

3

2020-011070

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

2020 Feb 13 10:50 AM

Property Number:  
45-17-06-426-008.000-047

Tax Mailing Address:  
10570 GRAND BLVD  
CROWN POINT IN 46307-8814

**SURVIVORSHIP AFFIDAVIT**

State of Indiana )  
                          ) SS:  
County of Lake )

Greater Indiana Title Company

Comes now Theresa M. Bakker, the Affiant, and who, being first duly sworn upon her oath, makes the following statements and affirmations:

1. Theresa M. Bakker is an adult residing at 10570 Grand Boulevard, Crown Point, IN 46307, and has personal knowledge of the facts stated herein as the surviving spouse of Joshua B. Bakker.

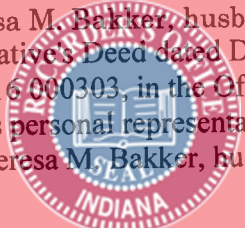
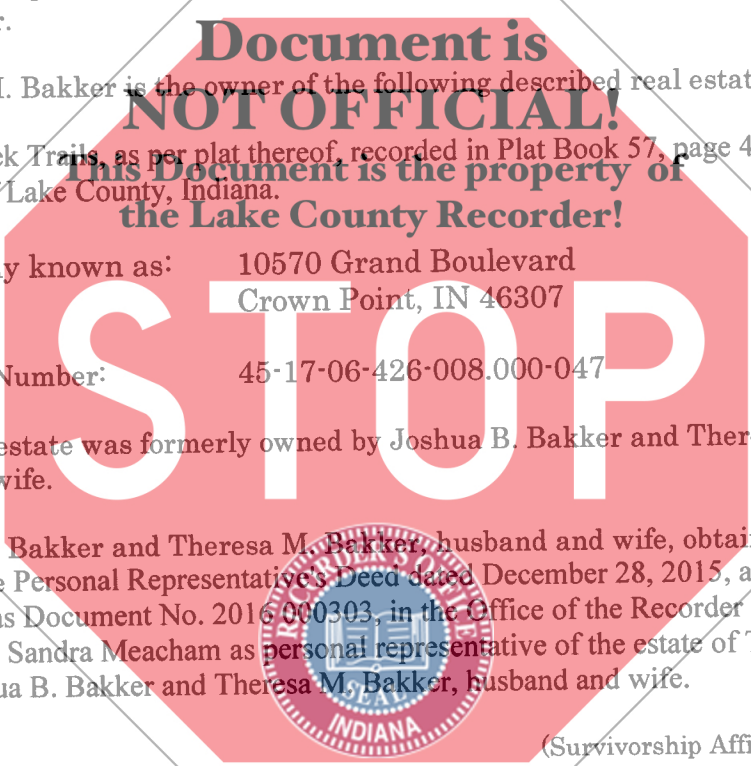
2. Theresa M. Bakker is the owner of the following described real estate:  
Lot 3 in Deer Creek Trails, as per plat thereof, recorded in Plat Book 57, page 41, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 10570 Grand Boulevard  
Crown Point, IN 46307

Property Number: 45-17-06-426-008.000-047

3. Said real estate was formerly owned by Joshua B. Bakker and Theresa M. Bakker, as husband and wife.

4. Joshua B. Bakker and Theresa M. Bakker, husband and wife, obtained title to said real estate by the Personal Representative's Deed dated December 28, 2015, and recorded January 5, 2016, as Document No. 2016-000303, in the Office of the Recorder of Lake County, Indiana, made by Sandra Meacham as personal representative of the estate of Terry R. Summar, deceased, to Joshua B. Bakker and Theresa M. Bakker, husband and wife.



(Survivorship Affidavit - Page 1 of 2)

**FILED** 050859

FEB 13 2020

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

IV 007593

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34307  
AM

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 husband and wife 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.

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



Notary's 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 86<sup>th</sup> Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520); referencing Greater Indiana Title Company commitment no. IN0075883.

