

2

# SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA )  
 ) SS:  
COUNT OF LAKE )

On this April 7<sup>th</sup>, 1996 before me personally appeared Marilyn Meekma to me personally known who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is adult daughter in law, who has lived with Catherine Meekma.
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by:

John Meekma and Catherine Meekma

4. Said John Meekma died on March 20, 1993 leaving NO Will;
5. The legal description of the premises in question is:

Lot 6, Blook 7, Pheasant Hills Addition Unit 2B, Town of Dyer, Plat Book 41, Page 12, Lake County Indiana; commonly known as 2621 Hart Street, Dyer, Indiana 46311

Real Estate Tax Key No: 14-121-06

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
8. Affiant's relationship to the deceased was Adult daughter in law, living with surviving spouse.

Signature: Marilyn Meekma  
Marilyn Meekma  
Address: 2621 Hart Street  
Dyer, Indiana 46311

# FILED

APR 17 1997

SAM ORLICH  
AUDITOR LAKE COUNTY

Subscribed and sworn to before me by the affiant this April 7, 1997

Kenneth A. Manning  
Kenneth A. Manning, Notary Public

My Commission Expires: 12-12-99  
Resident of: Lake County

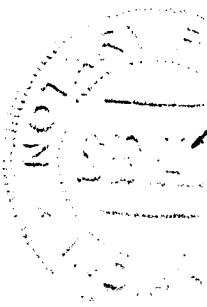
This instrument prepared by: Kenneth A. Manning, Attorney at Law, Attorney No: 9015-45  
200 Monticello Drive, Dyer, Indiana 46311, 219-865-8376

97024211

97 APR 19 AM 11:44

MORRIS W. CARTER  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD



1100  
CH# 18434

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Local No. 0598-93

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First Middle Last) <b>John Meekma</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>5:00 A M</b>	3b DATE OF DEATH (Month Day Yr) <b>March 20, 1993</b>	
4 SOCIAL SECURITY NUMBER <b>332-05-1527</b>	5a AGE—Last Birthday (Years) <b>77</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) <b>January 15, 1916</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>	8a PLACE OF DEATH (Check only one. See instructions)				
8a WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			
9a FACILITY NAME (If not institution, give street and number) <b>St. Margaret Mercy Hospital-South</b>		9b CITY, TOWN OR LOCATION OF DEATH <b>Dyer</b>	9c COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Catherine A. McNamara</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>General Manager</b>	12b KIND OF BUSINESS/INDUSTRY <b>Truck Stop</b>		
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Dyer</b>	13d STREET AND NUMBER <b>2621 Hart St</b>		
13e ZIP CODE <b>46311</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) (Elementary/Secondary 10-12) <b>10</b>		17 College (1-4 or 6+)			
18 FATHER'S NAME (First Middle Last) <b>Nicholas Meekma</b>		18 MOTHER'S NAME (First Middle Maiden Surname) <b>Matilda Sikma</b>			
20a INFORMANT'S NAME (Type/Print) <b>Catherine A. Meekma</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2621 Hart St Dyer, Indiana 46311</b>	20c Relationship <b>Wife</b>		
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>March 23, 1993 Memory Lane Memorial Park</b>	21c LOCATION—City or Town, State <b>Schererville, Indiana</b>		
22a EMBALMER'S NAME <b>Edward F. Mullaney</b>		22b EMBALMER'S LICENSE NO. <b>FDO 1007176</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edward F. Mullaney</i>		24b LICENSE NUMBER (of Licensee) <b>FDO 1007176</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Fagen-Miller Funeral Gardens Inc 1920 Hart St. Dyer, Indiana 46311</b>		
26 PART I. THIS CERTIFICATE is to be completed by the physician or other person who caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, or death due to natural causes, unless you are certain of the cause. Do not enter more than one cause on each line. IMMEDIATE CAUSE (Disease or injury resulting in death) <b>Prostatic carcinoma</b>					
DUE TO (OR AS A CONSEQUENCE OF) <b>Cricopharyngeal obstruction</b>					
DUE TO (OR AS A CONSEQUENCE OF) <b>Pneumonia</b>					
DUE TO (OR AS A CONSEQUENCE OF)					
<b>FILED</b>					
<b>APR 17 1993</b>					
<b>SAM ORLICH AUDITOR LAKE COUNTY</b>					
PART II. CORONER'S HEALTH EXAMINER		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>	28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b TOPOSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING 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) and manner as stated.		29b SIGNATURE AND TITLE OF CERTIFIER <i>William G. Cataldi</i> <b>William G. Cataldi, D.D.</b>		29c MEDICAL LICENSE NO. <b>000476</b>	
29d DATE SIGNED (Month, Day, Year) <b>3-22-93</b>		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26) (Type/Print) <b>William G. Cataldi, 231 Joliet Street, Dyer, IN 46311</b>			
31 HEALTH OFFICER'S SIGNATURE <i>Alex S. Williams, M.D.</i>			32 DATE FILED (Month, Day, Year) <b>March 22, 1993</b>		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>000947</b>			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY