

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF DEATH OF OWNER

COMES NOW the Affiant, Thomas Brazina, who upon their oath, testifies as follows:

1. I, Thomas Brazina, testify that I am above the age of majority & am competent to testify to, and have personal knowledge of, the information contained in this Affidavit.

2. That a certain transfer on Death Deed dated January 13, 2023, was recorded on January 17, 2023, as Document Number 2023-001747 in the Office of the Lake County Recorder with respect to real estate with Parcel Number 45-16-06-401-020.000-041 more particularly described as follows, to-wit (the "Real Estate"):

LOT 27 IN WEST-LONG SUBDIVISION, AS PER PLAT THEREOF, RECORDED APRIL 30, 1956 IN PLAT BOOK 31 PAGE 43, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

3. That the owner of the Real Estate was MARGUERITE ZANDSTRA, who died on April 22, 2023.

4. The undersigned, whose current address is 5800 Ravens Roost Lane Traverse City, MI 49684 is the designated Beneficiary Grantee of the Real Estate pursuant to the above-referenced Transfer on Death Deed.

5. Pursuant to this Affidavit, the undersigned, Thomas Brazina, hereby requests that Beneficiary Grantee be reflected in the property records of Lake County, Indiana, as the Fee Simple owner of the Real Estate.

6. The undersigned further directs that all future tax statements for the Real Estate be mailed to 5800 Ravens Roost Ln, Traverse City, MI

Thomas Brazina
THOMAS BRAZINA

9/27/2023
DATE

FILED

Oct 06 2023 LM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR


NOT AN OFFICIAL DOCUMENT

STATE OF Michigan }
COUNTY OF Grand Traverse } SS:

This instrument was acknowledged before me on September 27, 2023 by Thomas Brazina.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

Pete Keeney


_____, NOTARY PUBLIC

PETE KEENEY
NOTARY PUBLIC - MICHIGAN
GRAND TRAVERSE COUNTY
ACTING IN THE COUNTY OF
COMMISSION EXPIRES 16 NOVEMBER 2027

PETE KEENEY
NOTARY PUBLIC - MICHIGAN
GRAND TRAVERSE COUNTY
ACTING IN THE COUNTY OF Grand Traverse
MY COMMISSION EXPIRES 16 NOVEMBER 2027

See exhibit A and B for death certificates

No legal opinion given to grantors or grantees regarding deed or legal description or form of holding ownership. All information used in preparation of document was supplied by title company.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in the document, unless required by law. Haridimos Kouklakis

Prepared by:
Haridimos Kouklakis
15000 S Cicero Ave Suite 200 Oak Forest, IL 60452

NOT AN OFFICIAL DOCUMENT



Exhibit A

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 364324

Local No 001491

EDR No 000011540839

State No 2023-021247

1. Decedent's Legal Name (First, Middle, Last) Marquette Zandstra		2. Maiden Name (if female) Brazina		3. Gender Female	4. Date of Birth (Month/Day/Year) 04/22/2023
5. Social Security Number 72	6a. Under 1 Year Month 72	6b. Under 1 Month Day 72	6c. Under 1 Day Hour 72	6d. Under 1 Hour Minute 05/09/1950	7. Date of Death (Month/Day/Year) 05/09/1950
8. Birthplace (City and State or Foreign Country) Hammond, Indiana				9. Residence (City and State or Foreign Country) Hammond, Indiana	
10. If Death Occurred at a Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 No Institution, Give Street and Number) 3610 W 106th Lane					
12. City or Town, State, and Zip Code Crown Point, Indiana 46308			13. County of Death Lake		14. Marital Status At Time of Death <input 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			16. Decedent's Usual Occupation Editor/Writer		17. Kind of Business/Industry Newspaper
18. Residence - State IN		18a. County Lake		18b. City or Town Crown Point	
18c. Street and Number 3610 W 106th Lane		18d. Apt. No.		18e. Zip Code 46308	
18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)		20. Decedent of Hispanic Origin Not Spanish/Mexican/Latino		21. Decedent's Race White	
22. Parents Name (First, Middle, Last) Thomas D. Brazina		23. Parents Name (First, Middle, Last) Mary Brazina		24. Parents Last Name Before First Marriage Buros	
25. Informant Name Thomas G. Brazina		25a. Relationship to Decedent (Brother)		25b. Mailing Address (Street and Number, City, State, Zip Code) 5800 Revere Rootel Lane, Traverse City, MI, 49684	
26. Manner 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)		26a. Place of Disposition (Name Of Cemetery, Crematory, Other Place) Heights Crematory		26b. Location - City, Town, and State Chicago Heights, IL	
27. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27a. Name and Complete Address of Funeral Facility Crown Cremation Services 850 N Madison Street, Crown Point, Indiana, 46307		27b. Funeral Home License Number: FH11300014	
28. Signature of Health Funeral Service Licensee: Kelly Mitchell Spruace		28a. Electronically Signed		28b. License Number (Of Licensee) FD21700031	
29. Part I. Enter the Chief 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. Pending Further Investigation 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. _____ C. _____ D. _____					
30. Part II. Enter Other Significant Conditions Contributing to Death (But Not Resulting In The Underlying Cause Given in Part I)				31. Was An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. Did Toxicology Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		33. 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 Of One To Four Months Old		34. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year) 04/22/2023		35. Time Of Injury 10:20 AM		36. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area) Home	
35. Location Of Injury - State Indiana		36a. City or Town Crown Point		36b. Street & Number 3640 W 106th Lane	
36. Describe How Injury Occurred Pending		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Apt. No. 46307	
41. Signature of Person Certifying Cause Of Death: Kryla M Williams		42. If Transportation From Society: <input type="checkbox"/> Driver <input type="checkbox"/> Conductor <input type="checkbox"/> Driver/Conductor		43. If Transportation From Society: <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Kryla M Williams 2900 W 93rd Avenue, Crown Point IN 46307		44. License Number MA 03 2023		45. Date Certified 04/29/2023	
46. Signature of Local Health Officer: Claudia Vercillo		47. For Registrar Only - Date Printed (Month/Day/Year)		48. Date Certified 04/29/2023	

