2015 088497

2015 DEC 30 PM 3: 40

MICHAEL B. BROWN RECORDER

AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA)) SS:		
COUNTY OF LAKE) 33.		
Ann Marie Miley, after bei	ing first duly sworn upon oath, h	ereby deposes and states as	follows:
1. That John Leslie M	filey died on February 27, 2015,	at Portage, Indiana.	
	iley and <u>John Leslie Miley</u> were as husband and wife to the follow	, , ,	t the time
	ock 3 in Patzel Lakeview Summer Rese 1924 in Plat Book 16 Page 30, in the of		
APN: 45-09-31-401-	-005-000-018		
	ationship which existed between ained in effect and unbroken unt		ired title to
purposes, including	ts of said decedent which would g joint bank accounts and life inst itate payment of Federal Estate T	urance on decedent's life we	
Decaldine 7	'n	23 <u>ఆ</u> day of November, 201	.5.
ŇOTĀRÝ PÚBLIC			
My Commission Expires:	07-20-2019		E F ELMAN
County of Residence:	LAKE	State of	/ Public L-L f Indiana kpires Feb. 20, 2019
This Instrument prepared b	y: Ann Marie Miley		23881
"I AFFIRM, UNDER THE PENAPERURY THAT I HAVE TAKEN ABLE CARE TO REDACT EAR SECURITY NUMBER IN THIS I UNLESS REQUIRED BY LAW." PREPARED BY: 1000 P. M. C.	ch social bocument,	JOHN E. PETA LAKE COUNTY AU AMOUNT \$ CASH CHARGE _ CHECK # / OVERAGE 2	0/

