

STATE OF IN  
LAKE COU  
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2016 053590

2016 AUG -5 AM 9:06

MICHAEL B. BROWN  
RECORDER

2 STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

AFFIDAVIT

**RONALD J. MILLER II**, being first duly sworn upon his oath, deposes and says:

1. That RONALD J. MILLER died on March 12, 2016, a resident of Lake County, State of Indiana. A certified copy of his death certificate is attached hereto as "Exhibit A."
2. That at the time of his death, RONALD J. MILLER was the Trustee of the RONALD J. MILLER Declaration of Trust dated July 29, 2011.
3. That the RONALD J. MILLER Declaration of Trust dated July 29, 2011, is the owner of the real estate legally described as follows:

All Lot 22 in Lincoln Gardens Addition to the Town of Mezzallville, Indiana, as per Plat thereof recorded in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 3424 W. 80th Place, Mezzallville, IN 46410  
Key No. 45-12-19-278-016.000-030

4. That the undersigned is the named Successor Trustee of said RONALD J. MILLER Declaration of Trust dated July 29, 2011.
5. That **RONALD J. MILLER II** became the Trustee of said Trust and accepted his appointment as Trustee at the time of the death of RONALD J. MILLER.



*Ronald J. Miller II*  
RONALD J. MILLER II

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 1st day of July, 2016.

My commission expires: 11-9-2016  
Resident of LAKE County.

GLADYS ESCOBEDO  
Notary Public  
State of Indiana  
My Commission Expires Nov 9, 2016  
*G. Escobedo*  
Gladys Escobedo, Notary Public

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. Thomas L. Kirsch.

GRANTEE'S ADDRESS: 5681 N. Stahl Road, Monon, IN 47957  
PREPARED BY and MAIL TO: Thomas L. Kirsch, 131 Ridge Road, Munster, IN 46321

**FILED** 014358

AUG 03 2016

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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31695  
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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 82975

Local No 000877

EDR No 00000501156

State No 012287

1. Decedent's Legal Name (First, Middle, Last) <b>RONALD JAMES MILLER</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>08:47 PM</b>	4. Date Of Death (Month/Day/Year) <b>03/12/2016</b>	
5. Social Security Number		6a. Age - Yrs <b>85</b>	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) <b>06/02/1930</b>		8. Birthplace (City and State or Foreign Country) <b>HAMMOND, IN</b>
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) <b>WILLIAM J RILEY RESIDENCE</b>									
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>					13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>SWITCHMAN</b>		17. Kind Of Business/Industry <b>RAILROAD</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>			18b. City Or Town <b>MUNSTER</b>		18d. Apt. No.	18e. Zip Code <b>46321</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number <b>8505 MORAIN AVENUE</b>									
19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>FERDINAND MILLER</b>				23. Mother's Name (First, Middle, Last) <b>ELIZABETH MILLER</b>			23a. Mother's Maiden Last Name <b>NOLAN</b>		
24. Informant's Name <b>RONALD J MILLER II</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>5681 NORTH STAHL ROAD, MONON, IN 47959</b>					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>ELMWOOD CEMETERY</b>			25c. Location - City, Town, And State <b>HAMMOND, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321</b>						27a. Funeral Home License Number: <b>FH83004968</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>BRIAN T. BURNS, BY ELECTRONIC SIGNATURE</b>				27c. License Number (Of Licensee): <b>FD03601763</b>		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. <b>SYSTOLIC CONGESTIVE HEART FAILURE AND CHRONIC ISCHEMIC HEART DISEASE</b> Due to (Or As A Consequence Of)							
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. _____ Due to (Or As A Consequence Of)							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <b>LYLE R MUNN, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383</b>						44. License Number <b>01031582A</b>		45. Date Certified <b>03/15/2016</b>	
46. Additional Funeral Service Provider:						47. *As:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAR 16 2016</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
EXHIBIT <u>    A    </u>									



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
APPROXIMATE INTERVAL: ONSET TO DEATH  
**MAR 17 2016**  
Susan W. Best, M.D.  
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

