

NOT AN OFFICIAL DOCUMENT

4

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-012800
9:35 AM 2022 Apr 12

Mail Tax Bills To:
Karen A. Rendina-Brust
464 Bella Court
Valparaiso, IN 46385

Return To: Karen A. Rendina-Brust
464 Bella Court
Valparaiso, IN 46385

TRANSFER ON DEATH AFFIDAVIT

Karen A. Rendina-Brust, upon personal knowledge and belief, makes these statements:

1. **Dorothy Rendina** died May 8, 2021, owning an interest in the following described real estate in Lake County, Indiana:

The East 30.00 feet of the West 70.00 feet of Lot 28 (by parallel lines and as measured at right angles to the West line thereof) in Block Three Broadfield Townhomes Addition, a subdivision of Tract "D", Broadfield Center in the Town of Merrillville, Lake County, Indiana, as recorded in Plat Book 74, page 62 in the Office of the Recorder of Lake County, Indiana, also including the East 30.00 feet, by parallel lines, of the following described tract of land: Part of the Southwest Quarter of Section 27, Township 35 North, Range 8 West of the Second Principal Meridian being more particularly described as follows: Beginning at the Northwest corner of Lot 28, Block Three of Broadfield Townhomes Addition, a subdivision of Tract "D", Broadfield Center in the Town of Merrillville, Lake County, Indiana, as recorded in Plat Book 74, page 62 in the Office of the Recorder of Lake County, Indiana; thence North 00° 00' 00" West, along the Northerly extension of the West line of said Lot 28, a distance of 5.00 feet; thence North 90° 00' 00" East 5.00 feet North of and parallel to the North line of said Lot 28; a distance of 70.000 feet; thence South 00° 00' 00" West, a distance of 5.00 feet to a point on the North line of said Lot 28; thence South 90° 00' 00" West, along the North line of said Lot 28, a distance of 70.000 feet to the point of beginning, all in the Town of Merrillville, Lake County, Indiana.

Parcel Number: 45-12-27-377-009.000-030

Common Address: 632 E. 92nd Avenue, Merrillville, Indiana 46410

Greater Indiana Title Company



FILED
APR 12 2022
JOHN E. PETALAS
LAKE COUNTY AUDITOR

IND1422
25-
42487
RM

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2. On October 2, 2013, **Dorothy Rendina** signed a Transfer on Death Deed transferring, on her death, her interest in the real estate described above which document was recorded on **October 3, 2013**, in the Office of the Recorder of Lake County, Indiana, as document number **2013 072901**.

3. Both of the designated beneficiaries in the Transfer on Death Deed survived the Owner and are now the vested owners of the real estate.

3. The designated beneficiaries in the Transfer on Death Deed and their addresses are:

Kathleen Merle, 2354 Horizon View Circle, Valparaiso, IN 46385

Karen A. Rendina-Brust, 464 Bella Court, Valparaiso, IN 46385

4. The purpose of this Affidavit is to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death **Dorothy Rendina's** interest in the real estate described above to the Transfer on Death Deed beneficiaries.

5. The estate of **Dorothy Rendina**, deceased, was not subject to federal estate tax.

In Witness Whereof, **Karen A. Rendina-Brust** has executed this instrument this 11 day of MARCH, 2022.



Karen A. Rendina-Brust

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 279896

Local No		EDR No 00011104363		State No 2021-027088	
1. Decedent's Legal Name (First, Middle, Last) Dorothy Randina		14. Maiden Name (If Female) Durakovich		2. Gender Female	
3. Social Security Number 86		5a. Age - Yrs 86		3. Time Of Death 08:45 AM	
6a. Under 1 Year Months		6c. Under 1 Month Days		7. Date of Birth (Month/Day/Year) 12/29/1934	
6b. Under 1 Year Months		6d. Under 1 Day Hours		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		12. 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) 632 E 92nd Avenue					
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		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation Loan Processor	
16. Residence - State IN		16a. County Lake		16b. City Or Town Merrillville	
16c. Street And Number 632 E 92nd Avenue		16d. Apt. No.		16e. Zip Code 46410	
16f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		17. Kind Of Business/Industry Finance			
18. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White	
22. Parents Name (First, Middle, Last) Milan Durakovich		23. Parents Name (First, Middle, Last) Katherine Durakovich		24. Parents Last Name Before First Marriage Murakovich	
24. Informant's Name Karen A Brust		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 464 Bella Court, Valparaiso, IN, 46385	
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Celumet Park Cemetery		25c. Location - City, Town, And State Merrillville, IN	
26. War Veteran Contacted? <input type="checkbox"/> Yes <input 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	
28a. Signature Of Indiana Funeral Service Licensee: Michelle Harnaukas		28b. Signature Of Indiana Funeral Service Licensee: Michelle Harnaukas		28c. License Number (Of Licensee) FD20900062	
29. 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.					
Cause of Death (See Instructions And Examples)					
Immediate Cause (Final Disease Or Condition Resulting In Death)					
A. Atrial Fibrillation years					
B. Cardiomyopathy years					
C. years					
D. years					
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					
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 <input type="checkbox"/> Pregnant <input type="checkbox"/> Postpartum <input type="checkbox"/> Not Pregnant, Not Postpartum		33. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury (Hour/Minute)		36. Was Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. Location Of Injury - State		36a. City Or Town MAY 19 2021		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. Describe How Injury Occurred		36b. City Or Town		36c. Apt. No.	
36c. City Or Town		36d. State		36e. Zip Code	
37. Signature Of Person Certifying Cause Of Death: Zlatan Stipanovic		37a. Signature Of Person Certifying Cause Of Death: LAKE COUNTY HEALTH OFFICER		37b. Signature Of Person Certifying Cause Of Death: NOT VALID UNLESS	
38. Name, Address And Zip Code Of Person Certifying Cause Of Death: Zlatan Stipanovic 1400 South Lake Park Ave #400, Hobart, IN 46405		38a. Name, Address And Zip Code Of Person Certifying Cause Of Death: LAKE COUNTY HEALTH OFFICER		38b. Name, Address And Zip Code Of Person Certifying Cause Of Death: NOT VALID UNLESS	
39. Additional Funeral Service Provider:		40. If Transportation Injury, Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		41. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. Signature Of Local Health Officer: Chandana Vardola		42a. Signature Of Local Health Officer: Chandana Vardola		42b. Signature Of Local Health Officer: NOT VALID UNLESS	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Zlatan Stipanovic 1400 South Lake Park Ave #400, Hobart, IN 46405		43a. Name, Address And Zip Code Of Person Certifying Cause Of Death: LAKE COUNTY HEALTH OFFICER		43b. Name, Address And Zip Code Of Person Certifying Cause Of Death: NOT VALID UNLESS	
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