

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 066650

2017 OCT -2 AM 10:56

MICHAEL B. BROWN  
RECORDER

BT1700475  
SURVIVORSHIP AFFIDAVIT - JOINT TENANCY

3

STATE OF INDIANA )  
) SS:  
COUNTY OF LAKE )

Shirlene J. Medendorp, being first duly sworn upon oath, deposes and says:

1. That Affiant's co-tenant, James P. Medendorp died  
(without leaving a will) (leaving a will) on \_\_\_\_\_  
20 \_\_\_\_ at \_\_\_\_\_

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**This Document is the property of the Lake County Recorder!**

2. That the deceased and the affiant acquired title as joint tenants to the following described real estate:  
45-15-26-486-003, 000-043  
SEE ATTACHED Legal

14015 Berkley St, Cedar Lake, IN 46303  
3. That all of the assets of said decedent which would be included for Indiana Inheritance Tax purposes were not sufficient to necessitate payment of Inheritance taxes..  
4. That all funeral expenses in connection with the death of said decedent have been paid in full.  
5. That all of the assets of said decedent which would be included 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 Affiant sayeth not.



Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Notary Public

My Commission Expires: 6-22-22  
County of Residence: LAKE

This Instrument prepared by Joanna Anaya

**FILED**

SEP 29 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

005441



25.  
C# 18 20 503739

CHICAGO TITLE INSURANCE COMPANY

**EXHIBIT "A"**

LOT 8, 9 TO 12 BOTH INCLUSIVE AND LOT 13, EXCEPT THE SOUTH 5 FEET THEREOF, IN BLOCK 7 IN PLAT "A" OF SHADES ADDITION TO CEDAR LAKE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 11, PAGE 13, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No.

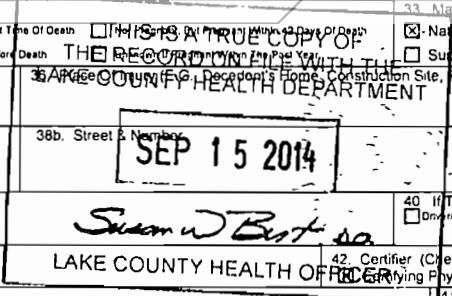
29009

Local No 002854

EDR No 000000403862

State No 041012

1 Decedent's Legal Name (First, Middle, Last) <b>JAMES P MEDENDORP SR</b>				1a Maiden Name (If female)		2 Sex <b>MALE</b>		3 Time Of Death <b>04:40 PM</b>		4. Date Of Death (Month/Day/Year) <b>09/08/2014</b>			
5 Social Security Number		6a Age - Yrs <b>79</b>		6b Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes			
7 Date of Birth (Month/Day/Year) <b>04/24/1935</b>				8. Birthplace (City and State or Foreign Country) <b>KALAMAZOO, MI</b>									
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 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 checked="" 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) <b>13701 LAUERMAN STREET</b>													
12 City Or Town, State, And Zip Code <b>CEDAR LAKE, IN, 46303</b>						13. County Of Death <b>LAKE</b>			14 Mental 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 <b>SHIRLENE J MEDENDORP</b>				15a. (If Wife) Give Maiden Last Name <b>BRINK</b>				16 Decedent's Usual Occupation <b>PASTOR</b>		17. Kind Of Business/Industry <b>CHURCH</b>			
18 Residence - State <b>INDIANA</b>				18a County <b>LAKE</b>				18b. City Or Town <b>CEDAR LAKE</b>		18c Street And Number <b>13701 LAUERMAN STREET</b>			
18d Apt No. <b>36</b>				18e Zip Code <b>46303</b>				18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
19 Decedent's Education <b>BACHELOR'S DEGREE (BA, AB, BS)</b>				20 Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>					
22 Father's Name (First, Middle, Last) <b>EVERT MEDENDORP</b>				23 Mother's Name (First, Middle, Last) <b>MARIAN MEDENDORP</b>				23a. Mother's Maiden Last Name <b>VLIEG</b>					
24 Informant's Name <b>SHIRLENE J MEDENDORP</b>				24a Relationship To Decedent <b>WIFE</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>13701 LAUERMAN STREET APT 36, CEDAR LAKE, IN 46303</b>					
25a Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) <b>SMITS CREMATORY</b>				25c. Location - City, Town, And State <b>DYER, IN</b>					
26 Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311</b>				27a. Funeral Home License Number: <b>FH11000037</b>					
27b Signature Of Indiana Funeral Service Licensee <b>TIMOTHY G SMITS, BY ELECTRONIC SIGNATURE</b>				27c. License Number (Of Licensee): <b>FD20600101</b>									
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 <b>CARDIORESPIRATORY ARREST</b>				Due to (Or As A Consequence Of) <b>MINUTES</b>					
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 <b>SICK SINUS SYNDROME</b>				Due to (Or As A Consequence Of) <b>5 YEARS</b>					
				C. <b>PERIPHERAL ARTERY DISEASE</b>				Due to (Or As A Consequence Of) <b>5 YEARS</b>					
				D <b>CAROTID ARTERY DISEASE</b>				Due to (Or As A Consequence Of) <b>5 YEARS</b>					
Part II Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I													
HYPERTENSION, PACEMAKER													
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 type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Pregnant Within 42 Days Before Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death				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)					
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. <b>ARSHAD PERVEZ MALIK, BY ELECTRONIC SIGNATURE</b>				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 <b>ARSHAD PERVEZ MALIK, 8560 BROADWAY, MERRILLVILLE, IN 46410</b>					
44. License Number <b>01034378A</b>				45 Date Certified <b>09/11/2014</b>				46. Additional Funeral Service Provider:					
47 *Axes				48 Signature of Local Health Officer <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>				49. For Registrar Only - Date Filed (Month/Day/Year) <b>SEP 15 2014</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													



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