

5. Joshua B. Bakker was also known as Joshua Bradley Bakker.
6. Joshua B. Bakker died on September 3, 2019, a resident of Lake County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Death of Joshua B. Bakker is attached to this Survivorship Affidavit as Exhibit "A" and made a part of this Survivorship Affidavit by reference.
7. There were no Federal Estate taxes due by reason of Joshua B. Bakker's death.
8. Joshua B. Bakker and Theresa Bakker were wife and husband at the time they acquired title to said real estate and they were never divorced.
9. As a result of Joshua B. Bakker's death, Theresa Bakker, as his surviving spouse, became the sole owner of said real estate.
10. The purpose of this Survivorship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Theresa Bakker is the sole owner of said real estate and to place of record with the Lake County Recorder's Office evidence that Theresa Bakker is the sole owner of said real estate.

Further Affiant saith not.

Document is NOT OFFICIAL!
Theresa Bakker
 Theresa Bakker
This Document is the property of the Lake County Recorder!

Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, on this 7th day of February, 2020, by the Affiant, Theresa Bakker.

BRENDA SOHOVICH
 Notary Public - Seal
 State of Indiana
 Porter County
 My Commission Expires Nov 5, 2022

Notary's Signature: *[Signature]*
 Notary's Printed Name: _____

Notary's County of Residence: _____

Notary's Commission Expires: _____

After recording return to and Mailing Address of Affiant: Theresa Bakker
 10570 GRAND BLVD
 CROWN POINT IN 46307-8814

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License #19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520); referencing Greater Indiana Title Company commitment no. IN007602.

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. Chris Fox



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

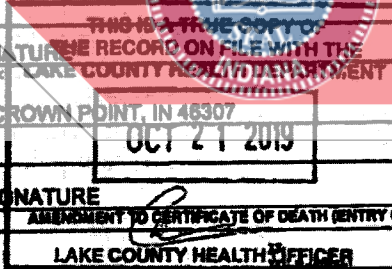
Tracking No. 211120

Local No 903276

EDR No 00000729856

State No 044071

1. Decedent's Legal Name (First, Middle, Last) JOSHUA BRADLEY BAKKER				1a. Maiden Name (If Female)		2. Sex MALE	3. Year Of Death 15:10	4. Date Of Death (Month/Day/Year) 09/03/2019
5. Social Security Number	6a. Age - Yrs 43	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) 01/08/1976	8. Birthplace (City and State or Foreign Country) CHICAGO HEIGHTS, 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 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 checked="" type="checkbox"/> Other (Specify) BROTHER'S ADDRESS				
11. Facility Name (If Not Institution, Give Street and Number) 12225 SOUTH OAKWOOD								
12. City Or Town, State, And Zip Code SAINT JOHN, IN, 46373				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 THERESA BAKKER			16a. Last Name Before First Marriage GAJEWSKI			16. Decedent's Usual Occupation CARPENTER		17. Kind Of Business/Industry LOCAL 599
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" 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) KENNETH WAYNE BAKKER			23. Parent's Name (First, Middle, Last) BETTY JEAN BAKKER			23a. Parent's Last Name Before First Marriage VANNOORT		
24. Informant's Name THERESA BAKKER		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 10570 GRAND BOULEVARD, CROWN POINT, IN 46307				
25. Place Of Disposition								
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)			25c. Location - City, Town, And State		
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 806 EAST 113TH AVENUE, CROWN POINT, IN 46307			27a. Funeral Home License Number FH10700031		
27b. Signature Of Indiana Funeral Service Licensee LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD00000013		
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 Underlying Cause. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIOPULMONARY ARREST Approximate Interval: ORBIT To Death 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. MULTIPLE DRUG INTOXICATION (METHADONE, TOPIRAMATE, ALPRAZOLAM, AND FLUORETINE) INTERMEDIATE								
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.								
29. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. Manner Of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		
33. Date Of Injury (Month/Day/Year) 09/03/2019		33a. Time Of Injury 03:10 PM		33b. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area) FAMILY RESIDENCE		33c. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
34. Location Of Injury - State INDIANA		34a. City Or Town ST. JOHN		34b. Street & Number 1222 SOUTH OAKWOOD DRIVE		34c. Apt. No.		34d. Zip Code 46373
35. Describe How Injury Occurred								
36. Multiple Drug Intoxication 41. Signature Of Person Causing Cause Of Death MERRILEE D. FREY, BY ELECTRONIC SIGNATURE						42. Coroner (Check One) <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
43. Name, Address And Zip Code Of Person Causing Cause Of Death MERRILEE D. FREY, 2900 W. 83RD. AVE., CROWN POINT, IN 46307						44. Update Number 10/18/2019		
45. Additional Funeral Service Provider						46. For Registrar Only - Date Filed (Month/Day/Year) OCT. 18 2019		
47. Signature of Local Health Officer CHANDANA VAVLALA, VIA ELECTRONIC SIGNATURE						48. For Registrar Only - Date Filed (Month/Day/Year)		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)								
39: NO 28f-Cause A: DEFERRED PENDING FURTHER INVESTIGATION 28f-Cause B: 34: 28f-Interval At State Form 53306						39: 34b-Pre Direction: 34b-Street Type: NO		



NOT VALID UNLESS

RAISED SEAL AFFIXED