

# NOT AN OFFICIAL DOCUMENT

2022-501421  
01/07/2022 03:53 PM  
TOTAL FEES: 25.00  
BY: SP  
PG #: 3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

## FILED

Jan 07 2022 cR  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

### SURVIVORSHIP AFFIDAVIT

STATE OF Indiana

File No.: FNW2105561R

COUNTY OF Lake

Comes now Laura L. Dykstra, who being duly sworn upon his/her oath, deposes and says:

**That**, William K. Evenhouse a/k/a William K. Evenhouse, Sr., is the surviving spouse of Shirley J. Evenhouse, deceased who died domiciled in Lake County, Indiana, on September 22, 2021.

**That** William K. Evenhouse a/k/a William K. Evenhouse, Sr., and Shirley J. Evenhouse acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

**For APN/Parcel ID(s):** 45-12-31-176-018.000-029

The Southeastern 63.00 feet of Lot 163 in Silver Hawk Phase Two, as per plat thereof, recorded in Plat Book 92 page 42, in the Office of the Recorder of Lake County, Indiana.

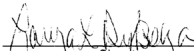
Affiant states that William K. Evenhouse a/k/a William K. Evenhouse, Sr., and Shirley J. Evenhouse continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of Shirley J. Evenhouse's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to William K. Evenhouse a/k/a William K. Evenhouse, Sr..

#### Death certificate attached

IN WITNESS WHEREOF, the undersigned have executed this document on December 30, 2021.

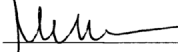
  
Signature

Laura L. Dykstra  
Print Name

STATE OF Indiana

COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Laura L. Dykstra who personally appeared and acknowledged the execution of the foregoing Affidavit on this 30th day of December, 2021.



Notary Public: Melissa Renee Miller

Resident of Lake County

My Commission expires: 11-16-25



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## SURVIVORSHIP AFFIDAVIT (continued)

Prepared by:  
Timothy R. Kuiper  
Austgen Kuiper Jasaitis P.C.  
130 North Main Street, Crown Point, IN 46307