COPY _____ NON - COM . CLERK ____



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Local No 00023	2	EDR No OC				State No	<u>0102</u>	80		
1. Decedent's Legal Name (First, Middle, Last)		1a. Maide	en Name (If female)	. 1	2. Sex	3. Time	Of Death	4. Date Of	Death (Month/Day	ıy/Year)
JOHN LESLIE MILEY				·	MA		07_PM		2/27/2015	
5. Social Security Number 6a. Age - Yrs 6b. Un	ider 1 Year 6c. Under 1	Month 6d. Under 1	Day 6e, Under	1 Hour 7. Date	of Birth (Mo	nth/Day/Year) 8.	Birthplace (City	y and State or	Foreign Country)	
53 Months	,	Hours	Minutes		07/05/1		IAMMONE), IN		
9. Ever in U.S. Armed Forces? 10. If Death Occurr	red In A Hospital:		10a, If De ☐ Hospid	ath Occurred Som e Facility	ewhere Other Decedent's Ho		Home/Long-terr	n Care Facility	1	
	mergency Department Outp	patient Dead on	Arrival Other	Specify)						
11. Facility Name (If Not Institution, Give Street and Nu PORTAGE PORTER CAMPUS	mber)									
12. City Or Town, State, And Zip Code			13.	County Of Death			14. Marital Sta	itus At Time O	f Death	
DODTAGE IN 40000			DO	RTER			Married			Divorced
PORTAGE, IN, 46368 15. Surviving Spouse's Name		15a. (If Wife)Give	Maiden Last Name	KIEK	16. Deced	ent's Usual Occupat		_	f Business/Industr	
AND MARKET										
ANN MARIE MILEY 18. Residence - State	18a. County	MINARD	18b. C	ty Or Town	MILLWF	RIGHT		MILL		
INDIANA	LAKE		LIODA	DT						
18c. Street And Number	LAKE		HOBA	ıK I		18d. Apt. No.	18e. Zip	Code	18f. Inside City	Limits?
700 NORTH LAKE SHORE DRIVE									⊠ Yes 🗀	No
19. Decedent's Education	20. Decedent Of	Hispanic Origin		21. Decedent's	s Race		46	342]		
HIGH SCHOOL GRADUATE OR GE	D									
22. Father's Name (First, Middle, Last)	NOT HISPA	INIC	23. Mother	White s Name (First, Mid	dle, Last)		23a, I	Mother's Maide	en Last Name	
WIŁLIAM C MILEY 24. Informant's Name	24a, Relation	nship To Decedent	. ISABEL		And Number.	City, State, Zip Cod	CAR	TWRIGH	T	
ANN MARIE MILEY	WIFE			,		DRIVE, HOB	-,	22.42		
	IVVII	2	25. Place Of Disposi		SHOKE	DRIVE, HODA	AK1, IN 40	0342		
25a. Method Of Disposition Burial Coremation Donation Entombmen	25b. Place Of Disposition	on (Name Of Cemete	ery, Crematory, Othe	er Place) 25c. L	ocation - City	, Town, And State				
Removal From State	KRAFT FUNER	AL SERVICE	SAND							
Other (Specify): 26. Was Coroner Contacted? 27. Name A	CREMATORY nd Complete Address Of Fu	uneral Escility		HOE	BART, IN			27a Funor	al Home License I	Number
VDAET I	FUNERAL SERVI		ATORY, 370	NORTH CO	DUNTY L	INE ROAD. H	HOBART.	Z/a. Pullel	al Hottle Dicetize t	Number.
								FH1000	0005	
RUSSELL A KRAFT, BY ELECTRO	NIC SIGNATURE					7c. License Number D29300105	(Of Licensee):			
Part I. Enter The <u>Chain Of Events</u> - Diseases Such As Cardiac Arrest, Respiratory Arrest, Or Ve A Line. Add Additinal Lines if Necessary.	, Injuries, Or Complication entricular Fibrillation Witho		n (See Instruction aused The Death. iology. Do Not Abb			s se On			Approxima Interval: O To Death	
Immediate Cause (Final Disease Or Condition Re	sulting In Death)	A. COCAINE TO	XICITY						MINUTES	
Due to (Or As A Consequence Of):										
Sequentially List Conditions, If Any, Leading To T Line A. Enter The Underlying Cause (Disease Or	he Cause Listed On Injury That Initiated	B. <u>OBESITY</u>		Due to (Or	As A Consequence	e Oŋ:			YEARS	
The Events Resulting In Death) Last		c		Die to (Co	As A Consequence	- 00:				
·		D.		Due to (Cr	As A Consequence	e Oij.				
Part II. Enter Other Significant Conditions Contributing to	Death But Not Resulting In		se Givin In Part I	29. Wa	s An Autopsy	Performed?	⊠ Yes	 □ No		
HYDROCODONE IN A THERAPEUTIC LEVEL			`	30. We	re Autopsy Fi	nding Available To C			n? ⊠ Yes □	 П No
	32. If Female: Not Pregnant Within Past Year					33. Manner Of D		A 1 d	Pending Investiga	-1'
☐ Yes ☐ Probably ☐ No ☒ Unknown	Not Pregnant, But Pregnant 43	_	=	regnant Within The Pas		Suicide (Pending investiga	ation
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36	3. Place Of Injury (E	.G., Decedent's H	ome, Constru	ction Site, Restaurar	nt, Wooded Are	. 1	Injury At Work?	
02/27/2015 38. Location Of Injury - State	Unknow 38a. City Or Town		HOSPITAL □ Yes ☒ No 38b. Street & Number 38c. Apt. No. 38d. Zip Code						NO	
	•	3	BD. Street & Numb	er .			38c. Apt. N	10. 380.	. Zip Code	
INDIANA 39. Describe How Injury Occurred	PORTAGE	36	30 WILLOW	CREEK RO	AD	40 If Tennened	ation Injury Sec	463		
CONSUMPTION OF COCAINE AND HYDROCODO	NE.					40. If Transports	Passenger P	edestrian Othe	er (Specify)	
41. Signature, Of Person Certifying Cause Of Death:				· _		Tifier (Check Only C	One)			
CHARLES F HARRIS, BY ELECTRO 43. Name, Address And Zip Code Of Person Certifying (_ Ce	rtifying Physician 44. Licens			leath Officer Date Certified	
CHARLES E HARRIS 455 INDIANA	A AVENUE OUT	E 404 VALDA	DAICO IN A	0000		00001	JED 04		04/04/004/	_
CHARLES F HARRIS , 155 INDIANA 46. Additional Funeral Service Provider:	AVENUE, SUIT	L TO I, VALPA	KAIOU, IN 4	0303		CORON 47. *Akas			04/01/2015	ט
48. Signature of Local Health Officer:					49. For Re	egistrar Only - Date	e Filed (Month/	Day/Year)		
MARIA L STAMP, VIA ELECTRONIC	SIGNATURE					g.c., c. Oliny - Date	APR 01 2			
		IDMENT TO CERTI	FICATE OF DEA	H (ENTRY OR	ORIGINAL)					
28I-Cause A: DEFERRED PENDING FURTHER INVE 28I-Cause B:	STIGATION		39: 38b-Str	eet Type:		-				
1 34:				rval A:						
NO 38b-Building:			37:	- 101 A						
										1