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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-032078

10:50 AM 2023 Nov 29

SURVIVORSHIP AFFIDAVIT

On this 16th day of November, 2023, before me personally appeared Peter H. DeYoung, who being duly sworn upon her oath states:

1. Affiant resides at the address given below the affiant's signature;
2. Peter H. DeYoung and Marilyn DeYoung, husband and wife, owned the real estate described below as joint tenants or tenants by the entireties;
3. Said premises are described below as follows:

Lot 115 in Bramblewood, Unit 1, an Addition to the Town of St. John, as per plat thereof, recorded in Plat Book 92 page 26, in the Office of the Recorder of Lake County, Indiana.

Parcel No. 45-11-31-155-011.000-035;

Commonly known as 9660 Julia Drive, St. John, Indiana 46373.

4. Said Marilyn DeYoung died on October 5, 2023, with a Will. Attached as "Exhibit A" is Decedent's Death Certificate;
5. Where this Affidavit relates to a tenancy by the entireties, that the parties were never divorced;
6. Affiant's relationship to the deceased is surviving spouse.

Affiant's Signature Peter H De Young
 Name Printed Peter H. DeYoung
 Address 9660 Julia Drive
St. John, IN 46373

FILED

NOV 29 2023

PROBY HOLINGA KATONA
LAKE COUNTY AUDITOR

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28627
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NOT AN OFFICIAL DOCUMENT

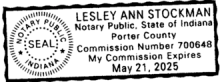
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 16th day of November, 2023, personally appeared PETER H. DEYOUNG, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Lesley A Stockman
Lesley Ann Stockman, Notary Public
Resident of Porter County

My Commission Expires:
May 21, 2025

Commission No. 700648



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.

Steven J. Scott
Steven J. Scott

This instrument prepared by:

Steven J. Scott
Attorney at Law
8700 Broadway
Merrillville, IN 46410

691690.1
21,006

Property of Lesley County Recorder

Local No. 093562 EDR No. 000011618458 State No. 2023-052376

1. Decedent's Legal Name (First, Middle, Last) Marilyn DeYoung		1a. Maiden Name (if female) Hoekstra		2. Gender Female		3. Time of Death 06:35 AM		4. Date of Death (Month/Day/Year) 10/05/2023																
5. Social Security Number [REDACTED]		6a. Age - Yrs 77		6b. Under 1 Year Months [REDACTED]		6c. Under 1 Month Days [REDACTED]		6d. Under 1 Day Hours [REDACTED]		6e. Under 1 Hour Minutes [REDACTED]		7. Date of Birth (Month/Day/Year) 12/13/1945		8. Birthplace (City and State or Foreign Country) Harvey, Illinois										
9. Place of Death (Specify) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival										10. If Death Occurred In A Hospital				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) Community Hospital Munster																								
12. City Or Town, State, And Zip Code Munster, Indiana 46321					13. County of Death Lake					14. Marital Status At Time of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, (If Remarried) <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced														
15. Surviving Spouse's Name Reter					15a. Last Name Before First Marriage DeYoung					16. Decedent's Usual Occupation Homemaker					17. Kind of Business Own Home									
18. Residence - State IN			18a. County Lake			18b. City Or Town Saint John			18c. Street And Number 9660 Julia Drive			18d. Apt. No.			18e. Zip Code 46373			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
19. Decedent's Education High School graduate or GED completed					20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino					21. Decedent's Race White														
22. Parent's Name (First, Middle, Last) Emil Hoekstra					23. Parent's Name (First, Middle, Last) Marian Hoekstra					23a. Parent's Last Name Before First Marriage Van Deraa														
24. Informant's Name Peter DeYoung					24a. Relationship To Decedent Husband					24b. Mailing Address (Street And Number, City, State, Zip Code) 9660 Julia Drive, Saint John, IN, 46373														
25a. Method Of Disposition <input checked="" type="checkbox"/> Buried <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) Oak Ridge Cemetery					25c. Location - City, Town, And State Lansing, IL														
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, Indiana, 46311					27a. Funeral Home License Number: FM11000037														
28. Signature Of Indiana Funeral Service Licensee <i>Timothy Smits</i>					28a. Electronically Signed					27c. License Number (Of Licensee): FD20600101														
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 On Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) septic shock present on admission 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 staph aureus bacteremia and E coli pneumonia atrial fibrillation Relapsed uterine Cancer with metastatic disease to the neck																								
29. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT Approximate Interval: 1 year OCT 16 2023 1 week 1 week 10 days																								
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I Left lower lobe pneumonia																								
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 45 Days Of Death <input type="checkbox"/> Pregnant At Time Of Death, But Pregnant Within 15 Days Of Death <input type="checkbox"/> Lost To A Pregnancy Within The Past Year <input type="checkbox"/> Lost To A Pregnancy 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														
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)					37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
38. Location Of Injury - State					38a. City Or Town					38b. Street & Number					38c. Apt. No.					38d. Zip Code				
39. Describe How Injury Occurred																								
41. Signature Of Person Certifying Cause Of Death: <i>Maram Mallichio</i>										42. Certify (Check One) <input checked="" type="checkbox"/> Electronically Signed <input type="checkbox"/> Certifying (Print)														
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Maram Mallichio 901 Macarthur Boulevard, Munster, IN 46321																								
44. Additional Funeral Service Provider:																								
45. Signature Of Local Health Officer: <i>Chardana Vavriala</i>										46. For Registrar Only														
46. For Registrar Only																								

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)

