

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF Illinois)
COUNTY OF Will) SS.

Now on this 23rd day of April, 2015, I, Frank A. Renzi, of lawful age,

being duly sworn, state as follows:

On the 31st day of October, 1979, this interest was conveyed by document to Frank A. Renzi + Bonita K. Fox - n/k/a Bonita K. Renzi as Joint Tenants, and not as Tenants in Common, with the right of survivorship, the following real property situated in Lake County, Indiana to wit:

Lot 22, IN Block 2
Section _____ Township _____, Range _____

Which document was recorded in the records of the County Clerk of Lake County, State of Indiana, Book 20, at Page 24. There is attached hereto a certified copy of the Death Certificate of Bonita K. Fox n/k/a Bonita K. Renzi deceased, issued by the Department of Health for the State of Indiana showing that the deceased Joint Tenant died on the 14 day of June, 2014.

Affiant further states that he/she is the surviving joint tenant in the described property, and that the decedent named in the certificate of death is one and the same person as the joint tenant named in the deed recorded as above set forth.

Affiant further states that on the date of deceased joint tenant's death the two were married to each other and that affiant is the surviving spouse.

And further affiant saith not

Signed Frank A. Renzi
Affiant

Subscribed and sworn to before me this 23 day of April, 2015.

My Commission Expires: 3/21/16
Meghan Oswald
Notary Public

ACKNOWLEDGMENT

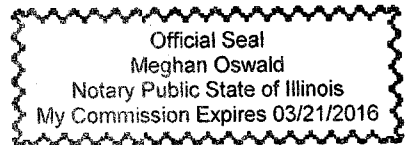
STATE OF Illinois)
COUNTY OF Will) SS.

23rd day of April, 2015, personally appeared Frank A. Renzi to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that _____ executed the same a free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my official seal the day and year first above written.

My Commission Expires: 3/21/16

Meghan Oswald
Notary Public



2015 031318

2015 MAY 20 PM 1:43

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER

FILED

MAY 19 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 22734

Local No 002098

EDR No 00000389891

State No 029919

1. Decedent's Legal Name (First, Middle, Last) BONITA KAY RENZI				1a. Maiden Name (If female) HUNTER		2. Sex FEMALE	3. Time Of Death 04:42 AM	4. Date Of Death (Month/Day/Year) 06/14/2014	
6. Social Security Number [REDACTED]		6a. Age - Yes 64	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) 07/10/1949		8. Birthplace (City and State of Foreign Country) UNAVAILABLE, UN
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) VIBRA HOSPITAL OF NORTHWESTERN INDIANA								13. County Of Death LAKE	
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307								14. Marital Status At Time Of Death <input checked="" 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 FRANK A RENZI			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation BILLING ADMINISTRATION		17. Kind Of Business/Industry TELEPHONE UTILITY	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18c. Street And Number 7347 ALEXANDER AVENUE		18d. Apt. No.	18e. Zip Code 46323
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) JACOB HUNTER			23. Mother's Name (First, Middle, Last) MARGARET ARLENE HUNTER			23a. Mother's Maiden Last Name RABER			
24. Informant's Name FRANK A RENZI		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 7347 ALEXANDER AVENUE, HAMMOND, IN 46323					
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) ELMWOOD CEMETERY			25c. Location - City, Town, And State HAMMOND, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322						27a. Funeral Home License Number FH10300021	
27b. Signature Of Indiana Funeral Service Licensee: CORNELIUS KUIPER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FDO1014611			
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. RESPIRATORY FAILURE Days									
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. _____ Days									
C. _____ Days									
D. _____ Days									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. COPD					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
CHRONIC OBSTRUCTIVE LUNG DISEASE					30. Was A Postmortem Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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 checked="" 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			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			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)			38. City Or Town		38d. Zip Code
39. Location Of Injury - State		38a. City Or Town		38b. Street & Number LAKE COUNTY HEALTH OFFICER			38c. Apt. No.		38d. Zip Code
39. Describe How Injury Occurred									
41. Signature Of Person Certifying Cause Of Death: RAJA DEVANATHAN, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Carrying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: RAJA DEVANATHAN, 7875 GRAND BLVD, HOBART, IN 46342						44. License Number 01040117A		45. Date Certified 07/07/2014	
46. Additional Funeral Service Provider:						47. For Registrar Only / Date Filed (Month/Day/Year) JUL 08 2014			
48. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only / Date Filed (Month/Day/Year)			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

RAISED SEAL AFFIXED