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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 032023

2015 MAY 26 AM 11:55

MICHAEL B. BROWN
RECORDER

BENEFICIARY AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Pamela T. Miller, of 1108 Kentwood Drive, Dyer, Indiana 46311 being first duly sworn upon her oath, states:

She is the owner in fee simple of the real estate located in Lake County, Indiana, described as follows: 8945 O'Day Drive, Highland, Indiana 46322.

She acquired such title upon the death of Joseph J. Binda who died on November 29, 2014, having executed and recorded a transfer on death deed, dated August 6, 2013, and recorded on August 23, 2013, as Instrument No. 2013 062182.

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STOP

Attached hereto is a certified copy of the decedent's death certificate certifying the death of Joseph J. Binda.

I am the only designated beneficiary surviving the decedent.

Further affiant sayeth not.

Pamela T. Miller
PAMELA T. MILLER
Affiant

Subscribed and sworn to before me, a Notary Public this 15 day of MAY 2015.

Kathleen M. Wachel
Notary Public

My Commission Expires: Sept. 12, 2018
County of Residence: LAKE

Official Seal
KATHLEEN M. WACHEL
Resident of Lake County, IN
My commission expires
September 12, 2018

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

This Instrument prepared by: Connie L. Bauswell, Law Office of Connie L. Bauswell, 57 Franklin Street, Suite 203, Valparaiso, Indiana 46383

20620

FILED
MAY 26 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

13. CASH

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003773 EDR No 000000417745 State No

Field	Entry
1. Decedent's Legal Name (First, Middle, Last)	JOSEPH JOHN BINDA
1a. Maiden Name (If female)	
2. Sex	MALE
3. Time Of Death	01:45 PM
4. Date Of Death (Month/Day/Year)	11/29/2014
5. Social Security Number	-3678
6a. Age - Yrs	95
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)	03/18/1919
8. Birthplace (City and State or Foreign Country)	CHICAGO, IL
9. Ever in U.S. Armed Forces?	☒ 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 ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)
11. Facility Name (If Not Institution, Give Street and Number)	WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE
12. City Or Town, State, And Zip Code	MUNSTER, IN, 46321
13. County Of Death	LAKE
14. Marital Status At Time Of Death	☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name	
15a. (If Wife)Give Maiden Last Name	
16. Decedent's Usual Occupation	COST ACCOUNTANT
17. Kind Of Business/Industry	STEEL
18. Residence - State	INDIANA
18a. County	LAKE
18b. City Or Town	HIGHLAND
18c. Street And Number	8945 O'DAY DRIVE
18d. Apt. No.	
18e. Zip Code	46322
18f. Inside City Limits?	☒ Yes ☐ 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)	JOSEPH BINDA
23. Mother's Name (First, Middle, Last)	BARBARA BINDA
23a. Mother's Maiden Last Name	PACHUT
24. Informant's Name	PAMELA MILLER
24a. Relationship To Decedent	DAUGHTER
24b. Mailing Address (Street And Number, City, State, Zip Code)	1108 KENTWOOD DRIVE, DYER, IN 46311

25. Place Of Disposition

Field	Entry
25a. Method Of Disposition	☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	CHAPEL LAWN MEMORIAL GARDENS
25c. Location - City, Town, And State	SCHERERVILLE, IN
26. Was Coroner Contacted?	☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility	FAGEN-MILLER FUNERAL GARDENS, INC.-HIGHLAND, 2828 HIGHWAY AVENUE, HIGHLAND, IN 46322
27a. Funeral Home License Number:	FH83003035
27b. Signature Of Indiana Funeral Service Licensee:	LAWRENCE EUGENE MILLER , BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee):	FD01006015

Cause Of Death (See Instructions And Examples)

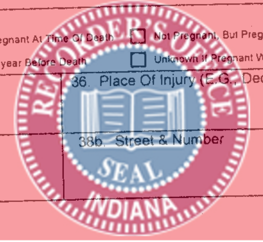
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additinal Lines If Necessary.

			Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A.	CEREBROVASCULAR ACCIDENT — Due to (Or As A Consequence Of):	WEEKS
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.	Due to (Or As A Consequence Of):	
	C.	Due to (Or As A Consequence Of):	
	D.		

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
DEC 03 2014
Susan W Best, MD
LAKE COUNTY HEALTH OFFICER

Field	Entry
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I	
29. Was An Autopsy Performed?	☐ Yes ☒ No
30. Were Autopsy Finding Available To Complete The Cause Of Death?	☐ Yes ☐ 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:	☒ 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:	LYLE R MUNN , BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)	☒ Certifying Physician ☐ Coroner ☐ Heath Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	LYLE R MUNN , 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383
44. License Number	01031582A
45. Date Certified	12/01/2014
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):	DEC 02 2014

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



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