person named therein and that this record was established and filed in my office in accordance with the provisions for the Illinois Statutes relating to the registration of births, stillbirths and deaths.

DATED AT HARVEY, ILLINOIS.  
 JAN 7 1986  
 SIGNED *Walter Johnson* LOCAL REGISTRAR

NOT OFFICIAL  
 STOP  
 This Document is the property of the Lake County Recorder!



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