

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-068912

8:34 AM 2021 Nov 29

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

**AFFIDAVIT OF DEATH AND
AFFIDAVIT FOR TRANSFER OF REAL ESTATE PURSUANT TO
IC 29-1-7-23(b) AS AMENDED BY SEA 518, SEC. 10, EFFECTIVE 7/1/2019**

Note to Recorder:

Please index this instrument to the following, previous last recorded instruments:

Corporate Warranty Deed recorded on May 13, 2011 as Document number 2011 026809, in the office of the Recorder of Lake County, Indiana (hereafter, the "Deed");

The Affiant, Joy E. Huizenga, being first duly sworn, upon an oath deposes and says as follows:

1. The Affiant is the surviving spouse of Robert Huizenga, deceased (hereafter, "Robert").
2. Robert was the owner in title of a **one-half interest as a tenant in common** to the following described real estate situated in Lake County, Indiana, to-wit:

THE NORTH HALF OF LOT 37, ALL OF LOT 38 AND THE SOUTH HALF OF LOT 39, IN BLOCK 2 IN J. WM. ESCHENBURG'S STATE LINE ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2 PAGE 2, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL NO.: 45-02-25-127-023.000-023

ADDRESS: 4136 Wabash Ave., Hammond, IN 46327

(referred to hereinafter, the "Real Estate," but the tax parcel number and property address are provided for informational purposes only and are not part of the description of the Real Estate) by Corporate Warranty Deed recorded on May 13, 2011 as Document number 2011 026809, in the office of the Recorder of Lake County, Indiana, being the last deed of record.

3. Robert died intestate on November 26, 2020, married to affiant, leaving herself and four adult children as his only heirs-at-law.
4. Robert was the father of four children, namely, Douglas R. Huizenga, Jennifer L. Topp, Ryan P. Huizenga and Katherine J. Abbott, all of whom are living, competent adults who, along with his spouse, were his only heirs-at-law (hereinafter, the heirs-at-law are referred to as the "Heirs").
5. Title to the Real Estate was immediately vested in the Heirs as tenants in common immediately upon Robert's death by operation of the law in accordance with IC 29-1-7-23, subject to the power of a personal representative to divest title under the requirements of IC 29-1-7-15.1.
6. No petition was filed for probate of a will and for issuance of letters testamentary, for appointment of an administrator with the will annexed, or for the appointment of an administrator under IC 29-1-7-5 within five months after Robert's death, nor did the Clerk issue letters testamentary or letters of administration within seven months after Robert's death, so the power of a personal representative to divest title expired automatically as a matter of law under IC 29-1-7-15.1(b), and title is now invested indefeasibly in the Heirs as follows:

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**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

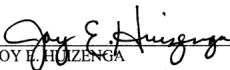
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NOT AN OFFICIAL DOCUMENT

Name	Relationship	Address	Percentage
Joy E. Huizenga	spouse	10588 Woodmar Ln Saint John, IN 46373	50%
Douglas R. Huizenga	son	453 Clinton Kalamazoo, MI 49001	12.5%
Jennifer L. Topp	daughter	10560 Knickerbocker Ct Saint John, IN 46373	12.5%
Ryan P. Huizenga	son	19702 Calumet Lowell, IN 46356	12.5%
Katherine J. Abbott	daughter	341 W 128 th Pl Crown Point, IN 46307	12.5%

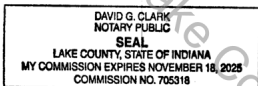
7. This affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor to transfer decedent's one-half interest in the Real Estate to the names of Joy E. Huizenga, Douglas R. Huizenga, Jennifer L. Topp, Ryan P. Huizenga and Katherine J. Abbott as tenants in common, upon the Lake County Auditor's real estate transfer records.

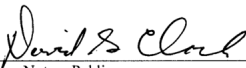
FURTHER AFFLIANT SAYETH NOT.


JOY E. HUIZENGA

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a Notary Public in and for said County and State, this 27th day of October, 2021, personally appeared Joy E. Huizenga, who swore to the truth of the representations contained herein and acknowledged the execution of the above and foregoing Affidavit of Death and Affidavit for Transfer of Real Estate to be her free and voluntary act and deed.




