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2019-086534

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

2019 Dec 13 11:39 AM

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-19-22-456-006.000-038

BARBARA J. BOER, being first duly sworn upon oath, deposes and says:

1. That Affiant's husband, **RICHARD E. BOER**, died on July 16, 2013 at Lowell, Lake County, Indiana.
2. That **BARBARA J. BOER AND RICHARD E. BOER** were duly and legally married at the time they acquired title as Wife and Husband in the following described real estate:

LOT 118 IN INDIAN HEIGHTS UNIT NO. 6, IN THE TOWN OF LOWELL, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 40 PAGE 107, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: **258 NAVAJO TRL., LOWELL, IN 46356**

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 death.
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.
6. Affiant's relationship is guardian to Richard E. Boer.

FURTHER, your Affiant saith naught.

Barbara J. Boer
BARBARA J. BOER

STATE OF IN, COUNTY OF Lake SS:

Before me, the undersigned, a Notary Public in and for said county and state this 5 day of December, 2019, personally appeared **BARBARA J. BOER**, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Number: 698325

My Commission Expires: 3/22/2025 Signature: *Elizabeth Kinzie*

County of Residence: Lake Printed Elizabeth Kinzie, Notary Public



This instrument prepared by: **NATHAN D. VIS**, Attorney at Law, ID No. 29535-45
VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46305
No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership. All information used supplied by title company



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.

Elizabeth Kinzie
Signature

Elizabeth Kinzie
Printed

FILED

DEC 13 2019
JOHN E. PETALAS
LAKE COUNTY AUDITOR

054251

Community Title Company
File No. 1917100

CK# 12049 CM
25⁰⁰
AM



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002400

EDR No 00000333914

State No 033089

1. Decedent's Legal Name (First, Middle, Last) RICHARD E BOER				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 11:25 PM		4. Date Of Death (Month/Day/Year) 07/16/2013		
5. Social Security Number XXXXXXXXXX		6a. Age - Yrs 65		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) 06/02/1948		8. Birthplace (City and State or Foreign Country) HAMMOND, IN										
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 checked="" 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) ST ANTHONY HOSPICE-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 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 BARBARA BOER				15a. (If Wife) Give Maiden Last Name BIGDA		16. Decedent's Usual Occupation SALESMAN			17. Kind Of Business/Industry DISTRIBUTING			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town LOWELL			18d. Apt. No.		18e. Zip Code 46356	
18c. Street And Number 258 NAVAJO TRAIL												
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. Father's Name (First, Middle, Last) PETER C BOER						23. Mother's Name (First, Middle, Last) IVANELL BOER			23a. Mother's Maiden Last Name EDWARDS			
24. Informant's Name BARBARA BOER				24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 258 NAVAJO TRAIL, LOWELL, IN 46356						
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) GEISEN CREMATION CENTRE				25c. Location - City, Town, And State CROWN POINT, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356						27a. Funeral Home License Number EH83004277				
27b. Signature Of Indiana Funeral Service Licensee JENNIFER LYNN OSBURN, BY ELECTRONIC SIGNATURE												
27c. License Number Of Licensee FD21300039												
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. END STAGE RESPIRATORY DISEASE Due to (Or As A Consequence Of): 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.												
28. 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 type="checkbox"/> No <input checked="" 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 <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)				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: KATHRYN HENKLE MULLIGAN, 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: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311								44. License Number 01052342A		45. Date Certified 07/18/2013		
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): JUL 19 2013				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												