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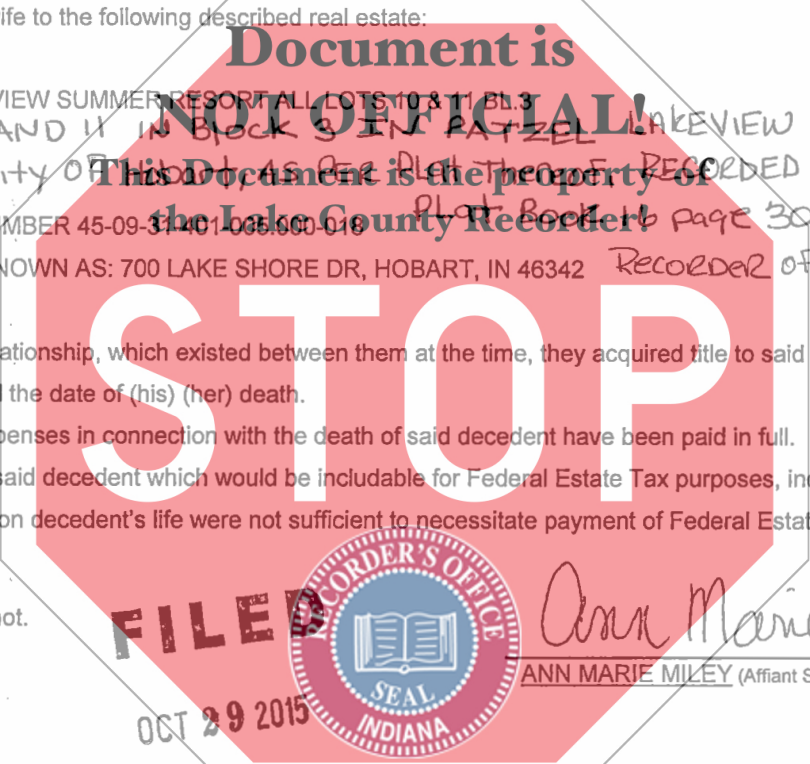
SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA )
COUNTY OF LAKE ) SS:

ANN MARIE MILEY, being first duly sworn upon oath, deposes and says:

- 1. That JOHN LESLIE MILEY died on FEBRUARY 27 2015 at PORTAGE, IN (City/State)
2. That JOHN LESLIE MILEY and ANN MARIE MILEY were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

PATZEL LAKEVIEW SUMMER RESORT ALL LOTS 10 & 11 BL. 3
LOTS 10 AND 11 IN BLOCK 3 IN PATZEL LAKEVIEW SUMMER RESORT,
IN THE CITY OF HOBART, AS PER PLAT THEREOF RECORDED MARCH 18 1992 IN
PROPERTY NUMBER 45-09-37-101-00500-010 Plat Book 6 page 30, in the Office of the
COMMONLY KNOWN AS: 700 LAKE SHORE DR, HOBART, IN 46342 Recorder of Lake County, Indiana.



STATE OF INDIANA
LAKE COUNTY
FILED IN RECORD
2015 OCT 29 AM 11:31
MICHAEL B. BROWN
Recorder

- 3. That the martial relationship, which existed between them at the time, they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

FILED
SEAL
INDIANA
ANN MARIE MILEY (Affiant Signature)

STATE OF INDIANA )
COUNTY OF LAKE ) JOHN E. PETALAS
LAKE COUNTY AUDITOR

05078

Before me, a Notary Public in and for said County and State, personally appeared ANN MARIE MILEY who acknowledged the execution of the foregoing instrument, and who, having being duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 29 day of October, 2015.

Resident of Lake County, Indiana Signature Laura Mercado
My Commission Expires: 10-24-2017 Printed Laura Mercado

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. Ann Marie Miley (Name)

This Instrument prepared by Self Prepared

14-
CS
V. W. C.
SS



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 000232

EDR No 00000435613

State No 010280

1. Decedent's Legal Name (First, Middle, Last) JOHN LESLIE MILEY
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 08:07 PM
4. Date Of Death (Month/Day/Year) 02/27/2015

5. Social Security Number [REDACTED]
6a. Age - Yrs 53
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 07/05/1961
8. Birthplace (City and State or Foreign Country) HAMMOND, IN

9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital
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) PORTAGE PORTER CAMPUS

12. City Or Town, State, And Zip Code PORTAGE, IN, 46368
13. County Of Death PORTER
14. Marital Status At Time Of Death
Married
Married, But Separated
Divorced
Widowed
Never Married
Unknown

15. Surviving Spouse's Name ANN MARIE MILEY
15a. (If Wife) Give Maiden Last Name MINARD
16. Decedent's Usual Occupation MILLEWRIGHT
17. Kind Of Business/Industry MILL

18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town HOBART

18c. Street And Number 700 NORTH LAKE SHORE DRIVE
18d. Apt. No.
18e. Zip Code 46342
18f. Inside City Limits? Yes

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) WILLIAM C MILEY
23. Mother's Name (First, Middle, Last) ISABEL MILEY
23a. Mother's Maiden Last Name CARTWRIGHT

24. Informant's Name ANN MARIE MILEY
24a. Relationship To Decedent WIFE
24b. Mailing Address (Street, Apt. Number, City, State, Zip Code) 700 NORTH LAKE SHORE DRIVE, HOBART, IN 46342
24c. Informant's Address (Street, Apt. Number, City, State, Zip Code)

25a. Method Of Disposition
Burial
Cremation
Donation
Entombment
Removal From State
Other (Specify)
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) KRAFT FUNERAL SERVICES AND CREMATORY
25c. Location - City, Town, And State HOBART, IN

26. Was Coroner Contacted? Yes
27. Name And Complete Address Of Funeral Facility KRAFT FUNERAL SERVICES & CREMATORY, 370 NORTH COUNTY LINE ROAD, HOBART, IN 46342
27a. Funeral Home License Number FH10000005

27b. Signature Of Indiana Funeral Service Licensee RUSSELL A KRAET, BY ELECTRONIC SIGNATURE
27c. License Number Of Licensee FD29300105

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. COCAINE TOXICITY
Cause Of Death (See Instructions And Examples)
Approximate Interval - Onset To Death MINUTES
Sequitally 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. OBESITY
YEARS

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. HYDROCODONE IN A THERAPEUTIC LEVEL
29. Was An Autopsy Performed? Yes
30. Were Autopsy Findings Available To Complete This Cause Of Death? Yes

31. Did Tobacco Use Contribute To Death?
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) 02/27/2015
35. Time Of Injury Unknown
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) HOSPITAL
37. Injury At Work? No

38. Location Of Injury - State INDIANA
38a. City Or Town PORTAGE
38b. Street & Number 3630 WILLOWCREEK ROAD
38c. Apt. No.
38d. Zip Code 46368

39. Describe How Injury Occurred CONSUMPTION OF COCAINE AND HYDROCODONE
40. If Transportation Injury, Specify
Auto/Truck
Bicycle
Boat
Other (Specify)

41. Signature Of Person Certifying Cause Of Death CHARLES F HARRIS, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
Certifying Physician
Coroner
Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death CHARLES F HARRIS, 155 INDIANA AVENUE, SUITE 101, VALPARAISO, IN 46383
44. License Number CORONER-64
45. Date Certified 04/01/2015

46. Additional Funeral Service Provider
47. Atas APR 01 2015
48. Signature Of Local Health Officer WARRI'L STAMP, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year) APR 01 2015

51. Cause A: DEFERRED PENDING FURTHER INVESTIGATION
51. Cause B:
52. Street Type
53. Interval A
53. Interval B
54. NO
55. Building