

## SURVIVORSHIP AFFIDAVIT

STATE OF Indiana	)		$\omega$
COUNTY OF Lake	) SS:		7
COUNTY OF Lake	)		7
Karen M. Zandstra	, being first duly	sworn upon oath, deposes and says:	0
1. That John A. Zandstra	died on Nov. 28	2013 at Munster, Indiana	
7. That your agreement	area on		(City State)
The West 1/2 of Lot 4 a thereof, recorded in Pla		estate: st East Park Addition to Crown Poir the Recorder of Lake County, India	
unbroken until the date of (his)  4. That all funeral expenses in cor  5. That all of the assets of said dec	(her) death.  nnection with the death of said decorded which would be includable	me they acquired title to said real es edent have been paid in full. for Federal Estate Tax purposes, inc itate payment of Federal Estate Tax.	CR 22 COR
Further affiant sayeth not.	NOT OFF	ICI Karen M.	Zandstyr Affiant Signature
STATE OF Indiana	the Lakeacknowner	<b>o</b>	
	the foregoing instrument, and who	o, having been duly sworn, stated the	at any representations , 20 14
Resident of Jasper	County, Indiana.	Signature	•
My Commission Expires: 10/29/16	5	Printed Kimberly Kay Schultz	
I affirm, under the penalties for perjunless required by law.		are to redact each Social Security nu	in this document,
This instrument proposed by Timet	bu A Kuinar Attarra dise La la Ba	NAME Street Crown Daint 101 4630	17
I nis instrument prepared by <u>Timot</u>	NY A. Kuiper Attorney at Law 130	Main Street Crown Point, N 4630  KIMBERLY K  Jasper  My Commiss October 2	AY SCHULTZ County sion Expires

FIDELITY NATIONAL TITLE COMPANY 92013-9981

FILED

JAN 17 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR \$ 13 Fr

00130

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, La	<u>)3859                                    </u>				<u>003558</u>	<u> </u>			tate No			
-	ast)		1a.	Maiden Name	e (If female)		2. S	ex	3. Time	Of Death	4. Date	Of Death (Month/Day/
JOHN A ZANDSTRA  5. Social Security Number   6a. Age - Yrs	6b. Under 1	Year   6c. Under	1 Month 6d. Un	der 1 Day	6e, Under 1 Hou	r 7. Date		Month/Day/Y		10 AM	tity and State	11/28/2013 e or Foreign Country)
75	Months	Days	Hours		Minutes	$\exists$	·	•	.   .			or voign country)
	eath Occurred in A		riours		10a. If Death Oc	curred Som	05/12 ewhere Ot	her Than A I	lospital	IIGHLAN		
		ency Department O	utpatient Dea	ad on Amival	☐ Hospice Facil ☐ Other (Specif		Decedent's	Home [	Nursing	Home/Long-te	rm Care Fac	cility
11. Facility Name (If Not Institution, Give St COMMUNITY HOSPITAL 12. City Or Town, State, And Zip Code	reet and Number)				13. County	Of Dooth			r	14. Marital S	latus At Tim	Of Dooth
12. Ony Or Young Glass, raid Esp Code					13. County	/ Ot Death			l	_	Married,	But Separated Di
MUNSTER, IN, 46321 15. Surviving Spouse's Name			15a, (If Wife)	Give Maiden	LAKE Last Name		16. Dec	edent's Usua	d Occupat	☐ Widowed		ver Married Unkn
(105N 117) NOOTO 1									•			
KAREN M ZANDSTRA  18. Residence - State	- T	18a. County	SWART		18b. City Or To	own	TRUC	K DRIVE	-R		LOCA	L UNION SHO
NDIANA	1,	AKE			HIGHLAND	)						
18c. Street And Number					111.01.0			18d. Ap	L No.	18e. Ziç	Code	18f. Inside City Lin
3040 98TH STREET WEST										46	322	☑ Yes ☐ N
19. Decedent's Education HIGH SCHOOL GRADUATE	OR GED	20. Decedent O	f Hispanic Origin		21.	Decedents	Race	. <del>1</del>				<del></del>
COMPLETED 22. Father's Name (First, Middle, Last)		NOT HISPA	ANIC		Whi							
zz. Fathers Name (First, Middle, Last)				2	3. Mother's Name	(First, Midd	ile, Last)			23a.	Mother's Ma	siden Last Name
CHARLES J ZANDSTRA 24. Informant's Name		24a Palatio	nship To Deceder		IOT AVAILA						AVAIL	ABLE
CAREN M ZANDSTRA		WIFE	HISTIP TO Deceder		040 98TH S	-				•	)	
		•		, 25. Place	Of Disposition					111 40322		
25a. Method Of Disposition  ☑ Burial ☐ Cremation ☐ Donation ☐ E		o. Place Of Disposit	ion (Name Of Cer	metery, Crem	atory, Other Place	25c. Lc	cation - Ci	ty, Town, An	d State			
Removal From State Other (Specify):	ME	MORY LAN	E MEMORI	AP DADE	nent	SCH	EDEO!	/ILLE, IN	,			
		plete Address Of F		AL LAIM		JOOIT	LIVERY	TLLL, II			27a. Fur	neral Home License Nu
☐ Yes ☑ No	HPER EUN	ERAL HOM	E 9039 KI E	OF		TA	T					
7b. Signature Of Indiana Funeral Service Lic	ences:			-INMAN	ROAD HIG	HI AND	IN 46	322			JEH103	KOOO21
ORNELIUS KUIPER , BY EL	ECTRONIC	SIGNATUR	Eocum	ent i		ron	ert			Of Licensee):	[FH103	
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