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

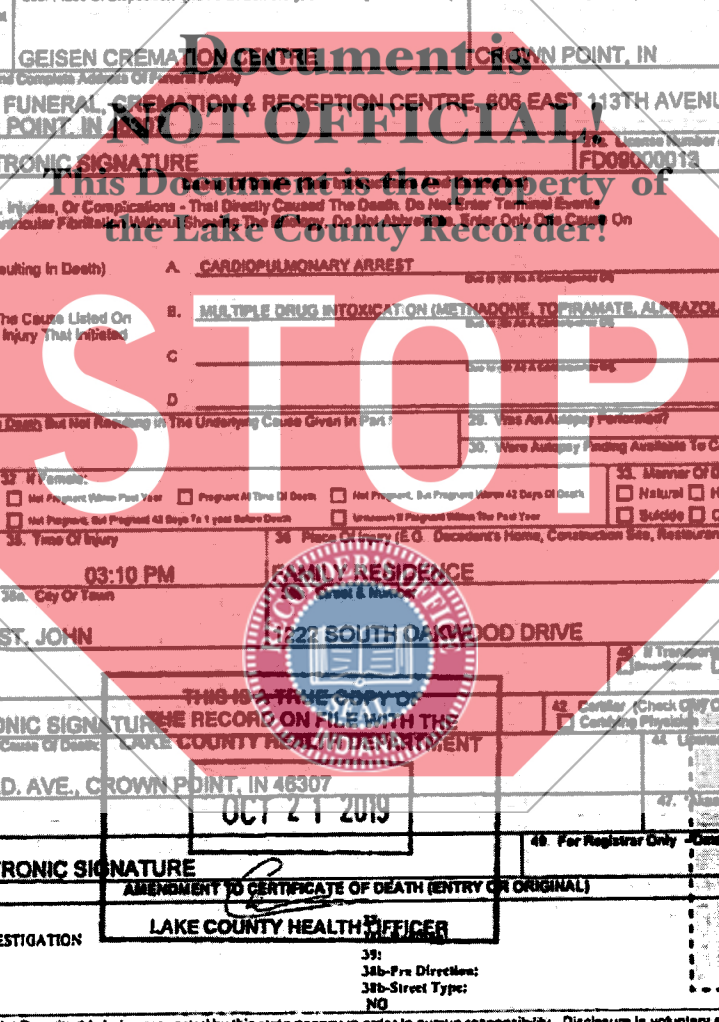
Tracking No. 211120

Local No 903276

EDR No 00000729856

State No 044071

1. Decedent's Legal Name (First, Middle, Last) <b>JOSHUA BRADLEY BAKKER</b>				1a. Maiden Name (If Female)		2. Sex <b>MALE</b>	3. Time Of Death <b>15:10</b>	4. Date Of Death (Month/Day/Year) <b>09/03/2019</b>
5. Social Security Number	6a. Age - Yrs <b>43</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>01/09/1976</b>	8. Birthplace (City and State or Foreign Country) <b>CHICAGO HEIGHTS, IL</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 type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Other (Specify) <b>BROTHER'S ADDRESS</b>			
11. Facility Name (If Not Institution, Give Street and Number) <b>12225 SOUTH OAKWOOD</b>								
12. City Or Town, State, And Zip Code <b>SAINT JOHN, IN, 46373</b>						13. County Of Death <b>LAKE</b>		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 <b>THERESA BAKKER</b>			15a. Last Name Before First Marriage <b>GAJEWSKI</b>			16. Decedent's Usual Occupation <b>CARPENTER</b>		17. Kind Of Business/Industry <b>LOCAL 599</b>
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>CROWN POINT</b>		18c. Apt. No.	18d. Zip Code <b>46307</b>	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>			
22. Parent's Name (First, Middle, Last) <b>KENNETH WAYNE BAKKER</b>			23. Parent's Name (First, Middle, Last) <b>BETTY JEAN BAKKER</b>			23a. Parent's Last Name Before First Marriage <b>VANNOORT</b>		
24. Informant's Name <b>THERESA BAKKER</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>10570 GRAND BOULEVARD, CROWN POINT, IN 46307</b>				
25. Place Of Deposition								
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 Deposition (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 <b>GEISEN FUNERAL, CREMATION &amp; RECEPTION CENTRE, 806 EAST 113TH AVENUE, CROWN POINT, IN</b>			27a. Funeral Home License Number <b>FH10700031</b>		
27b. Signature Of Indiana Funeral Services Licensee <b>LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee) <b>FD09000013</b>		
28. Part I. Enter The Chain Of Events - Disease, 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 Pathway. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. CARDIOPULMONARY ARREST</b>								Appropriate Interval: Creel To Death <b>IMMEDIATE</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. MULTIPLE DRUG INTOXICATION (METHADONE, TOPRAMATE, ALPRAZOLAM AND FLUOXETINE)</b>								<b>INTERMEDIATE</b>
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 checked="" 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 <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. 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			
34. Date Of Injury (Month/Day/Year) <b>09/03/2019</b>		35. Time Of Injury <b>03:10 PM</b>		36. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>FAMILY RESIDENCE</b>			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State <b>INDIANA</b>		38a. City Or Town <b>ST. JOHN</b>		38b. Street & Number <b>1222 SOUTH OAKWOOD DRIVE</b>		38c. Apt. No.	38d. Zip Code <b>46373</b>	
38. Describe How Injury Occurred								
39. Multiple Drug Intoxication								
41. Signature Of Person Challenging Cause Of Death <b>MERRILEE D. FREY, BY ELECTRONIC SIGNATURE</b>						42. Coroner (Check One) <input checked="" type="checkbox"/> Coroner/Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
43. Name, Address And Zip Code Of Person Challenging Cause Of Death <b>MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307</b>						44. License Number		45. Date Challenged <b>10/18/2019</b>
46. Additional Funeral Service Provider: <b>OCT 21 2019</b>						47. Date		
48. Signature of Local Health Officer <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>OCT 18 2019</b>		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)								
30: NO 281-Cause A: DEFERRED PENDING FURTHER INVESTIGATION 281-Cause B: 34: 281-Internal At						39: 38b-Pre Direction: 38b-Street Type: NO		



RAISED SEAL ADDED