NOT AN OFFICIAL DOCUMENT



Exhibit B

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 364027

Local No. 003251

EDR No. 00201142096

State No. 2022-044535

1. Decedent's Legal Name (First, Middle, Last) Kenneth Roy Zandstra			12. Maiden Name (If Female) None			2. Sex Male		3. Time of Death 05:52 AM		4. Date of Death (Month/Day/Year) 08/03/2022	
5. Social Security Number (7 or 9 Digits) 71			6a. Under 1 Year Months: Days: Hours: Minutes:			6b. Under 1 Month Hours: Minutes:			7. Date of Birth (Month/Day/Year) 10/02/1950		
8. Birthplace (City and State or Foreign Country) Hammond, Indiana			10. If Death Occurred in a Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
9. If Death Occurred Somewhere Other Than a Hospital: <input type="checkbox"/> Hospital Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long Term Care Facility			11. Facility Name (If Not Institution, Give Street and Number) Franciscan Health Crown Point								
12. City or Town, State, and Zip Code Crown Point, Indiana 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. Sponsoring Spouse's Name Marguerite Zandstra			15a. Last Name Before First Marriage Brazina			16. Decedent's Usual Occupation Self-Employed			17. Kind of Business/Industry Marketing & Sales		
19. Residence - State IN			19a. County			19b. City or Town Crown Point			19c. Zip Code 46307		
18. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)			20. Decedent of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White			18a. Place City (Limit 3)		
22. Parents Name (First, Middle, Last) Gary Zandstra			23. Parents Name (First, Middle, Last) Dorothy Zandstra			23a. Parents Last Name Before First Marriage Koelkamp			18b. Yes <input type="checkbox"/> No <input type="checkbox"/>		
24. Informant Name Marguerite Zandstra			24a. Relationship to Decedent Wife			24b. Mailing Address (Street and Number, City, State, Zip Code) 3610 W 100th Lane, Crown Point, IN, 46307					
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) Heights Crematory			25c. Location, City, Town, and State Chicago Heights, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No			27. Name and Complete Address of Funeral Facility N. Madison Street, Crown Point, Indiana, 46307			27a. Funeral Home License Number FH11200014			27b. Signature of Indiana Funeral Service Licensee Kathy Mielke, Sponsor		
27c. License Number (of Licensee) FD21700031			28. Part I. Enter The Cause of Death (See Instructions And Examples) Cause of Death (See Instructions And Examples) 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.								
28a. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Covid			28b. Intermediate Cause (Final Disease Or Condition Resulting In Death) B.			28c. Underlying Cause (Final Disease Or Condition Resulting In Death) C.			28d. Other Cause (Final Disease Or Condition Resulting In Death) D.		
29. Part II. Enter The Sequence of Events (See Instructions And Examples) Sequence of Events (See Instructions And Examples) 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			30. Was an Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No			30a. Were Autopsy Findings Available to Complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			Approximate Interval: Onset To Death 2 weeks		
31. One Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Year <input type="checkbox"/> Pregnant 1 To 3 Months <input type="checkbox"/> Not Pregnant But Pregnant Within 42 Days (3 Weeks) <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Year			33. Manner of Death <input 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)		
34. Date of Injury (Month/Day/Year)			35. Time of Injury			36. Place of Injury (E.G., Decedent's Home, Convalescent Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
36. Location of Injury - State			36a. City or Town			36b. Street & Number			36c. Apt. No. 36d. Zip Code		
35. Describe How Injury Occurred			40. If Transportation Vehicle Involved: <input type="checkbox"/> Unlicensed <input type="checkbox"/> Invalid License <input type="checkbox"/> No License <input type="checkbox"/> License Expired <input type="checkbox"/> License Suspended <input type="checkbox"/> License Revoked <input type="checkbox"/> License Lapsed <input type="checkbox"/> License Not Carried								
41. Signature of Person Certifying Cause of Death: Katherine L. Bell			42. Name, Address, and Zip Code of Person Certifying Cause of Death: Katherine L. Bell 1500 Lake Park Avenue, Crown Point, Indiana 46307			43. Center (Specify Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Other (Specify)			44. Date Certified 08/10/2022		
45. Additional Funeral Service Provider:			46. Signature of Local Health Officer: Chandana Vansida			47. Date			48. For Registrar Only - Date Filed (Month/Day/Year)		

THIS IS A TRUE COPY Electronically Signed
 THE RECORD ON FILE WITH THE
 LAKE COUNTY HEALTH DEPARTMENT
 MAY 0 1 2023
 AMENDMENT TO CERTIFICATE OF DEATH ENTRY OR ORIGINAL
 LAKE COUNTY HEALTH OFFICER

