

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-068975

8:55 AM 2021 Nov 29

SURVIVOR'S AFFIDAVIT

JOY E. HUIZENGA, hereby referred to as the affiant, states under oath that the affiant was acquainted with ROBERT HUIZENGA, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Lake County, State of Indiana, and legally described as follows:

LOTS 43, 44 AND 45, BLOCK 16, RESUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN THE CITY OF EAST CHICAGO, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 5, PAGE 3, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL NO.: 45-03-29-178-001.000-024

ADDRESS: 4301-05 BARING AVE, EAST CHICAGO, IN 46312

LOT 1 IN BLOCK 5 IN RESUBDIVISION OF BLOCKS 13, 14, 15, LOTS 12 TO 30 IN BLOCK 16 AND BLOCKS 17, 26, 27 AND 28 IN THAT PART OF EAST CHICAGO, LYING IN THE SOUTHWEST 1/4 OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN THE CITY OF EAST CHICAGO, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 5, PAGE 27, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL NO.: 45-03-29-377-003.000-024

ADDRESS: 4738 NORTHCOTE AVE, EAST CHICAGO, IN 46312

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That affiant and decedent were married to each other at the time they acquired title and remained married to each other to the time of decedent's death;

That the decedent died on NOVEMBER 26, 2020, per attached death certificate, leaving no last will and testament;

That the total value of decedent's probate estate was \$0.00;

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The affiant states no more.

Joy E. Huizenga
JOY E. HUIZENGA

Subscribed and sworn to before me this

27th day of October, 2021

David G. Clark
Notary Public

DAVID G. CLARK
NOTARY PUBLIC
SEAL
LAKE COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES NOVEMBER 18, 2025
COMMISSION NO. 705318

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

FILED

NOV 24 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

205.00
CL# 4685
K/E

NOT AN OFFICIAL DOCUMENT

PREPARED BY, RECORD AND RETURN TO:

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

L:\PROBATE\huizenga, Robert Sm Est (IN)\Survivor Affidavit - 4301-05 Baring - 4738 Northcote.wpd

Property of Lake County Recorder

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 [REDACTED]	6a. Age - Yrs 70	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) 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 type="checkbox"/> No <input type="checkbox"/> Unknown					
10. If Death Occurred In A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility		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 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 JOY E HUIZENGA		15a. Last Name Before First Marriage RIETVELD		16. Decedent's Usual Occupation PROPERTY MANAGER		17. Kind Of Business/Industry REAL ESTATE RENTALS	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SAINT JOHN		18c. Apt. No.	
18d. Street And Number 10588 WOODMAR LANE		18e. Zip Code 46373		18f. Inmate City (Inmate?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Inmate City (Inmate?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19a. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		19b. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parents' Name (First, Middle, Last) DONALD HUIZENGA		23. Parents' name (First, Middle, Last) JEAN HUIZENGA RECKER		23a. Parents' Last Name Before First Marriage WESTRATE			
24. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 10588 WOODMAR LANE, SAINT JOHN, IN 46373					
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 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			
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 Adequate Funding 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"/> Unknown If Pregnant Within 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.S., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38c. Street & Number		38d. Zip Code	
39. Describe How Injury Occurred		40. If Intoxication Injury, Specify: <input type="checkbox"/> Alcohol <input type="checkbox"/> Other		41. Signature, Of Person Certifying Cause Of Death: ANGELA B. THURSTON, BY ELECTRONIC SIGNATURE			
42. Name, Address And Zip Code Of Person Certifying Cause Of Death: ANGELA B. THURSTON, 1201 SOUTH MAIN STREET, CROWN POINT, IN 46307		43. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		44. Certifier (Check One): <input checked="" type="checkbox"/> Certifying Physician (M.D. or D.O.) <input type="checkbox"/> Health Officer <input type="checkbox"/> Licensed Nurse <input type="checkbox"/> Licensed Funeral Home Director			
45. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		46. For Registrar Only: <input type="checkbox"/> Best Place (Month/Day/Year) <input type="checkbox"/> Date Of Death (Month/Day/Year) DEC 09 2020		47. License Number (Of Licensee): 020048986			
48. Additional Funeral Provider:		49. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE			
49. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		50. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		50. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE			