

GINA PIMENTEL
RECORDER

2021-070564

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

9:43 AM 2021 Dec 7

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

Parcel No.: 45-12-33-305-001.000-029

On this 3rd day of December, 2021 before me personally appeared Patrick M. Miller, to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below Affiant's signature;
- 2. Affiant is Patrick M. Miller, who is the owner of said real property/premises;
- 3. Said premises is described as follows (legal description):

LOT 54 IN INDIAN RIDGE ADDITION, UNIT #1, TO THE CITY OF CROWN POINT, AS RECORDED IN PLAT THEREOF IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, AS SHOWN IN PLAT BOOK 46 PAGE 141.

Commonly known as: 9900 Merrillville Road, Crown Point, IN 46307

- 4. Said property is/was formerly owned by Patrick M. Miller and Maureen Miller, Husband and Wife.
- 5. Said Maureen Miller deceased on October 4, 2021, and is survived by her husband, Patrick M. Miller; the parties were married on October 29, 1997 and remained married on the date of death of Maureen Miller. See attached Death Certificate.
- 6. The purpose of this Affidavit is to remove the name of said deceased spouse, Maureen Miller, as owner of said property.

Affiant's Signature: *Patrick M. Miller*

Name Printed: Patrick M. Miller

Address: 9900 Merrillville Road

Crown Point, Indiana 46307

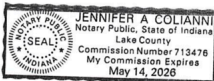
Phone #: (219) 805 - 0615

Subscribed and sworn before me by the Affiant this 3rd day of December, 2021.

My Commission expires: 5-14-26

County of residence: LAKE

Jennifer A. Colianni
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."

Prepared by: AA

This instrument prepared by: Andrew Flores, Atty No. 35012-45, Paul Rossi Law, 1601 Northview Drive, Lowell, Indiana 46356; (219) 690-1200 Office

FILED

DEC 07 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25-
9819
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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 004003

EDR No. 00001176012

State No. 2021-056859

1. Decedent's Legal Name (First, Middle, Last) Maureen T. Miller			11a. Maiden Name (if female) Hallinan			2. Gender Female		3. Time Of Death 12:15 PM		4. Date Of Death (Month/Day/Year) 10/04/2021	
5. Social Security Number [REDACTED]		6a. Age - Yrs 70		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) 10/08/1950						8. Birthplace (City and State or Foreign Country) Chicago, Illinois					
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 checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus											
12. City Or Town, State, And Zip Code Merrillville, Indiana 46410						13. County Of Death Lake			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name Patrick Miller				15a. Last Name Before First Marriage Miller				16. Decedent's Usual Occupation Agent		17. Kind Of Business/Industry Real Estate	
19. Residence - State IN		18a. County Lake		18b. City Or Town Crown Point		18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 9900 Merrillville Road		19. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White		18f. Apt. No.		18e. Zip Code	
22. Parent's Name (First, Middle, Last) Patrick Hallinan				23. Parent's Name (First, Middle, Last) Eileen Hallinan				23a. Parent's Last Name Before First Marriage Manthe			
24. Informant's Name Patrick Miller				24a. Relationship To Decedent Husband				24b. Mailing Address (Street And Number, City, State, Zip Code) 9900 Merrillville Road, Crown Point, IN, 46307			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) Catomet Wilbert Crematory				25c. Location - City, Town, And State Crown Point, IN							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input 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 License Number FH10600026			
27b. Signature Of Indiana Funeral Service Licensee Gary White						27c. License Number (Of Licensee) FD08700086					
28. Part I. Enter The <u>Cause Of Events</u> - 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 Or Line A. Add Additional Lines If Necessary.											
Immediate Cause (Final Disease Or Condition Resulting In Death)											
A. Cardio Respiratory Failure Date In DD/MM/YY (Maximum 06)											
B. Sepsis Date In DD/MM/YY (Maximum 06)											
C. Complicated UTI Date In DD/MM/YY (Maximum 06)											
D.											
Sequential 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											
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 type="checkbox"/> No						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Acute Kidney Injury, Metabolic Acidosis, Hypertension, Peripheral Arterial disease											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input 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"/> 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 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"/> Other (Specify)											
41. Signatures, Of Person Certifying Cause Of Death - <i>Clear & Legible</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death Ujor Uoe Eko 600 Grant Street, Gary, IN 46402						44. License Number 01065548A			43. State Certified 10/11/2021		
46. Signature of Local Health Officer: <i>Chandana V Arivudala</i>						47. Date: OCT 12 2021			48. For Registrar Only - Date Filed (Month/Day/Year) 10/12/2021		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											
LAKE COUNTY HEALTH OFFICER											