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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 028730
Chicago Title Insurance Company
SURVIVORSHIP AFFIDAVIT

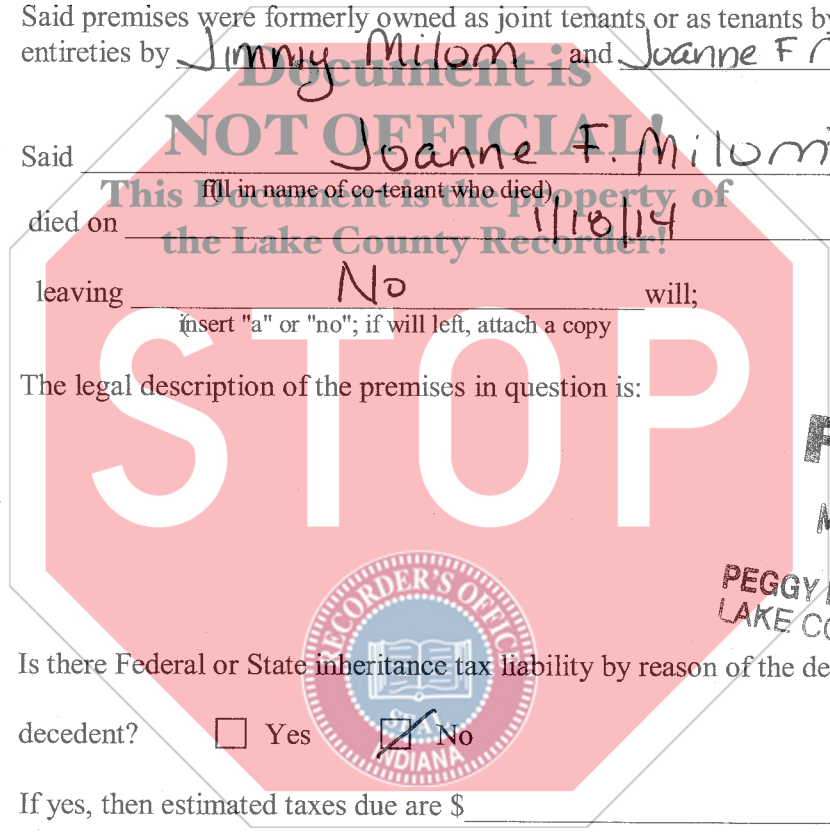
2014 MAY 20 AM 10:31
MICHAEL B. BRONIN
RECORDER

On this 5/13/14 before me personally appeared Jimmy Milom
(insert date)

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
757 S. Lakeview Dr. Lowell, IN 46356
- Affiant is Spouse
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the *
entireties by Jimmy Milom and Joanne F Milom;
- Said Joanne F. Milom*
died on 1/18/14
leaving No will;
(fill in name of co-tenant who died)
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:
- Is there Federal or State inheritance tax liability by reason of the death of said
decedent? Yes No
If yes, then estimated taxes due are \$
The taxes due are paid or unpaid..

