

SURVIVORSHIP AFFIDAVIT

2016 039276

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 21st day of June, 2016 before me personally appeared EDWARD E. BRADBURY, who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate and is familiar with said previous owners located in LAKE County, State of Indiana, more particularly described as follows:

THE EAST TEN ACRES OF THE NORTHEAST QUARTER (1/4) OF THE SOUTHWEST QUARTER (1/4) EXCEPT THE EAST 120 FEET OF THE SOUTH HALF (1/2) LOCATED IN SECTION 13, TOWNSHIP 33 N, RANGE 9 W., OF THE 2ND P.M., LAKE COUNTY, INDIANA. COMMONLY KNOWN AS 5608 WEST 171ST AVENUE, LOWELL, INDIANA 46356.

Key No.: 45-19-13-327-002.000-007

Commonly known as: 5608 W. 171ST AVE, LOWELL, IN 46356

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 JUN 24 AM 10:34
MELISSA B. BROWN
RECORDER

2. That said premises were formerly owned as LAWRENCE J. MILLER AND IRMA M. MILLER, husband and wife as tenants by the entireties.

3. That said LAWRENCE J. MILLER (who predeceased his wife, Irma M. Miller aka Irma Miller) died on November 10, 2005, Indiana, a copy of the death certificate is attached hereto.

4. That Irma M. Miller aka Irma Miller on April 22, 1998 deeded said above property to Irma Miller aka Irma M. Miller, as Trustee under the provisions of the Miller Living Trust dated March 31, 1998 as Document No. 98028242.

5. That Irma M. Miller aka Irma Miller, as Trustee of the Miller Living Trust deeded said above property to Kristyn McCue on February 6, 2003 as Document No. 2003-013881.

6. That Kristyn McCue deeded said above property to Edward E. Bradbury and Elaine L. Bradbury, husband and wife on August 4, 2009 as Document No. 2009 053749.

FURTHER AFFIANT SAITH NOT.

Edward E. Bradbury
EDWARD BRADBURY

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

FILED

JUN 24 2016

Before me, the undersigned, a Notary Public in and for said County and State, this day of June, 2016 personally appeared EDWARD BRADBURY and acknowledged the execution of the foregoing affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

SUSAN M. DOWNING
NOTARY PUBLIC

[Signature]
Notary Public

LAKE COUNTY, STATE OF INDIANA
My Commission Expires APRIL 10, 2023
County of Residence:

23770

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.

This Instrument Prepared By: RICHARD A. ZUNICA, Attorney at Law, 162 Washington Street, Lowell IN 46356
FILE NO. 16-22169

AMOUNT \$ 14.00
CASH _____ CHARGE _____
CHECK # 2966
OVERAGE _____
COPY _____
NON-COM X
CLERK JS

85 039926

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DATE OF DEATH (MONTH DAY YEAR)
November 1, 1985

SEX
Male

DATE OF BIRTH (MO. DAY YR.)
5-14-1910

COUNTY OF DEATH
Lake

DECEASED - NAME
Lawrence J. Miller

UNDER 1 YEAR: HOURS DAYS WEEKS MONTHS YEARS

HOSPITAL OR OTHER INSTITUTION

CITY, TOWN OR LOCATION OF DEATH
Lowell

CITIZEN OF WHAT COUNTRY
USA

STATE OF BIRTH
Indiana

RESIDENCE - STATE
Indiana

RESIDENCE - COUNTY
Lake

STREET AND NUMBER
5608 W. 171st Ave.

IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN HOME RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS

CAUSE

7a IF HOSP OR INST (Specify DOA)
7b WAS DECEASED EVER IN U.S. ARMED FORCES?
7c MARRIED, NEVER MARRIED, WIDOWED, DIVORCED

7d SURVIVING SPOUSE (in whole or part) (Specify name)

7e USUAL OCCUPATION (Specify kind of work)

7f IS RESIDENCE ON A FARM?
7g INSIDE CITY LIMITS (Specify street name and no.)

7h FATHER - NATIVE
7i MOTHER - NATIVE

7j RELATIONSHIP
7k BIRTH OR CREATION, REMOVAL FROM BIRTH RECORD

7l DATE (MONTH DAY YEAR)
7m NAME OF ATTENDING PHYSICIAN (Type or Print)

7n MAILING ADDRESS - PHYSICIAN
7o HEALTH OFFICER - SIGNATURE

7p DATE RECEIVED BY LOCAL HEALTH OFFICER
7q INTERMENT (Specify date and place)

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TYPE OR PRINT PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD
Below for State Office Use

A
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FUNERAL HOME LICENSE No. 427

FUNERAL DIRECTORS LICENSE No. 2258

FUNERAL DIRECTORS LICENSE No. 2258

EMBALMERS NAME
James Love

SIGNATURE
James Love

SBH 06-003 State Form 35-430
REV. 10/77