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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER.

MAY 31 1991

IN THE MATTER OF )  
 )  
PETER J. RONDO, )  
 )  
DECEASED. )

*Anna N. Antone*  
AUDITOR LAKE COUNTY

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

DEBRA THOMAS., being duly sworn upon her oath, deposes and states as follows:

1. PETER J. RONDO, the above-named decedent, died intestate on the 21st day of December, 1984, while residing in Lake County, Indiana.

2. No petition for appointment of a personal representative is pending in any court in this state and forty-five days have elapsed since the death of the decedent.

3. The affiant is the only heir of the decedent:

→ DEBRA THOMAS, Adult Daughter  
1008 Clinton  
Gary, IN 46406  
tax mailing address

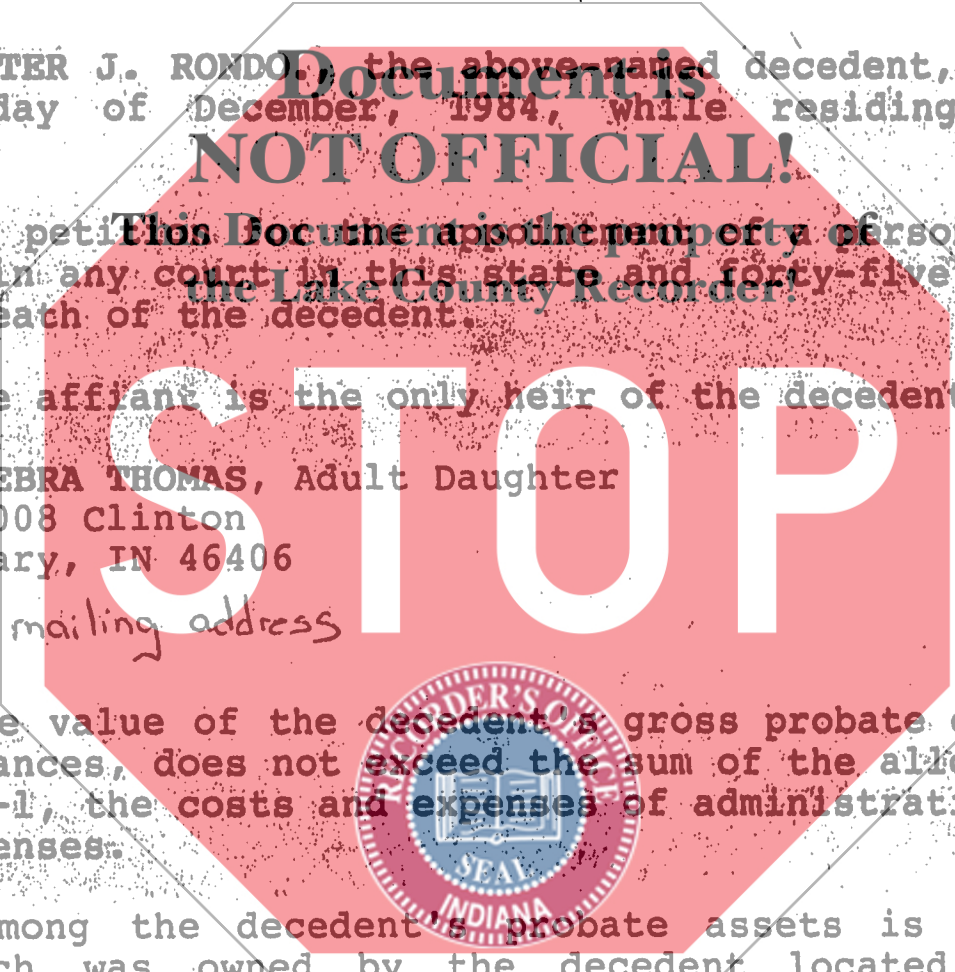
4. The value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by I.C. 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses.

5. Among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

Lot "A", except the North 50 foot thereof and the North 25 feet of Lot "B" in Krieger Heights, in the City of Gary, as per Plat thereof, recorded in Plat Book 25, page 36 in the Office of the Recorder of Lake County, Indiana;

Commonly known as 1008 Clinton Street.  
KEY # 45-395-14.

