

NOT AN OFFICIAL DOCUMENT

FILED

Jan 06 2022 VH
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-501172
01/07/2022 12:49 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 5

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA)
)
COUNTY OF Lake)

AFFIDAVIT OF TITLE

(IC 29-1-7-23)

Comes Now Vincent J. Rendina, Jr., William A. Rendina and Gina ~~N~~ Rendina St. Martin (hereinafter "Affiant"), having been duly sworn according to law, states:

1. Affiants are the children of Vincent J. Rendina Sr. ("Decedent") who acquired an interest in the title to the real estate described herein with Marcia J. Rendina by Warranty Deed recorded on or about April 10, 1968 as Instrument Number 745823 in the Office of the Recorder of Lake County, Indiana. Commonly known as 2610 West 58th Place, Merrillville, IN 46410 and more particularly described as:

Lot 14 in Block 6 in Bon Aire Subdivision, Unit No. Two, as per plat thereof recorded in Plat book 31, page 78, in the Office of the Recorder of Lake County, Indiana.

Parcel No.: 45-12-05-327-014.000-030

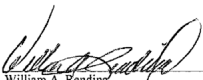
("Real Estate")

2. Decedent executed a Survivorship Affidavit pertaining to the Real Estate. Said Survivorship Affidavit was recorded on December 9, 2020 as Instrument Number 2020-090505 in the Office of the Recorder of Lake County, Indiana.
3. Decedent executed that certain Transfer On Death Deed recorded on January 15, 2021 as Instrument Number 2021-004840 in the Office of the Recorder of Lake County, Indiana which transfers the above referenced real estate to Vincent J. Rendina, Jr., William A. Rendina and Gina ~~N~~ Rendina St. Martin upon his death.
4. Decedent died on November 5, 2021. -See attached Death Certificate

IN 2135939

1082

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William A. Rendina
STATE OF ~~INDIANA~~ MISSOURI
COUNTY OF Taney)

Before me, a Notary Public in and for said County and State, personally appeared William A. Rendina, who acknowledged the execution of the foregoing document, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 16th day of December, 2021.

Signature Rosalie Mohr, Notary Public

Printed: Rosalie Mohr

My Commission Expires:

6/13/2025

My County of Residence is:

Taney



Property of Lake County Recorder

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5. This affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor to transfer the Real Estate into the names of Vincent J. Rendina, Jr., William A. Rendina and Gina M. Rendina St. Martin.

FURTHER AFFIANT SAYETH NOT.

Dated this 17 day of December, 2021



Vincent J. Rendina, Jr.

STATE OF INDIANA)
)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Vincent J. Rendina, Jr., who acknowledged the execution of the foregoing document, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 17 day of December, 2021.

Signature  _____, Notary Public

Printed: Lisa M Matson

My Commission Expires:

02/01/2024

My County of Residence is:

Lake





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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 004420

EDR No 00001191527

State No 2021-082981

1. Decedent's Legal Name (First, Middle, Last) Vincent Rendina Sr.		1a. Maiden Name (if female)		2. Gender Male		3. Time Of Death 04:50 AM		4. Date Of Death (Month/Day/Year) 11/06/2021		
5. Social Security Number 93		6a. Age - Yrs 93		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input 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) St. Mary Medical Center Hobart										
12. City Or Town, State, And Zip Code Hobart, Indiana 46342				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				16a. Last Name Before First Marriage			16. Decedent's Usual Occupation Owner		17. Kind Of Business/Industry Funeral Industry	
18. Residence - State IN			18a. County Lake			18b. City Or Town Merrillville				
18c. Street And Number 2610 W 58th Place					18d. Apt. No.		18e. Zip Code 46410		18f. Inadeq City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School graduate or GED completed			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Antonio Rendina				23. Parent's Name (First, Middle, Last) Michelina Rendina			23a. Parent's Last Name Before First Marriage Martorella			
24. Informant's Name Vincent Rendina Jr			24a. Relationship To Decedent Son			24b. Mailing Address (Street And Number, City, State, Zip Code) 1007 Woodchollow Drive, Schererville, IN, 46375				
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) Calumet Park Cemetery			25c. Location - City, Town, And State Merrillville, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Rendina Funeral Home Inc 5100 Cleveland Street, Gary, Indiana, 46408				27a. Funeral Home License Number: FH83007819			
27b. Signature Of Indiana Funeral Service Licensee: Kimberly M. Jones					27c. License Number (Of Licensee) Electronically Signed			FD20800987		
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 Venous/Pulmonary Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Per Line. Add Additional Lines If Necessary.										
Immediate Cause (Final Disease Or Condition Resulting In Death)										
A. Acute respiratory failure										
B. Bacterial pneumonia										
C. Septic shock										
D.										
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										
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I Cerebral atherosclerosis					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 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 Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoned <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: Osama Ayad					42. Certifier (Check Only One) Electronically Signed <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: Osama Ayad 370 E 84th Drive 200, Merrillville, IN 46410					44. License Number 01086512A		45. Date Certified 11/07/2021			
46. Additional Funeral Service Provider:					47. *ANS:					
48. Signature of Local Health Officer: Chandana Vittalala					49. For Registrar Only - Date Filled (Month/Day/Year): Electronically Signed 11/08/2021					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)