

2.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 041386

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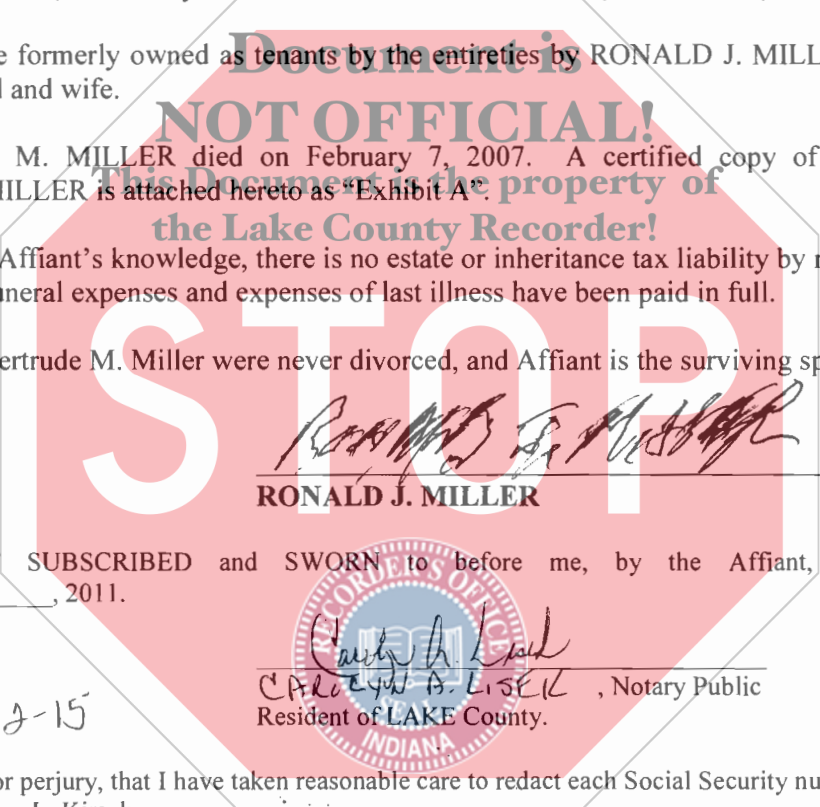
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL J. KIRK
RECORDER

SURVIVORSHIP AFFIDAVIT

On the 29th day of July, 2011, before me personally appeared RONALD J. MILLER to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 8505 Moraine Avenue, Munster, IN 46321. <<GRANTEE'S ADDRESS
2. Affiant is the owner of the following described property:
The North 30 feet except the East 70 feet of part of the West 1/2 of the Northeast 1/4 adjacent to West line of Lot 34, E. Gorley's South Acres, Section 14, Township 35 North, Range 9, consisting of approximately .02 acres, commonly known as Part of 939 - 69th Place, Schererville, IN 46375.
3. Said premises were formerly owned as tenants by the entireties by RONALD J. MILLER and GERTRUDE M. MILLER, husband and wife.
4. Said GERTRUDE M. MILLER died on February 7, 2007. A certified copy of the death certificate of GERTRUDE M. MILLER is attached hereto as "Exhibit A".
5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.
6. That Affiant and Gertrude M. Miller were never divorced, and Affiant is the surviving spouse of said decedent.



Ronald J. Miller
RONALD J. MILLER

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 29th day of July, 2011.

Carolyn A. Liskel
CAROLYN A. LIKEL, Notary Public
Resident of LAKE County.

My Commission Expires: 3-2-15

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. Thomas L. Kirsch

PREPARED BY and MAIL TO: THOMAS L. KIRSCH, 131 Ridge Road, Munster, IN 46321, 319-836-1384



