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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 019831

2013 MAR 15 AM 9:03

MICHAEL G. BROWN  
RECORDER

Case # 920130544

**SURVIVORSHIP AFFIDAVIT**

**Comes now** Tina R Douglas, who being duly sworn upon her oath, deposes and says:

**That**, Tina R Douglas is the surviving joint tenant of Raymond A Douglas, deceased who died domiciled in Cook County, Illinois on May 14, 1995, George J Zandstra, deceased who died domiciled in Lake County, Indiana, on April 3, 2006 and Mathilda G Zandstra, deceased who died domiciled in Lake County, Indiana, on June 27, 2007.

**That** and Raymond A Douglas, George J Zandstra and Mathilda G Zandstra acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE ATTACHED EXHIBIT "A"

Parcel No. 45-15-16-101-005.000-013, 11913 West 117<sup>th</sup> Avenue, Cedar Lake, In 46303

Affiant states that Tinas R Douglas and Raymond A Douglas, George J Zandstra and Mathilda G Zandstra continued to hold title as joint tenants with rights of survivorship and not as tenants in common from the date they took title to the above-described real estate, until the date of Raymond A Douglas, George J Zandstra and Mathilda G Zandstra's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Tina R Douglas.

Executed: February 28, 2013

Signature

Tina R Douglas

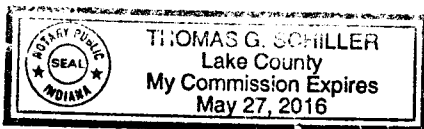


STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 28th day of February, 2013.

*Witness* my hand and Notarial Seal on this 28th day of February, 2013.



*TGS*

Notary Public Thomas G. Schiller  
Resident of Lake County  
My Commission expires: 5/27/2016

Prepared by: Tina R Douglas

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. Tina R Douglas

**FILED**  
FIDELITY - HIGHLAND

MAR 13 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AL'DITOR

FIDELITY NATIONAL  
TITLE COMPANY

92013-0544

19  
FN  
AD

21623

Exhibit "A"

File No. 920130544

Part of the West half of the Northwest Quarter of Section 16, Township 34 North, Range 9 West of the 2nd Principal Meridian, Lake County, Indiana, beginning at a point on the North line of said Section, 334 feet West of the West right-of-way line of the C.I. and S. R.R., otherwise known as the New York Central Railroad; thence running West 334 feet to a point which is 550 feet East of the Northwest corner of said Section; thence South 725 feet; thence East 346.9 feet to a point 334 feet West of the West right-of-way line of the C.I. and S. R.R., otherwise known as the New York Central Railroad; thence North 725 feet to the point of beginning, (excepting therefrom the following described tract: Commencing at a point on the North line of the Northwest Quarter of Section 16, 553 feet West of the West right-of-way line of the C.I. and S. R.R.; thence West on said North line 125 feet to a point which is 550 feet East of the Northwest corner of said Section; thence South and parallel to the West line of said Northwest Quarter 275 feet; thence East 125 feet to a point directly South of the point of beginning; thence North 275 feet to the point of beginning), in Lake County, Indiana.