CHICAGO TITLE INSURANCE COMPANY



FILED
MAY 16 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

#15
C
CA

*AKA Joanne Milom

012720

1203479 INV (cor)

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was Spouse

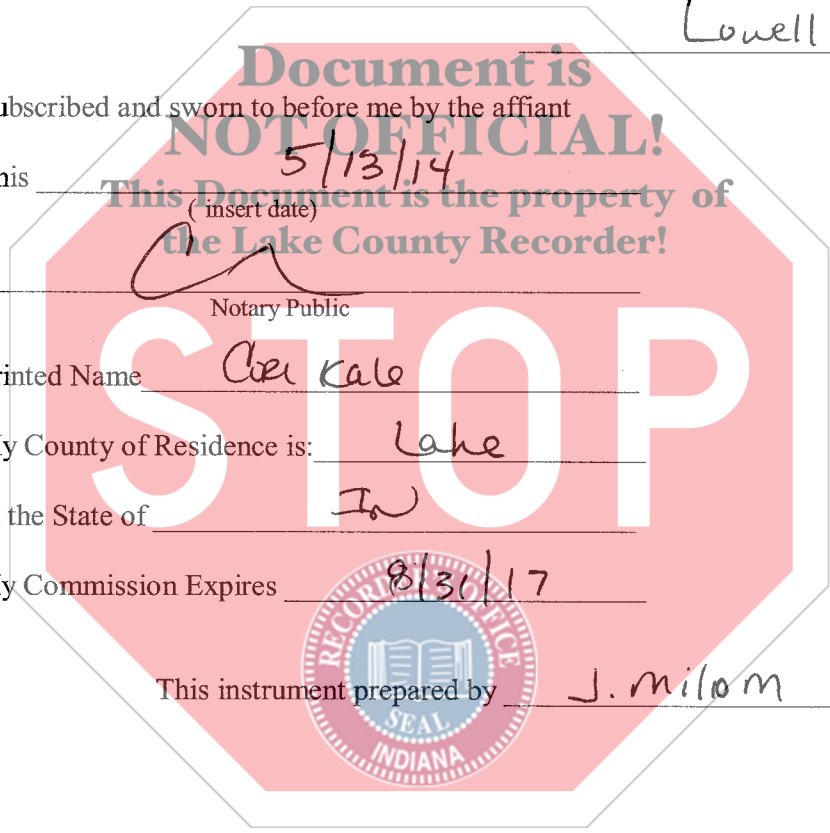
Signature: *Jimmy Milom*
Printed Name Jimmy Milom
Address: 757 S Lakeview Dr.
Lowell IN
46356

Subscribed and sworn to before me by the affiant

This 5/13/14
(insert date)
[Signature]
Notary Public

Printed Name Cori Kale
My County of Residence is: lake
In the State of IN
My Commission Expires 8/30/17

This instrument prepared by J. milom





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 07611

Local No 000202

EDR No 000000365467

State No 002486

1. Decedent's Legal Name (First, Middle, Last) JOANNE F MILOM				1a. Maiden Name (If female) SCHOUTEM		2. Sex FEMALE	3. Time Of Death 04:37 AM	4. Date Of Death (Month/Day/Year) 01/18/2014	
5. Social Security Number 000000000	6a. Age - Yrs 57	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 09/01/1956		8. Birthplace (City and State or Foreign Country) CHICAGO, IL	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				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) ST ANTHONY MEDICAL CENTER OF CROWN POINT									
12. City Or Town, State, And Zip Code CROWN POINT, IN, 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. Surviving Spouse's Name JIMMY MILOM			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation CRANE OPERATOR		17. Kind Of Business/Industry STEEL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town LOWELL					
18c. Street And Number 757 SOUTH LAKEVIEW DRIVE						18d. Apt. No.	18e. Zip Code 46356	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) JOHN SCHOUTEM			23. Mother's Name (First, Middle, Last) ANNETTE SCHOUTEM			23a. Mother's Maiden Last Name SIEBENALER			
24. Informant's Name JIMMY MILOM		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 757 SOUTH LAKEVIEW DRIVE, LOWELL, IN 46356					
25. Place Of Disposition									
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) NORTHWEST INDIANA CREMATION SVS			25c. Location - City, Town, And State CROWN POINT, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307						27a. Funeral Home License Number: FH83002445	
27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20700059			
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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (Or As A Consequence Of):									
Approximate Interval: Onset To Death YEARS									
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. ATHEROSCLEROTIC PERIPHERAL VASCULAR DISEASE Due to (Or As A Consequence Of):									
YEARS									
C. HYPERLIPIDEMIA Due to (Or As A Consequence Of):									
YEARS									
D. HYPOGLYCEMIA Due to (Or As A Consequence Of):									
IMMEDIATE									
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CARDIOPULMONARY ARREST									
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death		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				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Location Of Injury (Street, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number JAN 24 2014		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: JON DAVID MISCH, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" 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: JON DAVID MISCH, 13963 MORSE STREET, CEDAR LAKE, IN 46303						44. License Number 02000900A		45. Date Certified 01/21/2014	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 21 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
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.									