002729

FILED
AUG 02 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

130
888
RN

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

EXHIBIT A

CERTIFICATE OF DEATH

State

Local No. 308-07

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

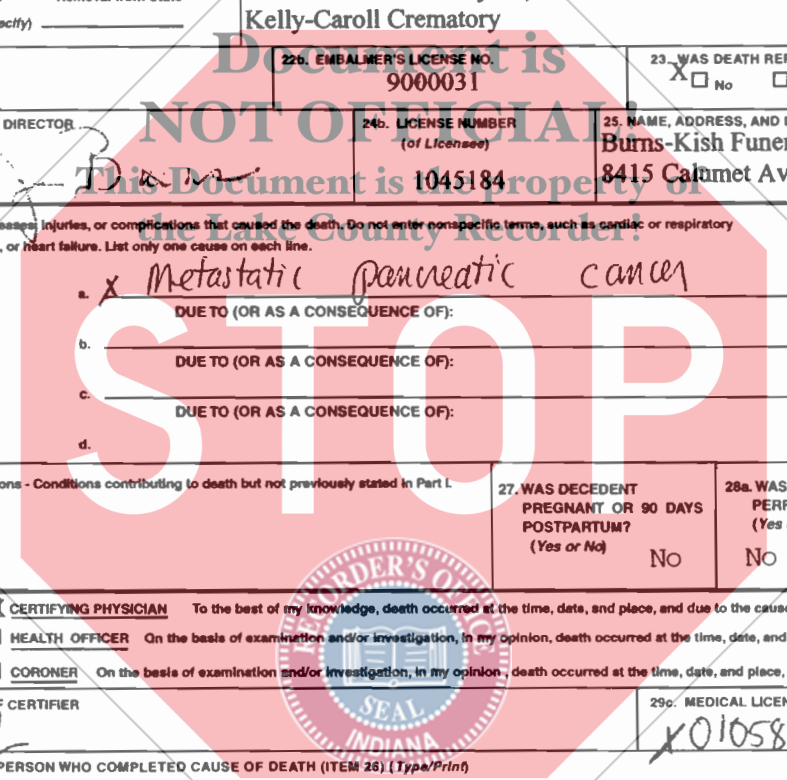
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) Gertrude Miller				2. SEX Female		3a. TIME OF DEATH 12:00 P		3b. DATE OF DEATH (Month, Day, Year) February 7, 2007	
4. *SOCIAL SECURITY NUMBER 304-34-2966		5a. AGE - Last Birthday (Years) 72	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) January 20, 1935		7. BIRTHPLACE (City and State or Foreign Country) Gary, IN		
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) 8505 Moraine Ave.				9c. CITY, TOWN, OR LOCATION OF DEATH Munster			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Ronald Miller		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Retail			12b. KIND OF BUSINESS/INDUSTRY J.C. Penney		
13a. RESIDENCE - STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Munster			13d. STREET AND NUMBER 8505 Moraine Ave.		
13e. ZIP CODE 46321	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +)	
18. FATHER'S NAME (First, Middle, Last) Mitchell Tobolski					19. MOTHER'S NAME (First, Middle, Maiden Surname) Carrie Matusiak				
20a. INFORMANT'S NAME (Type/Print) Ronald Miller				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 8505 Moraine Ave., Munster, IN 46321				20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 12, 2007 Kelly-Carroll Crematory			21c. LOCATION—City or Town, State Gary, IN			
22a. EMBALMER'S NAME: John T. Noble			22b. EMBALMER'S LICENSE NO. 9000031		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas D...</i>			24b. LICENSE NUMBER (of Licensee) 1045184		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home Lic # 3004968 8415 Calumet Ave, Munster, IN 46321-2521				
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death									
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <input checked="" type="checkbox"/> Metastatic pancreatic cancer DUE TO (OR AS A CONSEQUENCE OF):									
b. _____ DUE TO (OR AS A CONSEQUENCE OF):									
c. _____ DUE TO (OR AS A CONSEQUENCE OF):									
d. _____ DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.									
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>						29c. MEDICAL LICENSE NO. X01058122A		29d. DATE SIGNED (Month, Day, Year) Feb. 8, 2007	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (Type/Print) C. O'Campo 3100 45th highland, IN 46322									
31. HEALTH OFFICER'S SIGNATURE <i>Susan M. Best D.O.</i>									
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No)		34d. DESCRIPTION OF INJURY OCCURRED			
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.						



THIS CERTIFIES THE ABOVE AS TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE COUNTY HEALTH DEPARTMENT
DATE FILED AND COMPLETE
February 8, 2007
FEB 08 2007