

2014 018031

2014 MAR 28 AM 10: 52

MICHAEL B. BROWN
RECORDER

2014 016868

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

JEFF W. TERPSTRA, being first duly sworn upon oath, deposes and says:

1. That JANET A. TERPSTRA died on October 26 2012 at Munster, Indiana (City/State)
2. That JEFF W. TERPSTRA and JANET A. TERPSTRA were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Property Key No. 45-07-36-451-006.000-001

LOTS 9 AND 10 IN KOEDYKER'S OAK CREST MANOR ADDITION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 33 PAGE 52, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 1554 E. Main Street, Griffith, IN 46319

3. That the marital relationship, which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affidavit sayeth not.

STATE OF INDIANA)
COUNTY OF LAKE) SS:
ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared JEFF W. TERPSTRA who acknowledged the execution of the foregoing instrument, and who, having being duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 24th day of March, 2014.

Resident of LAKE County, Indiana Signature Laura Mercado
My Commission Expires: 10-24-2017 Printed Laura Mercado

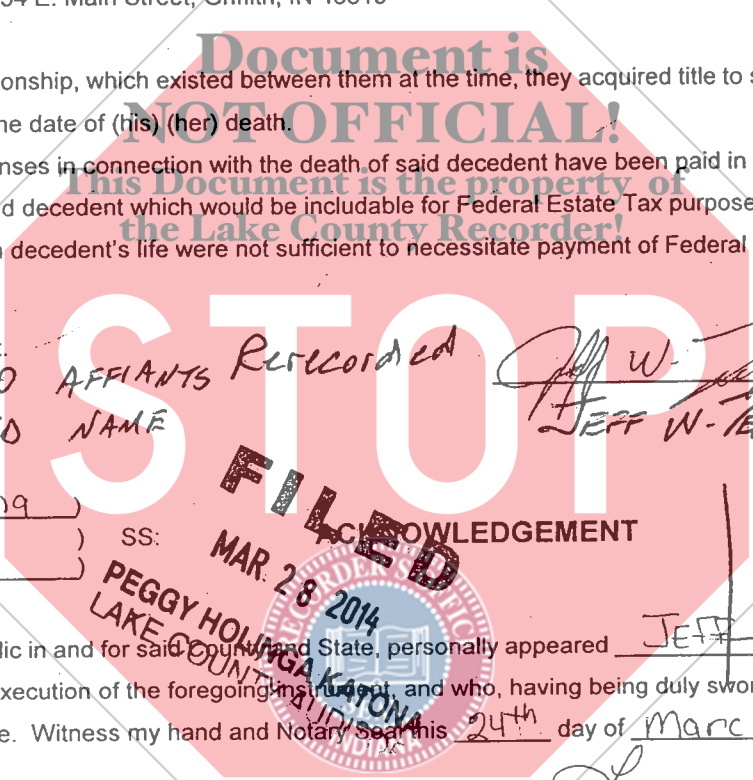
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Jeff W. Terpstra (Name) **011646**

This Instrument prepared by JEFF W. TERPSTRA, SELF PREPARED

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 MAR 28 AM 10: 52
MICHAEL B. BROWN
RECORDER



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 MAR 24 AM 10: 18
MICHAEL B. BROWN
RECORDER

FILED
MAR 24 2014
PEGGY HOLLINGA KATONA
LAKE COUNTY AUDITOR



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **003398**

EDR No **000000286698**

State No

1. Decedent's Legal Name (First, Middle, Last) JANET A TERPSTRA				1a. Maiden Name (If female) GUINED		2. Sex FEMALE	3. Time Of Death 02:30 PM	4. Date Of Death (Month/Day/Year) 10/26/2012	
5. Social Security Number		6a. Age - Yrs 51	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) 08/05/1961		8. Birthplace (City and State or Foreign Country) HAMMOND, IN
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name JEFF W TERPSTRA			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH		18c. Street And Number 1554 EAST MAIN STREET	18d. Apt. No.	18e. Zip Code 46319	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Decedent's Education ASSOCIATE DEGREE (AA, AS)			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) JAMES GUINED				23. Mother's Name (First, Middle, Last) GENEVA GUINED			23a. Mother's Maiden Last Name STAHL		
24. Informant's Name JEFF W TERPSTRA		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 1554 EAST MAIN STREET, GRIFFITH, IN 46319					
25. Place Of Disposition									
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HOPE CEMETERY			25c. Location - City, Town, And State HIGHLAND, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322					27a. Funeral Home License Number: FH10300021		
27b. Signature Of Indiana Funeral Service Licensee: CORNELIUS KUIPER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01014511			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. MULTIPLE MYELOMA Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. _____ C. _____ D. _____								Approximate Interval: Onset To Death YEARS	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) Wooded Area		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: ERWIN L ROBIN, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ERWIN L ROBIN, 801 MACARTHUR BOULEVARD SUITE 401, MUNSTER, IN 46321						44. License Number 01038072A		45. Date Certified 10/31/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV 01 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									