STATE OF ILLINOIS  
Certification of Death Record

State File Number 1995 0034416

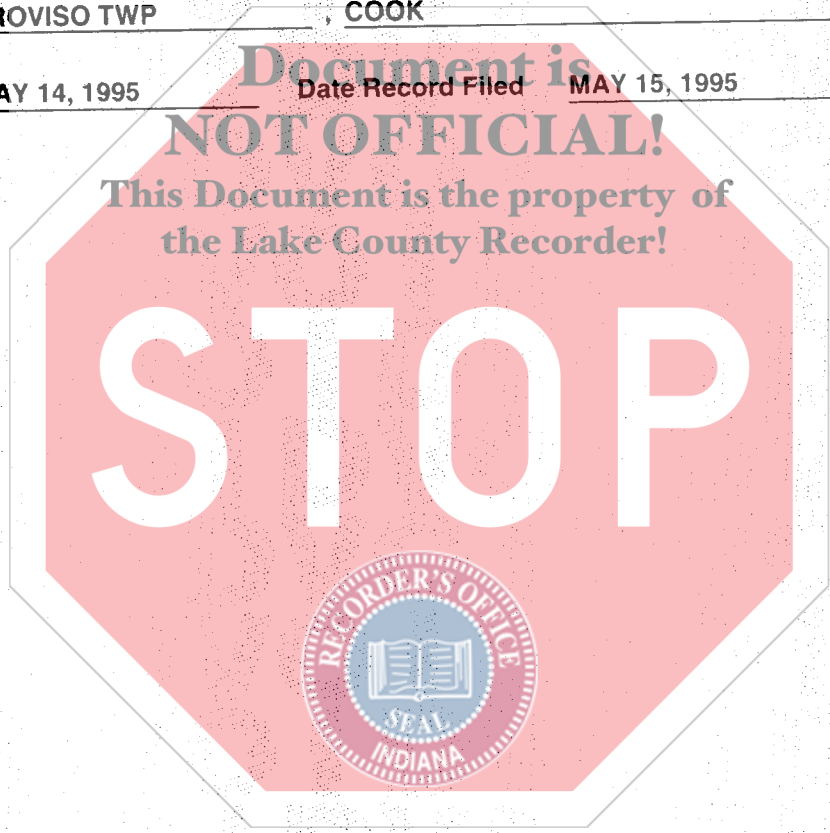
Date Issued February 28, 2013

Name RAYMOND A DOUGLAS

Social Security Number \_\_\_\_\_ Sex MALE

Place of Death PROVISO TWP, COOK County

Date of Death MAY 14, 1995 Date Record Filed MAY 15, 1995



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.

*David Orr*

David Orr  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE - FACILE SECURITY HOLOGRAPHIC FOILS AT BOTTOM

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. 1608-07

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1 DECEASED—NAME (Mathilda G. Zandstra), 2 SEX (Female), 3a TIME OF DEATH (07:10 PM), 3b DATE OF DEATH (June 27, 2007), 4 \*SOCIAL SECURITY NUMBER, 5a AGE—Last Birthday (77), 5b UNDER 1 YEAR, 5c UNDER 1 DAY, 6 DATE OF BIRTH (November 28, 1929), 7 BIRTHPLACE (Hammond IN), 8a WAS DECEDENT A U.S. VETERAN? (No), 8b YEAR LAST SERVED IN U.S. ARMED FORCES? (N/A), 9a PLACE OF DEATH (Nursing Home), 9b FACILITY NAME (Lowell Healthcare Center), 9c CITY, TOWN, OR LOCATION OF DEATH (Lowell), 9d COUNTY OF DEATH (Lake), 10 MARITAL STATUS (Widowed), 11 SURVIVING SPOUSE (N/A), 12a DECEDENT'S USUAL OCCUPATION (Bus Driver), 12b KIND OF BUSINESS/INDUSTRY (School Corporation), 13a RESIDENCE—STATE (IL), 13b COUNTY (Will), 13c CITY, TOWN, OR LOCATION (Crete), 13d STREET AND NUMBER (21 Village Woods Dr.), 13e ZIP CODE (60417), 13f INSIDE CITY LIMITS (Yes), 14 CITIZEN OF WHAT COUNTRY? (U.S.A.), 15 WAS DECEDENT OF HISPANIC ORIGIN? (No), 16 RACE—American Indian, Black, White, etc. (Caucasian), 17 DECEDENT'S EDUCATION (10), 18 FATHER'S NAME (Henry Lanting), 19 MOTHER'S NAME (Cornelia Boer), 20a INFORMANT'S NAME (Anna Vermeulen), 20b MAILING ADDRESS (21 Village Woods Dr., Crete, IL 60417), 20c Relationship (Sister), 21a METHOD OF DISPOSITION (Cremation), 21b DATE AND PLACE OF DISPOSITION (Jul 2, 2007, Heritage Crematory), 21c LOCATION—City or Town, State (Portage IN), 22a EMBALMER'S NAME (N/A), 22b EMBALMER'S LICENSE NO. (N/A), 23 WAS DEATH REPORTED TO CORONER? (No), 24a SIGNATURE OF FUNERAL DIRECTOR (Molly E. Rutecki), 24b LICENSE NUMBER (FD09200061), 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Sheets Funeral Home, 604 E. Commercial Ave., Lowell, IN 46356), 26 PART I (Cause of death: lung cancer, emphysema), 26 PART II (Other significant conditions), 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a WAS AN AUTOPSY PERFORMED? (No), 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a CERTIFIER (Certifying Physician), 29b SIGNATURE AND TITLE OF CERTIFIER (Dr. Randall Hile), 29c MEDICAL LICENSE NO. (01030234), 29d DATE SIGNED (6/28/07), 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Dr. Randall Hile), 31 HEALTH OFFICER'S SIGNATURE (Susan W. Butcher, D.O.), 32 DATE FILED (June 29, 2007), 33 MANNER OF DEATH (Natural), 34a DATE OF INJURY, 34b TIME OF INJURY, 34c INJURY AT WORK?, 34d DESCRIBE HOW INJURY OCCURRED (JUN 29 2007), 34g DATE PRONOUNCED DEAD, 34h MOTOR VEHICLE ACCIDENT? (No).

