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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 043571

2000 JUN 21 AM 11:24

MORRIS W. CARTER
RECORDER

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

AFFIDAVIT

Comes now WARREN R. DE JONG, being first duly sworn upon oath, states that DOLORES W. DE JONG died on the 13th day of April, 2000 (as evidenced by Death Certificate attached hereto) and at the time of death was a resident of Lake County, State of Indiana.

That DOLORES W. DE JONG was the Grantor and Trustee of the Dolores W. De Jong Living Trust dated January 27, 1998.

That Dolores W. De Jong, as Trustee, was the owner of real estate described as follows:

The East 37.63 feet of the West 79.81 feet of Lot 8 [illegible] Whispering Oaks Addition to the Town of Highland, as p[illegible] plat thereof, recorded in Plat Book 77, page 93, in the Office of the Recorder of Lake County, Indiana

FILED
JUN 21 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

a/k/a 2209 Ramblewood Drive, Highland, IN 46322

Key No. 27-602-65 Unit # 16

That pursuant to Article VI, Paragraph A of the Dolores W. De Jong Trust, upon the death of Dolores W. De Jong, Kathleen I. Brouwer and Warren R. De Jong are appointed as successor Co-Trustees, with full power and authority pursuant to the Trust.

Warren R. De Jong Co-Trustee
WARREN R. DE JONG
Affiant

01556

13.00
mm
71

HOLD FOR FIRST AMERICAN TITLE

F31927

Page 2 of Affidavit of Warren R. De Jong

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 16th day of June, 200, personally appeared the within named WARREN R. DE JONG and acknowledged the execution of the foregoing Deed as his free and voluntary act.

In Witness Whereof, I have hereunto subscribed my name and affixed my official seal.

Kim A. Diaz
Notary Public

My Commission Expires: 2/15/07

My County of Residence: Lake

This Instrument Prepared By:

WILLIAM J. CUNNINGHAM #3471-45
HILBRICH, CUNNINGHAM & SCHWERD
2637 - 45th Street
Highland, IN 46322
Phone: (219) 924-2427

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

Local No. 98-00 State No. .....

383/10

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Dolores W. De Jong
2. SEX: Female
3a. TIME OF DEATH: 5:25 PM
3b. DATE OF DEATH (Month, Day, Yr.): April 13, 2000
4. SOCIAL SECURITY NUMBER: 311-32-9622
5a. AGE—Last Birthday (Years): 67
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): August 16, 1932
7. BIRTHPLACE (City and State or Foreign Country): Lansing, IL
8a. WAS DECEDENT A U.S. VETERAN? No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? Never
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): The Community Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Munster
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Never married
11. SURVIVING SPOUSE (If wife, give maiden name): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Bookkeeper
12b. KIND OF BUSINESS/INDUSTRY: Automotive starter rebuilder
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Highland
13d. STREET AND NUMBER: 2209 Ramblewood
13e. ZIP CODE: 46337
13f. INSIDE CITY LIMITS? ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): William De Jong
19. MOTHER'S NAME (First, Middle, Maiden Surname): Kate Hoekstra

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Kathleen Brouwer
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8220 Harrison Munster, IN 46321
20c. Relationship: Sister

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): April 15, 2000 Oakridge Cemetery
21c. LOCATION—City or Town, State: Lansing, IL
22a. EMBALMER'S NAME: Dan Hillegonds
22b. EMBALMER'S LICENSE NO: IL 034-012384
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Edward B. Schroeder
24b. LICENSE NUMBER (of Licensee): FDO 1000857
25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: LaHayne FU83002885 5746 Holman, Hammond, IN for Schroeder-Lauer 3227 Ridge Rd. Lansing, IL 60438

CAUSE OF DEATH

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)
a. Myocardial infarction / Cardiac arrest — Approximate Interval Between Onset And Death
DUE TO (OR AS A CONSEQUENCE OF)
b.
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last

THIS CERTIFIES THE ABOVE IS A TRUE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

APR 18 2000

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): No
28a. WAS AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.
☐ 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.
☐ 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:
29c. MEDICAL LICENSE NO: 01048722
29d. DATE SIGNED (Month, Day, Year): 4/19/00

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print): Dr. R. Chen 7905 Calumet Ave. Munster, IN 46321
31. HEALTH OFFICER'S SIGNATURE: Alejandro S. Milian, M.D.
32. DATE FILED (Month, Day, Year): APR 17 2000

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ 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.

SDH06-004 State Form 10110 (R5/1-99)