6. There are no creditors of the estate.



RECORDED  
MAY 31 10 04 AM '91

STATE OF INDIANA/S.S.N.D.  
LAKE COUNTY  
RECORDED FOR RECORD



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7. The individual entitled to the real estate as a result of the decedent's death is the decedent's heir at law as provided under Indiana laws of intestate succession:

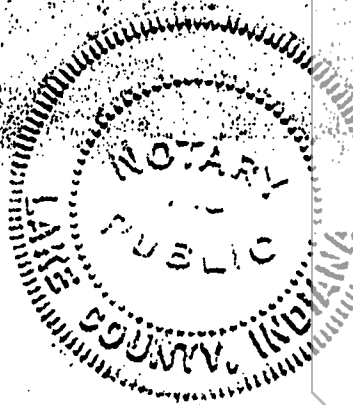
DEBRA THOMAS, Adult Daughter  
1008 Clinton Street  
Gary, IN 46406

8. The gross value of the estate of the decedent, PETER J. RONDO as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return and the decedent's estate was not subject to a Federal Estate tax or Indiana Inheritance tax.

*Debra Thomas*  
DEBRA THOMAS, Affiant

Document is **NOT OFFICIAL!**

Subscribed and sworn to before me, Notary Public, this 30th day of May, 1991.  
This Document is the property of the Lake County Recorder!



*William C. Jones*  
NOTARY PUBLIC

WILLIAM C. JONES  
NOTARY PUBLIC STATE OF INDIANA  
LAKE COUNTY  
MY COMMISSION EXP. MAR. 4 1994

THIS INSTRUMENT WAS PREPARED BY ATTORNEY WILLIAM C. JONES

PRINT  
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Office Use

LICENSE No. 676

FUNERAL DIRECTORS LICENSE No. 2172

EMBALMER'S NAME: Moran Thompson

FUNERAL DIRECTOR'S SIGNATURE

320  
69 1456

Local No. \_\_\_\_\_

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Krieger Heights  
S. 25th LA  
N. 25th H. B.  
State No. Key # 45-395-14  
Unit # 25

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <b>Nola Iris Rondo</b>					Female	October 14, 1969
2. RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR NOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. <b>Negro</b>	So. <b>47</b>	Mo. <b>17</b>	Da. <b>17</b>	<b>Nov. 24 1921</b>	<b>Lake</b>	
3. CITY, TOWN, OR LOCATION OF DEATH		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. <b>Gary</b>		7c. <b>Yes</b>		7d. <b>Methodist Hospital</b>		
STATE OF BIRTH (IF NOT IN U.S.A.)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. <b>Indiana</b>		9. <b>U.S.A.</b>		10. <b>Peter Rondo</b>		
SOCIAL SECURITY NUMBER		11. OCCUPATION (SPECIFY KIND OF WORK DONE DURING MOST OF WORKING HOURS (IF RETIRED))		KIND OF BUSINESS OR INDUSTRY		
12. <b>312-18-7045</b>		13a. <b>HOUSEWIFE</b>		13b. _____		
12. RESIDENCE—STATE		13c. CITY, TOWN, OR LOCATION		13d. INSIDE CITY LIMITS (SPECIFY YES OR NO)		13e. TOWNSHIP
14a. <b>Indiana</b>		14b. <b>Lake</b>		14c. <b>Gary</b>		14d. <b>Calumet</b>
STREET AND NUMBER		14e. RESIDENCE IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		14f. IS RESIDENCE ON A FARM?		
14i. <b>1008 Clinton Street</b>		14e. <b>No</b>		14f. <b>No</b>		

PARENTS		FATHER—NAME	FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST
15. <b>Willard (M) Williams</b>		16. <b>Nico (M) Adams</b>							
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. <b>Peter Rondo</b>		17b. <b>Husband</b>		17c. <b>1008 Clinton Street Gary, Indiana</b>					

PART I. DEATH WAS CAUSED BY.		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) <b>Myocardial Infarction</b>		<b>Acute</b>	
CONDITION, IF ANY, WHICH CONTRIBUTED TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) <b>Coronary Insufficiency</b>			
		(c) <b>Hypertensive Cardiovascular Disease</b>			
19. SIGNIFICANT CONDITIONS GIVEN IN PART I (a)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE:		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