Notary Public

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. - David G. Clark

THIS INSTRUMENT WAS PREPARED BY DAVID G. CLARK, LAWYER #15397-45, CANALIA & CLARK LLC, 8840 CALUMET AVENUE, SUITE 205, MUNSTER, IN 46321, AT THE SPECIFIC REQUEST OF OWNER OR REPRESENTATIVES AND IS BASED SOLELY ON INFORMATION SUPPLIED BY ONE OR MORE OF THOSE PARTIES AND WITHOUT EXAMINATION FOR ACCURACY. THIS PREPARER ASSUMES NO LIABILITY FOR ANY ERROR, INACCURACY OR OMISSIONS IN THIS INSTRUMENT RESULTING FROM THE INFORMATION PROVIDED. THE PARTIES ACCEPT THIS DISCLAIMER BY OWNER'S EXECUTION OF THIS DOCUMENT.

PREPARED BY, RECORD AND RETURN TO:

David G. Clark, Esq.
Canalia & Clark, LLC
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

SEND TAX BILLS TO:

Joy E. Huizenga
10588 Woodmar Ln
Saint John, IN 46373

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 258500

Local No 005154

EDR No 00000821249

State No 068502

1. Decedent's Legal Name (First, Middle, Last) ROBERT D HUIZENGA		1a. Maiden Name (if female)		2. Sex MALE	3. Time of Death 04:20 AM	4. Date of Death (Month/Day/Year) 11/26/2020	
5. Social Security Number ██████████	5a. Age - Yrs 70	5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Day Hours	5e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 11/10/1950	
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 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			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. City Or Town, State, and Zip Code CROWN POINT, IN, 46307		15a. Last Name Before First Marriage RIETVELD		16. Decedent's Usual Occupation PROPERTY MANAGER		17. Kind Of Business/Industry REAL ESTATE RENTALS	
16. Residence - State INDIANA		16a. County LAKE		16b. City Or Town SAINT JOHN		18a. Apt. No.	18b. Zip Code 46373
18c. Inside City Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18d. Street And Number 10588 WOODMAR LANE		20. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		21. Decedent's Race White	
22. Parent's Name (First, Middle, Last) DONALD HUIZENGA		23. Parent's Name (First, Middle, Last) JEAN HUIZENGA RECKER		23a. Parent's Last Name Before First Marriage WESTRATE		24. Mailing Address (Street And Number, City, State, Zip Code) 10588 WOODMAR LANE, SAINT JOHN, IN 46373	
24. Informant's Name JOY E HUIZENGA		24a. Relationship To Decedent WIFE		25. Place of Disposition (Name of Cemetery, Crematory, Other Place) MEMORY LANE MEMORIAL PARK			
25a. Method Of Disposition <input 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) MEMORY LANE MEMORIAL PARK		25c. Location - City, Town, And State SCHERERVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMIT'S 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. MYOCARDIAL INFARCTION B. C. D. Approximate Interval: Onset To Death IMMEDIATE			
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 Any Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input 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"/> 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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)		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		NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death ANGELA B. THURSTON, BY ELECTRONIC SIGNATURE		42. Certifier (Check One) <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Licensed Nurse <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Licensed Vocational Nurse <input type="checkbox"/> Licensed Funeral Home Director <input type="checkbox"/> Licensed Embalmer <input type="checkbox"/> Licensed Coroner <input type="checkbox"/> Licensed Medical Examiner <input type="checkbox"/> Licensed Health Care Administrator <input type="checkbox"/> Licensed Health Care Provider <input type="checkbox"/> Licensed Health Care Support Personnel <input type="checkbox"/> Licensed Health Care Facility Administrator <input type="checkbox"/> Licensed Health Care Facility Support Personnel <input type="checkbox"/> Licensed Health Care Facility Support Personnel <input type="checkbox"/> Licensed Health Care Facility Support Personnel <input type="checkbox"/> Licensed Health Care Facility Support Personnel		43. Date of Signature DEC 09 2020			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ANGELA B. THURSTON, 1201 SOUTH MAIN STREET, CROWN POINT, IN 46307		44. License Number 020018501		45. For Registrar Only DEC 09 2020			
46. Signature of Local Health Officer: SHANDANA VAVILA, VIA ELECTRONIC SIGNATURE		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		LAKE COUNTY HEALTH OFFICER			