

JUL-13-2000 10:02

CHICAGO TITLE

P. 01/03

FILED 62-2676

2000 056215.

2000 AUG -8 AM 9:49

MORIS W. CARTER  
RECORDER

S-620002855 x pfg

### Chicago Title Insurance Company

Document is  
SURVIVORSHIP AFFIDAVIT

NOT OFFICIAL!

This Document is the property of  
the Lake County Recorder!

On this August 3<sup>rd</sup> 2000 before me personally appeared  
(insert date)

Michelle R. Sikma

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 owner  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by

Gregg Sikma AKA GREGG R. SIKMA and Michelle Sikma FILED MICHELLE  
R. SIKMA

4. Said Gregg Sikma AUG 7 2000  
(fill in name of co-tenant who died)

died on February 11, 1998 PETER BENJAMIN  
LAKE COUNTY AUDITOR

leaving NO will;  
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

9317 State Line, Dyer, IN

Pleasant Hill Farm Sub Lot 1 except S. 5 ft.  
PLAT BOOK 37, PAGE 7, LAKE COUNTY, IN

Ky # 9-11-165-1

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said

decedent?  Yes  No

00494

If yes, then estimated taxes due are \$

The taxes due are  paid or  unpaid.

1300  
E.P.  
CT

25X

Chicago Title Insurance Company

62-2676

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 his wife

the Lake County Recorder!

Signature: Michelle R. Sikma

Printed Name Michelle R. Sikma

Address: 11500 W. 131<sup>st</sup> Place

Cedar Lake IN 46303

Subscribed and sworn to before me by the affiant

this 3RD DAY OF AUGUST, 2000

(insert date)

Brenda Sohovich  
Notary Public

Printed Name BRENDA SOHOVICH

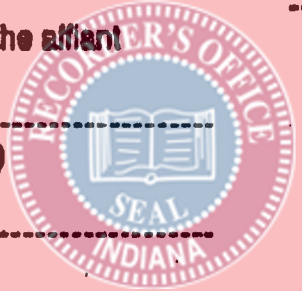
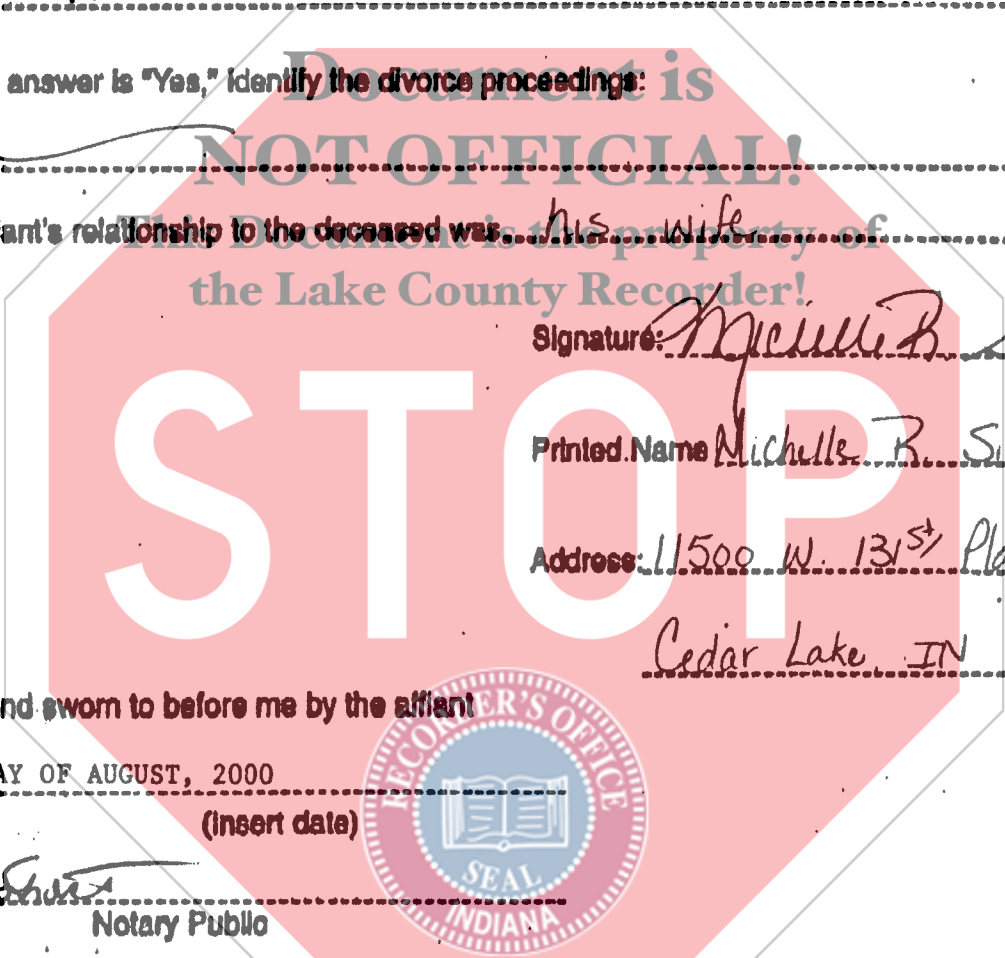
My County of Residence is: PORTER