FILED  
MAY 31 1969  
Auditor Lane County

DATE OF DEATH		MONTH	DAY	YEAR	DATE SIGNED	MONTH	DAY	YEAR
20. <b>October 14, 1969</b>					21a. <b>October 15, 1969</b>			
PHYSICIAN'S NAME (TYPE OR PRINT)		LAST IN ATTENDANCE			SIGNATURE OF PHYSICIAN		(DEGREE OR TITLE)	
22a. <b>J. W. Haith, M.D.</b>		22b. <b>J. W. Haith, M.D.</b>						
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.			CITY OR TOWN		STATE ZIP	
23. <b>1960 W. 11th Ave.</b>		23a. <b>Gary, Indiana</b>						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN STATE		
24a. <b>Burial</b>		24b. <b>Evergreen Memorial Pk.</b>		24c. <b>Hobart</b>		24d. <b>Indiana</b>		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS			(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24e. <b>October 18, 1969</b>		24f. <b>MORAN THOMPSON</b>			24g. <b>531 West 11th Ave. Gary, Ind. 46402</b>			
25a. _____		HEALTH OFFICER—SIGNATURE			DATE RECEIVED BY LOCAL HEALTH OFFICER			
25b. _____		25c. _____			25d. <b>OCT 17 1969</b>			

Permit  
No

TYPE OR PRINT  
PLAINLY, WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
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- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

LICENSE No. 5170

EMBALMER'S NAME Roosevelt Allen

FUNERAL HOME  
No. 770

FUNERAL DIRECTOR'S  
LICENSE No. 270

FUNERAL DIRECTOR'S  
SIGNATURE *Harveth Allen*

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK.

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION

PARENTS

DISPOSITION

M.O.  
OR  
D.O.

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE -  
STATING THE  
UNDERLYING  
CAUSE LAST.

CAUSE

Local No. 84-0844

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Key # 45-395-14  
State Unit # 25  
No.

DECEASED--NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (Month, Day, Year)	
Peter James Rondo		Male		Dec. 21, 1984	
RACE--(If White, Black, American Indian or Alaskan)	AGE--(Last Birthday)	UNDER 1 YEAR MO. DATE	UNDER 1 DAY HOURS MIN.	COUNTY OF DEATH	
Black	68			Lake	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name of institution and number)		IF HOSP OR INST. (Specify ICD-9-CM Code)	
Gary		St. Mary's Medical Center		Inp.	
STATE OF BIRTH (If not in U.S.A. name of country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	SURVIVING SPOUSE (If only give maiden name)		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)
U.S.A.	U.S.A.	Married	Ruth Coleman		No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Specify kind of work done during most of working life prior to death)		KIND OF BUSINESS OR INDUSTRY	
306-09-9273		Retired		U.S. Steel Corp.	
RESIDENCE--STATE		CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?	
Indiana		Gary		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER		IS DECEASED OF SPANISH DESCENT? (If YES specify Mexican, Cuban, Puerto Rican, etc.)		INSIDE CITY LIMITS (Specify Yes or No)	
1008 Clinton St.		NO		Yes	
FATHER--NAME FIRST MIDDLE LAST		MOTHER--MAIDEN NAME FIRST MIDDLE LAST			
Paul Rondo		Bessie Crowe			
INFORMANT--NAME (If type or print)		RELATIONSHIP	MAILING ADDRESS	CITY OR TOWN STATE ZIP	
Ruth Rondo (Wife)			1008 Clinton St.	Gary, Indiana 46406	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY--FUNERAL HOME		LOCATION CITY OR TOWN STATE	
Burial		Evergreen Cemetery		Hobart, Indiana	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME--NAME AND ADDRESS		(Specify Street No., City or Town, State, Zip)	
12/28/84		Guy & Allen Funeral Directors 2959 W. 11th Ave., Gary, Ind.			
NAME OF ATTENDING PHYSICIAN (Type or Print)		DATE SIGNED (MO., DAY, YR)		HOUR OF DEATH	
MAILING ADDRESS--PHYSICIAN		HEALTH PRACTICER'S SIGNATURE		FILED BY LOCAL HEALTH OFFICER	
		<i>[Signature]</i>		3 1985	
PART I (a) (b) (c)		PART II		MAY 31 1991	
(a) Cause of death		OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not related to those given in PART I (a)		Interval between onset and death	
(b) Cause of death				Interval between onset and death	
(c) Cause of death				Interval between onset and death	
				AUTOPSY (Specify Yes or No)	
				24	



FILED 3 1985

AUSTIN LANE COUNTY

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