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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 MAY -4 PM 1:10
MICHAEL A. BROWN
RECORDER

2009 028998

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now PERRY H. MILLER on his oath and deposes and says:

1. That he and BETTY A. MILLER were married on January 29, 1963.
2. That on March 28, 2005, Betty A. Miller and Perry H. Miller acquired certain real estate as husband and wife which property is described as follows:

South Half of Track No. 25, in Suburban Park Addition being a subdivision of the part of the West 1/2 of the NE 1/4 of the NW 1/4 and part of the West 1/2 of the SE 1/4 of NW 1/4 of Section 16, Township 36 North, Range 9 West of the 2nd P.M. in the City of Hammond, Lake County, Indiana, (commonly known as 7351 McCook Avenue, Hammond, Indiana).

Property Number: 45-07-16-127-010.000-023

3. That on February 14, 2009, his wife, Betty A. Miller, died leaving Perry H. Miller as her surviving spouse, never having filed for or having been divorced. A copy of the Death Certificate for Betty A. Miller is attached hereto as Exhibit "A" and is incorporated by reference herein.
4. That no federal Estate Tax or Indiana State Inheritance Tax was due as a result of the death of said Betty A. Miller.
5. That this Affidavit is given for the purpose of bringing the title of the above-described property into the name of Perry H. Miller and for no other reason.

Dated this 23 day of April, 2009.

Perry H. Miller
Perry H. Miller

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MAY 04 2009

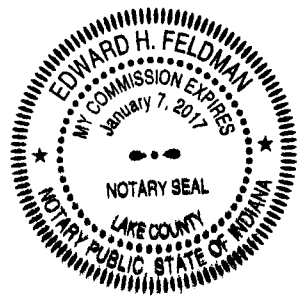
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Subscribed and sworn to before me, a Notary Public, on the 23rd day of April, 2009.

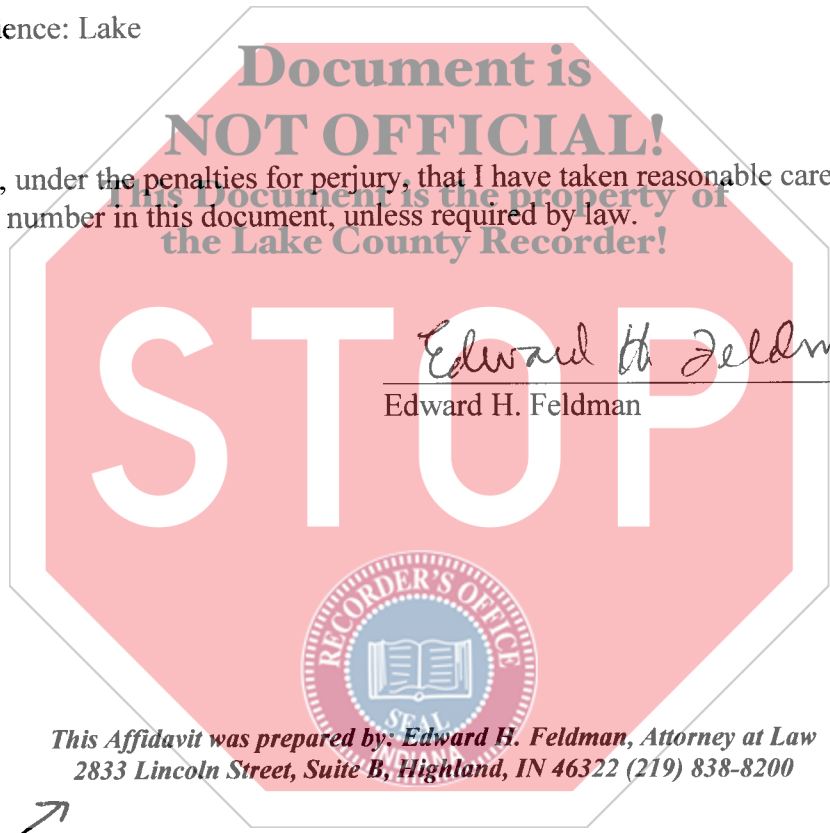
Edward H. Feldman
Edward H Feldman, Notary Public

My commission expires: 1-7-2017

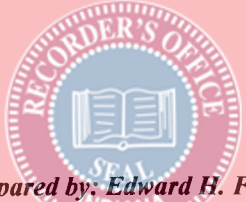
County of residence: Lake




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.



