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2000 JUN 9 11:13

LAKE COUNTY RECORDER

1040 FRAN-LIN PARKWAY  
MUNSTER, IN 46321

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

COUNTY OF LAKE

SS:

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**This Document is the property of the Lake County Recorder!**

On the 9 day of June, 2000, before me personally appeared JANET E. KUIPER, to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 948 Waterville Ct., Dyer, IN 46311.

2. Affiant is the owner of the following described property:

All Lot 11, Fairmeadow Addition, in the Town of Munster, Indiana, as recorded in the Office of the Lake County Recorder, Lake County, Indiana. Key No. 28-274-11 (1040 Fran-Lin Parkway, Munster, IN)

3. Said premises were formerly owned as tenants by the entireties by ROBERT A. KUIPER AND JANET E. KUIPER, husband and wife.

4. Said ROBERT A. KUIPER died on April 3, 2000.

5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.

6. That Affiant and ROBERT A. KUIPER were never divorced, and Affiant is the surviving spouse of said decedent.

**FILED**

Janet E. Kuiper  
JANET E. KUIPER

JUN 9 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

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Document is

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on  
this 9 day of JUNE, 2000.

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

  
JUDITH A. OSINSKI Notary Public

My Commission Expires: 3/20/08

Resident of LAKE County.

THIS INSTRUMENT PREPARED BY:

THOMAS L. KIRSCH  
131 Ridge Road  
Munster, IN 46321  
219-836-1384  
Attorney No. 5224-45



\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue 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. 016-200

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>ROBERT A. KUIPER</b>				7 SEX <b>Male</b>	3a TIME OF DEATH <b>12:47 PM</b>	3b DATE OF DEATH (Month, Day, Year) <b>April 3, 2000</b>
4 *SOCIAL SECURITY NUMBER <b>316-36-5122</b>	5a AGE—Last Birthday (Years) <b>62</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>February 28, 1938</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>Evanston, Illinois</b>	
8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1963</b>	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			9b COUNTY OF DEATH <b>Lake</b>	
9c FACILITY NAME (If not institution give street and number) <b>948 Waterville Court</b>			9c CITY, TOWN, OR LOCATION OF DEATH <b>Dyer</b>		9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Janet Abraham</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)			12b KIND OF BUSINESS/INDUSTRY <b>Transportation</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>948 Waterville Court</b>		
13e ZIP CODE <b>46311</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input 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 (0-12) <b>12th</b> College (1-4 or 5+) <b></b>	
18 FATHER'S NAME (First, Middle, Last) <b>Arthur Kuiper</b>			19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Yetta J. Demmink</b>			
20a INFORMANT'S NAME (Type/Print) <b>Janet E. Kuiper</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>948 Waterville Court, Dyer, Indiana 46311</b>			20c Relationship <b>Wife</b>	
21a METHOD OF DISPOSITION <input checked="" 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>April 7, 2000 Calumet Park Cemetery</b>			21c LOCATION—City or Town, State <b>Merrillville, Indiana</b>	
22a EMBALMER'S NAME <b>Dean G. Wagner</b>		22b EMBALMER'S LICENSE NO. <b>8800057</b>		23 WAS DEATH REPORTED TO CDCR? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Dean G. Wagner</i>		24b LICENSE NUMBER (of Licensee) <b>8800057</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Solan Funeral Home FH83002893 7109 Calumet Ave., Hammond, IN 46324</b>		
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Metastatic Prostate Cancer</b> DUE TO (OR AS A CONSEQUENCE OF) <b>Congenitive heart failure</b> DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST <b>APR 07 2000</b> <i>Alexander Williams MD</i> LAKE COUNTY HEALTH COMMISSIONER				COMPLETE COPY OF THE ORIGINAL OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT <b>76 months</b> Interval Between Onset and Death		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				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 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N/A</b>
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>Vijay P. Shah</i>				29c MEDICAL LICENSE NO. <b>31044106</b>	29d DATE SIGNED (Month, Day, Year) <b>April 5, 2000</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Vijay Shah, M.D., 200 E. 86th PL, Merrillville, Indiana 46410 219-756-1400</b>						
31 HEALTH OFFICER'S SIGNATURE AND TITLE <i>Alexander Williams MD</i>						
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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.				