

**SURVIVORSHIP  
AFFIDAVIT**

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2010 074008

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State of Illinois )

) ss.

County of Will )

**Margaret J. Hoekstra**, being duly sworn, states that she is an adult and resides at 315 W. Eagle Lake Road, Beecher, IL 60468.

That she was acquainted with and is the surviving spouse of **Frederic Hoekstra a/k/a Frederick Hoekstra**, deceased, who at the time of **his** death was one of the owners, as Co-Trustee, of the following described property in **Lake** County, Indiana.

**Legal Description:**

**Parcel 1: The South Half by parallel lines of the North Half by parallel lines of the Southwest Quarter of the Southwest Quarter of Section 12, Township 33 North, Range 10 West of the Second Principal Meridian, in Lake County, Indiana, excepting therefrom the South 7 ½ acres by parallel lines thereof.**

**Parcel 2: The South 27.5 acres of the West ½ of the Southwest Quarter of Section 12, Township 33 North, Range 10 West of the Second Principal Meridian, in Lake County, Indiana.**

Address: **Rural Route, Ceder Lake, IN (Vacant)**

P.I.N. # **45-18-12-300-009.000-037; 45-18-12-300-010.000-037; 45-18-12-300-011.000-037**

That the deceased died **September 21, 2010**, as evidenced by a certified copy of his death certificate attached hereto.

*Margaret J. Hoekstra*  
\_\_\_\_\_  
**Margaret J. Hoekstra**

Subscribed and sworn to before me this 15<sup>th</sup> day of **November, 2010**.

*Steven Tongren*  
\_\_\_\_\_  
Notary Public



**FILED**

NOV 29 2010

**PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR**

15<sup>th</sup>  
CT  
am

**056237**

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this Document, unless required by law. Steven Tongren, Attorney

**Return Document To:**

Steven Tongren  
TONGREN LAW OFFICES  
101 N. Second Street  
P.O. Box 519  
Peotone, IL 60468

**This Instrument Was Prepared By:**

Steven Tongren  
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101 N. Second Street  
P.O. Box 519  
Peotone, IL 60468  
(708) 258-9850

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
 ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH

FILE NUMBER 2010 0068456

DATE SIGNED SEP 24 2010

DECEASED'S NAME FREDERIC HOEKSTRA		SEX MALE	DATE OF DEATH SEPTEMBER 25 2010		
PLACE OF DEATH WILL	AGE AT DEATH (IN YEARS) 83 YEARS	DATE OF BIRTH SEPTEMBER 02 1927			
CITY OR TOWN BEECHER	HOSPITAL OR OTHER INSTITUTION NAME 315 W EAGLE LAKE ROAD				
PLACE OF DEATH DECEDENT'S HOME					
BIRTH-PLACE CHICAGO, IL	SOCIAL SECURITY NUMBER <del>XXXXXXXX</del>	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME MARGARET VAN KALKER	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 315 W EAGLE LAKE ROAD	APT. NO.	CITY OR TOWN BEECHER		INSIDE CITY LIMITS? YES	
COUNTY WILL	STATE IL	ZIP CODE 60430	FATHER'S NAME FRED HOEKSTRA	MOTHER'S NAME PRIOR TO FIRST MARRIAGE GRACE KOOIMA	
INFORMANT'S NAME MARGARET HOEKSTRA		RELATIONSHIP WIFE	MAILING ADDRESS 315 W EAGLE LAKE ROAD BEECHER, IL 60430		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAK RIDGE CEMETERY	LOCATION - CITY OR TOWN AND STATE LANSING, IL	DATE OF DISPOSITION SEPTEMBER 25, 2010		
FUNERAL HOME SMITS DE YOUNG VROEGH, 649 E. 162ND. ST., SOUTH HOLLAND, IL, 60473					
FUNERAL DIRECTOR'S NAME TIMOTHY G SMITS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014483		
LOCAL REGISTRAR'S NAME JOHN J CICERO			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 23, 2010		
<b>CAUSE OF DEATH</b> PART I PULMONARY FIBROSIS					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a	Due to (or as a consequence of)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	YEARS
		b	Due to (or as a consequence of)		
		c	Due to (or as a consequence of)		
PART II Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I					
			WAS AN AUTOPSY PERFORMED? NO		
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE AUGUST 18, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 02:55 PM	
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 22, 2010		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOHN R DE FOREST, 715 DIXIE HIGHWAY, BEECHER, ILLINOIS, 60401				PHYSICIAN'S LICENSE NUMBER 036-089998	

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health

*John J. Cicero, M.H.A.*  
 John J. Cicero, M.H.A.  
 Executive Director and Local Registrar  
 Will County Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE