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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2011 025257

2011 MAY -5 AM 11:15

AFFIDAVIT OF SURVIVORSHIP

MICHAEL J. HAN
RECORDER

Comes now Sally Ann Miller , and upon being duly sworn does attest and say:

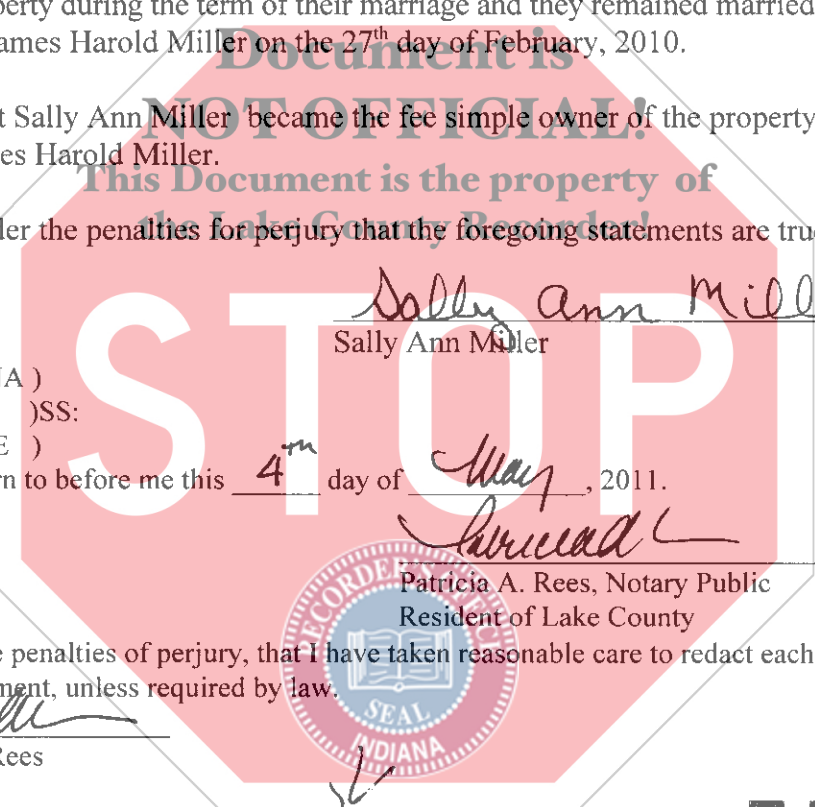
1. That the affiant is the spouse of James Harold Miller, deceased.
2. That James Harold Miller and Sally Ann Miller were tenants by the entireties of real property located in Lake County, Indiana, more particularly described as:

Lot 8, Pearson's Subdivision, a re-subdivision of Lot 17 and the North 77 feet of Lot 18 of Wood's Addition, in the City of Hobart, as shown in Plat Book 23 page 77, in Lake County, Indiana.

Commonly known as: 247 N. Michigan Ave., Hobart, IN 46342
Parcel No.: 45-09-29-329-006.000-018

3. That James Harold Miller and Sally Ann Miller, husband and wife, acquired the property during the term of their marriage and they remained married until the death of James Harold Miller on the 27th day of February, 2010.
4. That Sally Ann Miller became the fee simple owner of the property at the death of James Harold Miller.

I affirm under the penalties for perjury that the foregoing statements are true.



Sally Ann Miller
Sally Ann Miller

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 4th day of May, 2011.

Patricia A. Rees
Patricia A. Rees, Notary Public
Resident of Lake County

My Commission
Expires: 3-25-2018

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

Patricia A. Rees
Patricia A. Rees

This Instrument Prepared by: Patricia A. Rees, Attorney at Law, 5341 Central Ave., P.O. Box 1146, Hobart, IN 46342

AMOUNT \$ 14- (219) 947-1692.

CHARGE _____

CHECK # 10970

PREPAID _____

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CLERK Ad

FILED

MAY 5 2011

052605

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 640-10

State No.

1. Decedent's Legal Name (First, Middle, Last) JAMES HAROLD MILLER
1a. Maiden Last Name (If Female)
2. Sex Male
3. Time Of Death 9:42 A.M.
4. Date Of Death (Month/Day/Year) February 27, 2010
5. Social Security Number 332-36-4286
6a. Age - Yrs 65
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date Of Birth (Month/Day/Year) June 16, 1944
8. Birthplace (City And State Or Foreign Country) Aliceville, Alabama
9. Ever In U.S. Armed Forces? [X] Yes [] No [] Unknown
10. If Death Occurred In A Hospital: [] Inpatient [] Emergency Department Outpatient [] Dead On Arrival
10a. If Death Occurred Somewhere Other Than A Hospital: [] Hospice Facility [X] Decedent's Home [] Nursing Home/Long-Term Care Facility [] Other (Specify)
11. Facility Name (If Not Institution, Give Street And Number) 247 N. Michigan Ave.
12. City Or Town, State, And Zip Code Hobart, Indiana 46342
13. County Of Death Lake
14. Marital Status At Time Of Death [X] Married [] Married, But Separated [] Divorced [] Widowed [] Never Married [] Unknown
15. Surviving Spouse's Name Sally Miller
15a. (If Wife) Give Maiden Last Name Jacobson
16. Decedent's Usual Occupation Steelworker
17. Kind Of Business/Industry Steel
18. Residence - State Indiana
18a. County Lake
18b. City Or Town Hobart
18c. Street And Number 247 N. Michigan Ave.
18d. Apt. No.
18e. Zip Code 46342
18f. Inside City Limits? [X] Yes [] No
19. Decedent's Education High School Graduate or GED
20. Decedent Of Hispanic Origin No not Spanish/Hispanic/Latino
21. Decedent's Race White
22. Father's Name (First, Middle, Last) Ivory Miller
23. Mother's Name (First, Middle, Last) Myrtle Lee Miller
23a. Mother's Maiden Last Name Cleary
24. Informant's Name Sally Miller
24a. Relationship To Decedent Wife
24b. Mailing Address (Street And Number, City, State, Zip Code) 247 N. Michigan Ave., Hobart, IN 46342
25. Place Of Disposition
25a. Method Of Disposition: [X] Burial [] Cremation [] Donation [] Entombment [] Removal From State [] Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Evergreen Memorial Park
25c. Location - City, Town, And State Hobart, IN, 46342
26. Was Coroner Contacted? [] Yes [X] No
27. Name And Complete Address Of Funeral Facility Rees Funeral Home, 600 West Old Ridge Rd. P.O. Box 488, Hobart, Indiana 46342
27a. Funeral Home License Number: FH83003069
27b. Signature Of Indiana Funeral Service Licensee: James J. Krause
27c. License Number (Of Licensee): FD01006463
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 Cause (Final Disease Or Condition Resulting In Death) A. cardiac arrest
B. medical history
C.
D.
Approximate Interval: Onset To Death 3 months
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? [] Yes [X] No
30. Were Autopsy Findings Available To Complete The Cause Of Death? [] Yes [X] No
31. Did Tobacco Use Contribute To Death? [] Yes [] Probably [] No [] Unknown
32. If Female: [] Not Pregnant Within Past Year [] Pregnant At Time Of Death [] Not Pregnant, But Pregnant Within 42 Days Of Death [] Not Pregnant, But Pregnant 43 Days To 1 Year Before Death [] Unknown If Pregnant Within The Past Year
33. Manner Of Death: [X] Natural [] Homicide [] Accident [] Pending Investigation [] Suicide [] 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? [] Yes [] No
38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code
39. Describe How Injury Occurred
40. If Transportation Injury, Specify: [] Driver/Operator [] Passenger [] Pedestrian [] Other (Specify)
41. Signature, Of Person Certifying Cause Of Death: Donald Phillips MD
42. Certifier (Check Only One) [X] Certifying Physician [] Coroner [] Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Donald Phillips MD, 1356 Lake Park Ave., Hobart, IN 46342
44. License Number 01020846
45. Date Certified 3/2/10
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: Susan J. East, D.O.
49. For Registrar Only - Date Filed (Month/Day/Year): March 2, 2010