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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 067789

2017 OCT -5 AM 10:28

STATE OF INDIANA

)
) SS:
)

MICHAEL B. BROWN
RECORDER

COUNTY OF LAKE

AFFIDAVIT

I, Gregory DeGroot, being duly sworn, state as follows:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is the Successor Trustee of the Marilyn Nell DeGroot Trust dated June 26, 1997, and the son of the decedent.
3. Said Marilyn Nell DeGroot died on August 25, 2017. See attached Death Certificate for Marilyn Nell DeGroot.
4. The legal description of the premises in question is:

Lot 26 in Havenwood Subdivision – Unit Two, an Addition to the Town of Cedar Lake, as per plat thereof, recorded July 27, 1995, in Plat Book 78 Page 84, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 12725 Meadowlark Lane, Cedar Lake, IN 46303

Key No.: 45-12-22-253-005.000-014
5. There is no Federal or State inheritance tax liability by reason of the death of said decedent.
6. This affidavit relates to a Life Estate interest.
7. Affiant's relationship to the deceased was her son.



Gregory DeGroot

 Gregory DeGroot, Affiant
 985 Sandstone Drive
 Diamond, IL 60416

FILED

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

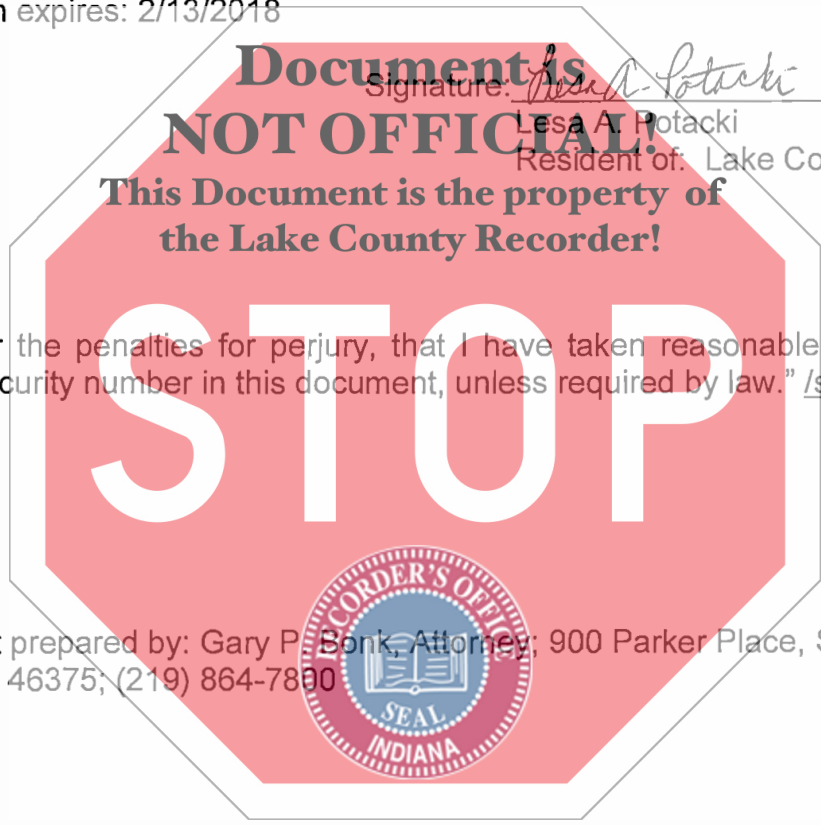
RM

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Gregory DeGroot, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 2ND day of October, 2017.

My commission expires: 2/13/2018



Signature: Les A. Potacki
Les A. Potacki
Resident of: Lake County, IN

"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." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 134544

Local No. 003056

EDR No. 000000595512

State No. 043472

| | | | | | | | | | | | | |
|---|--|--|---|--|---|--|---|---|---|---|---------------|--|
| 1. Decedent's Legal Name (First, Middle, Last) MARILYN NELL DE GROOT | | | | 1a. Maiden Name (If female) DE ROOS | | 2. Sex FEMALE | | 3. Time Of Death 12:42 AM | | 4. Date Of Death (Month/Day/Year) 08/25/2017 | | |
| 5. Social Security Number [REDACTED] | | 6a. Age - Yrs 89 | | 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) 12/07/1927 | | | | 8. Birthplace (City and State or Foreign Country) CHICAGO, IL | | | | | | | | |
| 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) FRANCISCAN ST. ANTHONY HEALTH - CROWN POINT | | | | | | | | | | | | |
| 12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307 | | | | | | 13. County Of Death LAKE | | | 14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | | |
| 15. Surviving Spouse's Name | | | | 15a. Last Name Before First Marriage | | | | 16. Decedent's Usual Occupation SECRETARY | | 17. Kind Of Business/Industry UNIVERSITY | | |
| 18. Residence - State INDIANA | | | 18a. County LAKE | | | 18b. City Or Town CEDAR LAKE | | | 18c. Street And Number 12725 MEADOWLARK LANE | | 18d. Apt. No. | |
| 18e. Zip Code 46303 | | | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED | | 20. Decedent Of Hispanic Origin NOT-HISPANIC | | 21. Decedent's Race White | | | |
| 22. Parent's Name (First, Middle, Last) JOHN DE ROOS | | | | 23. Parent's Name (First, Middle, Last) ROSE DE ROOS | | | | 23a. Parent's Last Name Before First Marriage VAN DYKE | | | | |
| 24. Informant's Name GREGORY DE GROOT | | | | 24a. Relationship To Decedent SON | | | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 985 SOUTH SANDSTONE DRIVE, DIAMOND, IL 60416 | | | | |
| 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) OAK RIDGE CEMETERY | | | 25c. Location - City, Town, And State LANSING, IL | | | 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 27. Name And Complete Address Of Funeral Facility SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311 | | | | 27a. Funeral Home License Number FH11000037 | | 27b. Signature Of Indiana Funeral Service Licensee TIMOTHY G SMITS, BY ELECTRONIC SIGNATURE | | 27c. License Number Of Licensee FD20600101 | | | | |
| 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. CARDIOGENIC SHOCK | | | Due to (Or As A Consequence Of): | | | Approximate Interval: Onset To Death NA | | | |
| 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. ACUTE KIDNEY INJURY | | | Due to (Or As A Consequence Of): | | | NA | | | |
| | | | C. ACUTE RESPIRATORY FAILURE | | | Due to (Or As A Consequence Of): | | | NA | | | |
| | | | D. HYPOTENSION | | | Due to (Or As A Consequence Of): | | | NA | | | |
| Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I CHRONIC SYSTOLIC HEART FAILURE | | | | | | 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 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 | | | | 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 (EIG - Decedent's Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH DEPARTMENT | | | 37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 38. Location Of Injury - State | | | 38a. City Or Town | | | 38b. Street & Number SEP 07 2017 | | | 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) NOT VALID UNLESS | | | | | | |
| 41. Signature, Of Person Certifying Cause Of Death: PATRICK ELANGWE, 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: PATRICK ELANGWE, 600 MARY STREET, EVANSVILLE, IN 47747 | | | | | | 44. License Number 01074624A | | 45. Date Certified 09/01/2017 | | | | |
| 46. Additional Funeral Service Provider: | | | | | | 47. Akas | | | | | | |
| 48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year) SER 06/2017 | | | | | | |
| AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) | | | | | | | | | | | | |