DECEDENT

PARENTS

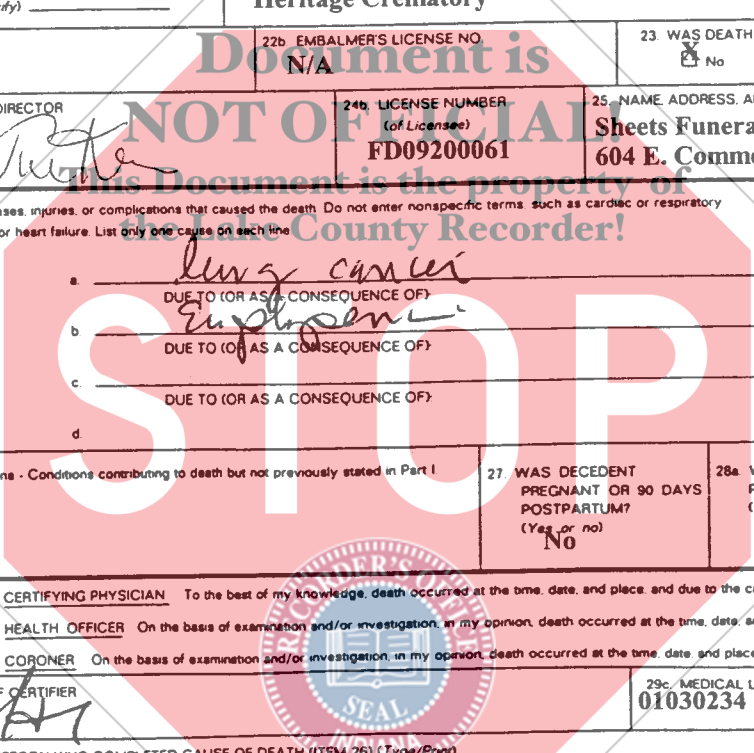
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER





\* 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. 834-06

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>George J. Zandstra</b>				2 SEX <b>Male</b>	3a. TIME OF DEATH <b>12:40 AM</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>April 3, 2006</b>	
4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years) <b>77</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>July 23, 1928</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Chicago Heights IL</b>		
8a. WAS DECEDENT A U.S. VETERAN? <b>YES</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1954</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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) <b>Lowell Healthcare Center</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Lowell</b>		9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Mathilda Lanting</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Operating Engineer</b>			12b. KIND OF BUSINESS/INDUSTRY <b>Union</b>		
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Lowell</b>		13d. STREET AND NUMBER <b>898A Mohawk Dr.</b>			
13a. ZIP CODE <b>46356</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>USA</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" 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>12</b> College (1-4 or 5+) _____	
18. FATHER'S NAME (First, Middle, Last) <b>George Zandstra</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Elizabeth Brower</b>			
20a. INFORMANT'S NAME (Type/Print) <b>Mathilda G. Zandstra</b>			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>898A Mohawk Dr., Lowell, IN 46356</b>		20c. Relationship <b>Wife</b>		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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>Apr 5, 2006 Heritage Crematory</b>			21c. LOCATION—City or Town, State <b>Portage IN</b>		
22a. EMBALMER'S NAME <b>N/A</b>		22b. EMBALMER'S LICENSE NO. <b>N/A</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Molly Fisher</i>		24b. LICENSE NUMBER (of Licensee) <b>FD09200061</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Sheets Funeral Home FH83004277 604 E. Commercial Ave. Lowell, IN 46356</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. <b>Euphysema</b> a. DUE TO (OR AS A CONSEQUENCE OF) _____ <b>Dementia</b> b. DUE TO (OR AS A CONSEQUENCE OF) _____ c. DUE TO (OR AS A CONSEQUENCE OF) _____ d. DUE TO (OR AS A CONSEQUENCE OF) _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last							
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)	
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>Kevin Dale Johnson</i>				29c. MEDICAL LICENSE NO. <b>01030234</b>	29d. DATE SIGNED (Month, Day, Year) <b>4-4-06</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Randall Hile MD 1020 E. Commercial Ave., Lowell, IN 46356</b>							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Butcher, D.O.</i>				THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. DATE FILED (Month, Day, Year) <b>April 5 2006</b>			
33. MANNER OF DEATH <input checked="" 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 <b>APR 05 2006</b>		
34a. 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) # yes, specify driver, passenger, pedestrian, etc.					