Edward H. Feldman
Edward H. Feldman



*This Affidavit was prepared by: Edward H. Feldman, Attorney at Law
2833 Lincoln Street, Suite B, Highland, IN 46322 (219) 838-8200*

Return to: 

OFFICE of VITAL STATISTICS
CERTIFIED COPY

TYPE IN
PERMANENT
BLACK INK

LOCAL FILE NO. 207 FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) **Jetty A. Miller** 2. SEX **Female**

3. DATE OF BIRTH (Month, Day, Year) **March 19, 1931** 4a. AGE Last Birthday (years) **77** 4b. UNDER 1 YEAR: Months Days Hours Minutes 5. DATE OF DEATH (Month, Day, Year) **February 14, 2009**

6. SOCIAL SECURITY NUMBER **313-30-7458** 7. BIRTHPLACE (City and State or Foreign Country) **Stuebenville, Ohio** 8. COUNTY OF DEATH **Lee**

9. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival
NON-HOSPITAL: Hospice City Nursing Home/Long Term Care Facility Decedent's Home Other (Specify)

10. FACILITY NAME (If not institution, give street address) **Hope Hospice-2430 Diplomat Parkway** 11a. CITY, TOWN, OR LOCATION OF DEATH **Cape Coral** 11b. INSIDE CITY LIMITS? Yes No

12. MARITAL STATUS (Specify) Married Married, but Separated Widowed Divorced Never Married 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) **Perry H. Miller**

14a. RESIDENCE - STATE **Indiana** 14b. COUNTY **Lake** 14c. CITY, TOWN, OR LOCATION **Hammond**

14d. STREET ADDRESS **7351 McCook Avenue** 14e. APT. NO. 14f. ZIP CODE **46323** 14g. INSIDE CITY LIMITS? Yes No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired") **Beautician** 15b. KIND OF BUSINESS/INDUSTRY **Beauty Salon**

16. DECEDENT'S RACE (Specify the race/races to indicate self; decedent considered himself/herself to be. More than one race may be specified.)
 White Black or African American American Indian or Alaskan Native (Specify tribe)
 Asian Indian Chinese Japanese Korean Vietnamese Other Asian (Specify)
 Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) Yes No Mexican Puerto Rican Cuban Central/South American Other Hispanic (Specify) Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)
 8th or less High school but no diploma High school diploma or GED
 College but no degree College degree (Specify): Associate Bachelor's Master's Doctorate 19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix) **unobtainable** 21. MOTHER'S NAME (First, Middle, Maiden Surname) **Hallie Southerd**

22a. INFORMANT'S NAME **Perry H. Miller** 22b. RELATIONSHIP TO DECEDENT **Husband** 22c. INFORMANT'S MAILING - STATE **Indiana**

23a. CITY OR TOWN **Hammond** 23b. STREET ADDRESS **7351 McCook Avenue** 23c. ZIP CODE **46323**

24. PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) **Southeastern Crematory** 25a. LOCATION - STATE **Florida** 25b. LOCATION - CITY OR TOWN **Punta Gorda**

26a. METHOD OF DISPOSITION Burial Interment Cremation Other (Specify) 26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes No 27a. LICENSE NUMBER (If Licensed) **F042243** 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

28. NAME OF FUNERAL FACILITY **Port Myers Memorial Gardens Funeral Home** 29. FACILITY'S MAILING - STATE **Florida**

29a. CITY OR TOWN **Port Myers** 29b. STREET ADDRESS **1589 Colonial Boulevard** 29c. ZIP CODE **33907**

30. CERTIFIER: Certified Physician - To the best of my knowledge, belief, and faith, and on the basis of the cause(s) and manner stated.
 Medical Examiner - On the basis of examination, and investigation, in my opinion, death occurred at the time, date and place (due to the cause(s) and manner stated).
18a. (Signature and Title of Certifier) **Dr. M. G. Perez** 31b. DATE SIGNED (mm/dd/yyyy) **02/17/2009** 32. TIME OF DEATH (24 hr.) **1525** 33. MEDICAL EXAMINER'S CASE NUMBER

34a. LICENSE NUMBER (If Certified) **MG-45383** 34b. CERTIFIER'S NAME **DR. M. G. PEREZ** 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)

36a. CERTIFIER'S STATE **FL** 36b. CITY OR TOWN **CAPE CORAL** 36c. STREET ADDRESS **2430 Diplomat Pkwy** 36d. ZIP CODE **33909**

37. REGISTRAR - Signature and Date **Diana D. S. ... -02/17/2009** 38a. LOCAL REGISTRAR - Signature **Linda C. Vega** 38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) **Feb 20, 2009**

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



Brenda AMC... Dep. Reg. February 23, 2009



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DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD



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