BRENDA SOHOVICH  
Notary Public, State of Indiana

In the State of County of Porter  
My Commission Expires 12/28/2008

My Commission Expires 12-28-06

This instrument prepared by MICHELLE R. SIKMA



98-002664

FEB 13 1998  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
Office of Vital Statistics  
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME FIRST MIDDLE LAST Gregg D Sikma			2. SEX M	3. DATE OF DEATH (Mo., Day, Yr.) Feb. 11, 1998	
4. SOCIAL SECURITY NUMBER 330-56-0136	5a. AGE—Last Birthday (Mo.) 34	5b. UNDER 1 YEAR Months	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) 5-10-63	7. BIRTHPLACE (City and State or Foreign Country) Chicago Heights, IL
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> EROutpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			10. FACILITY NAME (If not institution, give street and number) Mercy Hospital
11. SURVIVING SPOUSE (If wife, give maiden name) Michelle Baker		12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Self - employed		13. KIND OF BUSINESS/INDUSTRY (Do not give name of company) Painter	
14. ANCESTRY—(Czech, Mexican, Puerto Rican, Vietnamese, Hong, English, German, etc.) (Specify) American	15. RACE—(Native American, Black, White, etc.) (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 4		17. COUNTY OF DEATH Bourbon	
18a. RESIDENCE—STATE Indiana	18b. COUNTY Lake	18c. CITY, TOWN, OR LOCATION AND ZIP CODE Cedar Lake 46303	18d. STREET AND NUMBER 11500 W 131st Place	18e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. FATHER'S NAME FIRST MIDDLE LAST Cornelius Sikma	20. MOTHER'S NAME FIRST MIDDLE MAIDEN SURNAME Carol Hook	21. MARRIAGE ADDRESS (Street and Number, or Rural Route, City or Town, State, Zip Code) 11500 W. 131st Place, Cedar Lake, IN 46303			
22. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal for State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Memory Lane Memorial Park		24. LOCATION—City or Town, State Scherverville, IN 46375	
25. FUNERAL SERVICE LICENSEE (LICENSE NO. / Signature) Jerry A. Witt #2282		26. NAME OF EMBALMER & LICENSE NO. Kenneth Koester #3261			
27. NAME AND ADDRESS OF FIRM Cheney Witt Memorial Chapel 201 S. Main Fort Scott, Kansas 66701					
28a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  (Signature and Title) X 88b. DATE SIGNED (Mo., Day, Yr.)		28b. 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.  (Signature and Title) X Herbert G. Grantham M.D. (Physician) 88c. DATE SIGNED (Mo., Day, Yr.) 88d. TIME OF DEATH 6:00 A.M.			
89a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Herbert G. Grantham MD		89b. TIME OF DEATH 6:00 A.M.			
89c. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, OR CORONER) (Type or Print) Herbert G. Grantham MD 821 Burke Fort Scott, Kansas 66701		89d. TIME OF DEATH 6:00 P.M.			
90. PART I. Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		1. Shock with coagulopathy DUE TO (OR AS A CONSEQUENCE OF):			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		2. Probable sepsis DUE TO (OR AS A CONSEQUENCE OF):			
		3. Pancytopenia and history of aplastic anemia DUE TO (OR AS A CONSEQUENCE OF):			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
None known		91a. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	91b. IF YES, WHETHER CONDUCTED IN DETERMINING CAUSE OF DEATH <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	91c. AUTOPSY REFERRED TO CORONER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
92. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	93a. DATE OF INJURY (Mo., Day, Yr.) NA	93b. TIME OF INJURY NA A.M. P.M.	93c. HOURS AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	93d. DESCRIBE HOW INJURY OCCURRED NA	
94. PLACE OF INJURY—Own home, other residence, farm, street, factory, office building, etc. (Specify) NA		95. LOCATION (Street and Number or Rural Route, City or Town, State) NA			

FILED

AUG 7 2000

PETER BENJAMIN

00495

25x