STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 032023

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MICHAEL B. BROWN RECORDER

BENEFICIARY AFFIDAVII
STATE OF INDIANA)
OUNTY 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.
Attached hereto is a certified copy of the decedent's death certificate certifying the death of Joseph J. Binda.
I am the only designated beneficial satisfying the decementy of
Further affiant sayeth not. the Lake County Recordery Mills
PAMELA T. MILLER  Affiant  Subscribed and sworn to before me, a Notary Public this 5 day of MAY 2015.
Horache Wachel
My Commission Expires: 5-67. 12, 2018  Official Seal KATHLEEN M. WACHEL Resident of Lake County, IN
County of Residence:  My commission expires September 12, 2018
I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security

ocial Security

This Instrument prepared by: Connie L. Bauswell, 200 Connie L. Bauswell, 57 Franklin Street, Suite 203, Valparaiso, Indiana 46383

20620

MAY 26 2015
LAKE COUNTY AUDITOR

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local N	۵001	3773	EDF	R No 0000	0041774	<u>5</u>		State N	Of Death	4 Date	Of Death (Month/Day/Year
ecedent's Legal Name (First, N	Aiddle, Last)	<u> </u>		1a. Maiden Nam	ne (If female)		2. Sex				11/29/2014
SEPH JOHN BINDA				6d. Under 1 Day	6e. Under 1 Hour	7. Date of Bi	MALE irth (Month/Day	/ 01 (Year)   8	:45 PM Birthplace	(City and Stat	e or Foreign Country)
ocial Security Number 6a. A	ge - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under I Day					CHICAC		
-3678	95	Months ath Occurred In A Ho	Days	Hours	Minutes 10a. If Death Occurre	ed Somewhe	/18/1919 ere Other Than /	A Hospital			
ver in U.S. Armed Forces?	l .		Department Outpatient	Dead on Arrival		☐ Deced	ient's Home	Nursing	Home/Lon	ng-term Care Fa	icility
Tariffic Name (If Not Institution	n, Give Stre	et and Number)	T HOSDICE								
LIAM J. RILEY ME City Or Town, State, And Zip C	MORIA Code	L RESIDENC	E, HUSFICE		13. County Of	f Death				tal Status At Tin	But Separated   Divorc
					LAKE				⊠ Wide	owed 🔲 No	ever Married LI Unknow
INSTER, IN, 46321 Surviving Spouse's Name			15ε	a. (If Wife)Give Maid	en Last Name	16	5. Decedent's L	Isual Occup	ation	17. Ki	nd Of Business/Industry
						CC	OST ACC	ATNUC	NT	STEE	<u>EL</u>
Residence - State		187	a. County		18b. City Or Tow	'n					
DIANA		LA	KE		HIGHLAND		184	Apt. No.	186	e. Zip Code	18f. Inside City Limit
Street And Number							100	. , , , , , , , , , , , , , , , , , , ,			⊠ Yes □ No
45 O'DAY DRIVE					21 D	ecedent's Ra	ace			46322	
Decedent's Education GH SCHOOL GRAD	NIATE		20. Decedent Of Hispa	anic Origin							
OMPLETED		UN OLD	NOT HISPANIC	<u> </u>	White 23. Mother's Name (	e First, Middle,	Last)		T	23a. Mother's	Maiden Last Name
. Father's Name (First, Middle,	Last)									PACHUT	
SEPH BINDA			24a, Relationship	To Decedent	BARBARA BI 24b. Mailing Address	NDA s (Street And	d Number, City,	State, Zip (		1 AUTOT	
. Informant's Name			DAUGHTEF		1108 KENTW						
MELA MILLER			HAUSTIE								
Burial Cremation Do Removal From State Other (Specify):		Entombment CH.	Place Of Disposition (I	Name Of Cemetery, O CU  MEMORIAL GA  a Facility	Place Of Disposition Crematory, Other Place)  Ment ARDENS REFERENCE	25c. Lòca		E, IN	te		Funeral Home License Nur
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State Form 53395 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.