

GINA PIMENTEL
RECORDER

2021-068970

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

8:55 AM 2021 Nov 28

Return Recorded Instrument to:
Mr. Richard C. Miller, Jr.
1512 N. Broad St.
Griffith, IN 46319

STATE OF INDIANA)
COUNTY OF LAKE)

PARCEL NO. 45-07-35-358-020.000-007

SS:

AFFIDAVIT OF CERTIFICATION OF TRUST

RICHARD C. MILLER, JR. who resides at: 1512 N. Broad St., Griffith, Lake County, Indiana 46319, being sworn upon oath, states and certifies that:

1. He is the duly appointed and acting surviving Trustee to the HELEN F. MILLER REVOCABLE TRUST Dated July 8, 1993.
2. The HELEN F. MILLER REVOCABLE TRUST Dated July 8, 1993 was amended by First Amendment Dated March 2, 2021, and that said Trust is in existence and is in full force and effect and was not revoked before the death of HELEN F. MILLER, surviving Settlor/Grantor.
3. The original Trustee and Settlor/Grantor, died June 26, 2021, as evidenced by the redacted copy of her death certificate attached hereto and made a part hereof, marked as Exhibit "A".
4. That the Settlor/Grantor, HELEN F. MILLER, prior to her demise, executed a First

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

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Amendment to her Trust on March 2, 2021 wherein she appointed RICHARD C. MILLER, JR. to act as Co-Trustee with her during her life.

5. At the death of HELEN F. MILLER, the HELEN F. MILLER REVOCABLE TRUST Dated July 8, 1993, as amended, was the owner of the following described real estate:

LOTS ONE (1) AND TWO (2), BLOCK 14, WOODLAWN ADDITION TO GRIFFITH, AS SHOWN IN PLAT BOOK 21, PAGE 15, IN LAKE COUNTY, INDIANA.

Commonly known as: **101 W. Columbia
Griffith, IN 46319**

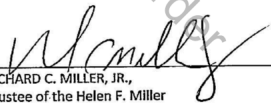
6. That under the terms of the Trust and First Amendment thereto, RICHARD C. MILLER, JR., continued to act as the sole surviving Trustee following the death of HELEN F. MILLER, Co-Trustee/Settlor/Grantor/original Trustee.

7. That the powers granted to the Trustee by the original Deed in Trust executed by HELEN F. MILLER, on October 7, 2020, conveying title to HELEN F. MILLER, Trustee of the Helen F. Miller Revocable Trust dated July 8, 1993, and the Trust Agreement, as amended, do include the power to convey real estate and complete the sale or transfer of said property.

8. The undersigned makes this Affidavit of Certification of Trust for the purposes of showing current status of the HELEN F. MILLER REVOCABLE TRUST Dated July 8, 1993, further showing that the Trustee has been acting as the sole surviving Trustee since June 26, 2021, the date of death of HELEN F. MILLER, surviving original Trustee, and showing that the undersigned Trustee has the right to act for and on behalf of the Trust.

9. That all interest in the property transferred is a result of the death of HELEN F. MILLER pursuant to the terms of said trust and/or first amendment thereto.

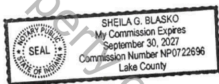
IN WITNESS WHEREOF, I have executed this Affidavit of Certification of Trust on this
18th day of November, 2021.


RICHARD C. MILLER, JR.,
Trustee of the Helen F. Miller
Revocable Trust Dated July 8, 1993

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, on this 18th day of November, 2021, personally appeared RICHARD C. MILLER, JR., Trustee of the Helen F. Miller Revocable Trust Dated July 8, 1993, and acknowledged the execution of the foregoing Affidavit of Certification of Trust as his voluntary act for the purposes stated therein.



Sheila G. Blasko

Notary Public Signature

Property of Lake County Recorder

THIS INSTRUMENT PREPARED BY:
Michael D. Dobosz, Attorney (#14539-45)
HILBRICH CUNNINGHAM DOBOSZ VINOVIK & SANDOVAL, LLP
2637 - 45th Street, Highland, Indiana 46322
PH: (219) 924-2427 * FAX: (219) 924-2481

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.
Michael D. Dobosz, Attorney at Law

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Whereby all men and boys are bound to have religion in their hearts and to be true to the laws of the State of Indiana. D. D. Bross, 1877
Tracking No. 264751

CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last) Helen F Miller		11. Maiden Name (If Female) Broschart		2. Gender Female		3. Time of Death 09:14 AM		4. Date of Death (Month/Day/Year) 06/28/2021							
5. Social Security Number 90		6a. Age - Yrs 90		6b. Under 1 Year Months Days		6c. Under 1 Month Hours Minutes		7. Date of Birth (Month/Day/Year) 12/06/1930		8. Birthplace (City and State or Foreign Country) Gary, Indiana					
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Other (Specify)											
11. Facility Name (If Not Institution, Give Street and Number) 615 N Jay Street															
12. City Or Town, State, And Zip Code Griffith, Indiana 46319				13. County Of Death Lake				14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown							
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Nurse		17. Kind Of Business/Industry Medical					
18. Residence - State IN				18a. County Lake				18b. City Or Town Griffith		18d. Apt. No.		18e. Zip Code 46319		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19c. Street And Number 615 N Jay Street				20. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)				20a. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) Carl Broschart				23. Parent's Name (First, Middle, Last) Ann Broschart				23a. Parent's Last Name Before First Marriage Wayda							
24. Informant's Name Richard Miller Jr.				24a. Relationship To Decedent Son				24b. Mailing Address (Street And Number, City, State, Zip Code) 314 SW 38th Court, Griffith, IN, 46319							
25. Place Of Disposition															
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) Evergreen Cemetery				25c. Location - City, Town, And State Hobart, IN							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility White Funeral Home & Cremation Service 921 West 45th Avenue, Griffith, Indiana, 46319				27a. Funeral Home Licensed Number FH10500026							
27b. Signature Of Indiana Funeral Service Licensee: <i>Rory White</i>				Electronically Signed				27c. License Number Of Licensee FD09700988							
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venous Thrombolism Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Immediate Cause (Final Disease Or Condition Resulting In Death)												Approximate Interval: Onset To Death			
A. PANCREATIC CANCER WITH METASTASIS TO LIVER, LUNGS,										28 MONTHS					
B. LEFT ADRENAL WITH PLEURAL EFFUSION AND ASCITES										26 MONTHS					
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															
C. _____															
D. _____															
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I															
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"/> Her pregnancy led to the death <input type="checkbox"/> Her pregnancy led to the death but not the cause of death				33. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Possible <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				39a. Apt. No.				39c. 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			
41. Signature, Of Person Certifying Cause Of Death: <i>Lyle R Munn</i>				Electronically Signed				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certified Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Other							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lyle R Munn 600 Superior Avenue, Munster, IN 46321				44. Date 0106/28/2021				45. Time 09:28:2021							
46. Additional Funeral Service Provider:				47. Registrar				48. Signature of Local Health Officer: <i>Chandra Vertella</i>				49. For Registrar Only			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)															