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STATE OF INDIANA
LAKE COUNTY
FILED TO 2000 AUG 9

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STATE OF INDIANA)
COUNTY OF LAKE)

)SS:
)

MICHAEL W. GANTLER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Document is

Geraldine Sjoerdsma being first duly sworn upon her oath,
deposes and says as follows:

1. This Affidavit is made with reference to the Real Estate
commonly known as 6501 W. 89th Avenue, Crown Point, Lake County,
Indiana, and legally described as follows, to-wit:

PARCEL 1:

The East 100 feet of the West 200 feet of the East 395 feet
of the North 282.8 feet of the SE 1/4 of Section 26, Township
35 North, Range 9 West of the 2nd. P.M. containing .649 acre,
more or less. (Key No.: 11-16-77)

PARCEL 2:

The North 130.0 feet of the West 70.0 feet of the East 195.0
feet of the Southeast Quarter of Section 26, Township 35
North, Range 9 West of the 2nd P.M., all in Lake County,
Indiana, subject to an easement across the North 30.0 feet
thereof for road purposes. (Key No.: 11-16-74)

2. That your Affiant is the spouse of the Deceased and is
familiar with the affairs of the said Harry Sjoerdsma and the death
of such Deceased.

3. That the aforementioned Harry Sjoerdsma died on September
15, 1994, a resident of Crown Point, Lake County, Indiana, and his
residence at the time of his death was 6501 W. 89th Avenue, Crown

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PETER BENJAMIN
LAKE COUNTY AUDITOR

(over)

8349
13.00
AM

25x10

Point, Indiana.

4. That the Decedent died without leaving a will and the Decedent's Estate, including the above described real estate, was not subject to Federal Estate Tax.

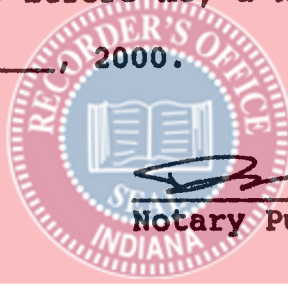
5. That the said Geraldine Sjoerdsma and Harry Sjoerdsma, were husband and wife at the time they acquired the title to the above described real estate and remained so until the death of the aforementioned Harry Sjoerdsma.

6. That attached and incorporated herein is a certified copy of the Death Certificate of Harry Sjoerdsma.

Further your Affiant says not.

Geraldine Sjoerdsma
GERALDINE SJOERDSMA

Subscribed and sworn to before me, a Notary Public, on this 3rd day of AUGUST, 2000.



Notary Public: David J. Sims

My Commission Expires:

November 1, 2001

County of Residence:

Lake

This Instrument Prepared By: David J. Sims, Attorney At Law, 11108 W. 133rd Avenue, P.O. Box 88, Cedar Lake, IN, 46303 W111eD1ek21sJoerden.aos

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ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2217-94

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Harry Sjoerdsma		2 SEX Male	3a TIME OF DEATH 7:05 P M	3b DATE OF DEATH (Month, Day, Yr) September 15, 1994
4 *SOCIAL SECURITY NUMBER 319-24-4433	5a AGE—Last Birthday (Years) 68	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Aug. 19, 1926
7 BIRTHPLACE (City and State or Foreign Country) Highland, Indiana	8a WAS DECEDENT A U.S. VETERAN? NO			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	8c PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> St. Anthony Hospital OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Residence <input type="checkbox"/>			
9a FACILITY NAME (If not institution, give street and number) St. Anthony Hospital	9b CITY, TOWN OR LOCATION OF DEATH Crown Point	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Geraldine Stammis	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Self Employed		12b KIND OF BUSINESS/INDUSTRY Carpenter
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Crown Point	13d STREET AND NUMBER 6501 W. 89th Ave.	
13e ZIP CODE 46307	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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) 8	18 FATHER'S NAME (First, Middle, Last) Peter Sjoerdsma			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Anna Westerhout				20a Relationship Wife
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6501 W. 89th Ave. Crown Point, Indiana		20c Relationship Wife		
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) September 19, 1994 Memory Lane Cemetery		21c LOCATION—City or Town, State Schererville, Indiana
22a EMBALMER'S NAME Raymond White		22b EMBALMER'S LICENSE NO. FDO 8700086		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FDO 1014511		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500
26 PART I Enter the disease, 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. THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT STATEMENT OF THE CAUSE OF DEATH AS REPORTED BY THE DECEASED OR HIS NEAREST RELATIVE. Acute Cerebral Edema Brain metastases Metastatic Pulmonary Carcinoma Coronary Artery Disease Approximate Interval Between Onset and Death				
26 PART II Enter the disease, injuries, or complications contributing to death but not previously stated in Part I Lake County Health Commissioner				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)				
28a WAS AN AUTOPSY PERFORMED? (Yes or no)				
28b WERE AUTOPSY 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 Bernardo S. Lucena			29c MEDICAL LICENSE NO. 0103930	29d DATE SIGNED (Month, Day, Year) 9-16-94
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) BERNARDO S. LUCENA 1121 S. INDIANA AVE CROWN POINT, IN 46307				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				
32 DATE FILED (Month, Day, Year) Sept. 19, 1994				
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide				
34a DATE OF INJURY (Month, Day, Year) AUG 8 2000		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)
34d PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) PETER BENJAMIN		34e LOCATION (Street and Number or Rural Route Number, City or Town, State) Lake County Auditor		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE LICENSE NO. (If applicable) 00621		