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law

Shannon Stiener

Property of Lake County Recorder

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 295661

Local No 003971

EDR No 00001170715

State No 2021-056185

1. Decedent's Legal Name (First, Middle, Last) <b>Shirley J. Evenhouse</b>				1a. Maiden Name (if female) <b>Sturwold</b>		2. Gender <b>Female</b>		3. Time of Death <b>08:46 PM</b>		4. Date of Death (Month/Day/Year) <b>09/22/2021</b>			
5. Social Security Number <b>76</b>		6a. Under 1 Year Months <b>76</b>		6b. Under 1 Year Days <b>76</b>		6c. Under 1 Year Hours <b>76</b>		7. Date of Birth (Month/Day/Year) <b>02/18/1945</b>		8. Birthplace (City and State or Foreign Country) <b>Chicago, Illinois</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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Death 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) <b>Franciscan Health Crown Point</b>		12. City or Town, State, and Zip Code <b>Crown Point, Indiana 46307</b>		13. County of Death <b>Lake</b>			
14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, Spouse Deceased <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				15. Surviving Spouse's Name <b>William K. Sr.</b>				15a. Last Name Before First Marriage <b>Evenhouse</b>		16. Decedent's Usual Occupation <b>Homemaker</b>		17. Kind Of Business/Industry <b>Own Home</b>	
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City or Town <b>Crown Point</b>		18c. Apt. No.		18d. Zip Code <b>46307</b>		18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16c. Street And Number <b>1081 Freedom Circle S</b>		16d. Apt. No.		16e. Zip Code		16f. Inside City Limits?		16g. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
19. Decedent's Education <b>High School graduate or GED completed</b>		20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>		21. Decedent's Race <b>White</b>		22. Parent's Name (First, Middle, Last) <b>Nicholas Sturwold</b>		22a. Parent's Last Name Before First Marriage <b>Bulkema</b>					
23. Parents Name (First, Middle, Last) <b>Nicholas Sturwold</b>		23a. Parent's Last Name Before First Marriage <b>Bulkema</b>		24. Informant's Name <b>William K. Evenhouse Sr.</b>		24a. Relationship To Decedent <b>Husband</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1081 Freedom Circle S, Crown Point, IN, 46307</b>					
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) <b>Smits Funeral Home Crematory</b>		25c. Location - City, Town, And State <b>Dyer, IN</b>		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Smits Funeral Home 2121 Pleasant Springs Lane, Dyer, Indiana, 46311</b>		27a. Funeral Home License Number <b>FH11000037</b>			
28. Signature of Indiana Funeral Service Licensor <i>Timothy Switz</i>		28a. Cause of Death (See Instructions And Examples) <b>Electronically Signed</b>		28b. License Number (Of Licensor) <b>FD20600101</b>		29. 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 Of Death A Line. Add Additional Lines If Necessary.) <b>acute severe hypoxic respiratory failure due to COVID-19 pneumonia</b>		29a. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT <b>OCT 08 2021</b>		29b. Approximate Date of Death <b>7 days</b>			
30. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>acute severe hypoxic respiratory failure due to COVID-19 pneumonia</b>		30a. Cause of Death (See Instructions And Examples) <b>acute severe hypoxic respiratory failure due to COVID-19 pneumonia</b>		30b. Cause of Death (See Instructions And Examples) <b>acute severe hypoxic respiratory failure due to COVID-19 pneumonia</b>		30c. Cause of Death (See Instructions And Examples) <b>acute severe hypoxic respiratory failure due to COVID-19 pneumonia</b>		30d. Cause of Death (See Instructions And Examples) <b>acute severe hypoxic respiratory failure due to COVID-19 pneumonia</b>		30e. Cause of Death (See Instructions And Examples) <b>acute severe hypoxic respiratory failure due to COVID-19 pneumonia</b>			
31. Part II: Enter Other Significant Conditions Contributing To Death. Do Not Include In The Underlying Cause Given In Part I		32. Was An Autopsy Performed Available To Determine The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Was An Autopsy Performed Available To Determine The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Signature of Person Certifying Cause of Death <i>Prithi Vijay Nikte</i>		34a. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Care Provider		34b. Certifier's License Number <b>01078724A</b>			
35. Date of Injury (Month/Day/Year)		35a. Time of Injury		35b. Place Of Injury (E.S., Decedent's Home, Construction Site, Restaurant, Wooded Area)		35c. 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		35d. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35e. Zip Code			
36. Location Of Injury - State		36a. City or Town		36b. Street & Number		36c. Apt. No.		36d. Zip Code					
37. Describe How Injury Occurred		37a. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> <b>NONVehICULe</b>		37b. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> <b>NONVehICULe</b>		38. Signature of Local Health Officer <i>Chantana Varsada</i>		38a. Electronic Signature <b>Electronically Signed</b>		38b. Date <b>10/06/2021</b>			
39. Name, Address And Zip Code Of Person Certifying Cause of Death <b>Prithi Vijay Nikte 1201 S. Main Street, Crown Point, IN 46307</b>		39a. Name, Address And Zip Code Of Person Certifying Cause of Death <b>Prithi Vijay Nikte 1201 S. Main Street, Crown Point, IN 46307</b>		39b. Name, Address And Zip Code Of Person Certifying Cause of Death <b>Prithi Vijay Nikte 1201 S. Main Street, Crown Point, IN 46307</b>		39c. Name, Address And Zip Code Of Person Certifying Cause of Death <b>Prithi Vijay Nikte 1201 S. Main Street, Crown Point, IN 46307</b>		39d. Name, Address And Zip Code Of Person Certifying Cause of Death <b>Prithi Vijay Nikte 1201 S. Main Street, Crown Point, IN 46307</b>		39e. Name, Address And Zip Code Of Person Certifying Cause of Death <b>Prithi Vijay Nikte 1201 S. Main Street, Crown Point, IN 46307</b>			
40. Additional Funeral Service Provider:		40a. Additional Funeral Service Provider:		40b. Additional Funeral Service Provider:		40c. Additional Funeral Service Provider:		40d. Additional Funeral Service Provider:		40e. Additional Funeral Service Provider:			
41. Signature of Local Health Officer: <i>Chantana Varsada</i>		41a. Electronic Signature <b>Electronically Signed</b>		41b. Date <b>10/06/2021</b>		42. Registrar Only: Date Recd (Month/Day/Year) <b>10/06/2021</b>		42a. Registrar Only: Date Recd (Month/Day/Year) <b>10/06/2021</b>		42b. Registrar Only: Date Recd (Month/Day/Year) <b>10/06/2021</b>			