

# NOT AN OFFICIAL DOCUMENT

2022-526610  
06/29/2022 09:29 AM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 4

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

**FILED**

Jun 28 2022 SLG  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

## SURVIVORSHIP AFFIDAVIT

STATE OF IN  
COUNTY OF Lake

File No.: CTNW2203202A  
Case No.:

Comes now Maddalena Santino, who being duly sworn upon his/her oath, deposes and says:

That, Maddalena Santino is the surviving daughter of Caterina Randazzo, deceased who died domiciled in Lake County, Indiana, on January 6, 2011. *See attached Death Cert as Exhibit B*

That Guiseppe Randazzo and Caterina Randazzo acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Property: 2624 Jewett Ave, Highland, IN 46322

Affiant states that Guiseppe Randazzo and Caterina Randazzo continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of Caterina Randazzo's death. The Parties acquired title to the premises by Deed recorded June 2, 2000 as Instrument No. 2000-038818 (Lots 6 to 10) and Deed recorded May 11, 1999 as Instrument No. 99039692 (Lot 5) in the Office of the Recorder of Lake County, Indiana.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to Guiseppe Randazzo.

IN WITNESS WHEREOF, the undersigned have executed this document on June 27, 2022.

Maddalena Santino  
Maddalena Santino

STATE OF IN  
COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Maddalena Santino, this 27 day of June, 2022.

Emily Kurczynski  
Notary Public  
Resident of Lake County  
My Commission expires: 3/26/2026



CHICAGO TITLE INSURANCE COMPANY

CTNW2203202

**SURVIVORSHIP AFFIDAVIT**  
(continued)

Prepared by: Dena Phillips Farling, for the benefit of Chicago Title Company, LLC

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Dena Phillips Farling.

Return to: 9024 Wildwood Dr Highland IN 46327

Property of Lake County Recorder

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## EXHIBIT "A" Legal Description

For APN/Parcel ID(s): 45-07-21-377-006.000-026 and 45-07-21-377-007.000-026

### PARCEL 1:

THE EAST 50 FEET OF LOT 5, AND THAT PART OF THE WEST HALF OF THE VACATED ALLEY LYING EAST OF AND ADJACENT TO SAID LOT 5, IN SUBDIVISION OF BLOCK 4, IN THE TOWN OF HIGHLAND, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 6, PAGE 4, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

### PARCEL 2:

A PORTION OF LOTS 6, 7, 8 AND 9 INCLUSIVE AND LOT 10, EXCEPT THE EAST 10 FEET THEREOF; AND THE NORTH 20 FEET OF LOT 5, INCLUDING THE EAST HALF OF THE VACATED NORTH AND SOUTH 20 FOOT ALLEY LYING WEST OF AND ADJACENT TO LOT 6, AND THAT PART OF THE WEST HALF OF SAID VACATED ALLEY LYING EAST OF THE NORTH 20 FEET OF LOT 5, SUBDIVISION OF BLOCK 4, TOWN OF HIGHLAND, AS SHOWN IN PLAT BOOK 6, PAGE 4, IN LAKE COUNTY, INDIANA, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHEAST CORNER OF LOT 10 OF BLOCK 4 IN THE SUBDIVISION OF BLOCK 4 IN THE TOWN OF HIGHLAND, INDIANA, THE SAME BEING A SUBDIVISION LOCATED IN THE SOUTHWEST QUARTER OF SECTION 21, TOWNSHIP 36 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, AS THE SAME IS KNOWN AND DESIGNATED ON THE RECORDED PLAT THEREOF IN LAKE COUNTY, INDIANA RECORDER'S PLAT BOOK 6 AT PAGE 4; THENCE WESTERLY ON AND UPON THE SOUTHERLY LINES OF LOTS 10, 9, 8, 7 AND 6 OF THE SAME BLOCK 4 TO THE SOUTHWEST CORNER OF SAID LOT 6; THENCE NORTHERLY ON AND UPON THE WESTERLY LINE OF SAID LOT 6 A DISTANCE OF 104.20 FEET TO A LINE PARALLEL TO AND 50.00 FEET SOUTHERLY FROM THE CENTERLINE OF THE PAVEMENT OF RIDGE ROAD AS LOCATED IN 1972; THENCE SOUTHEASTERLY AND EASTERLY ON AND UPON SAID PARALLEL LINE, SAID PARALLEL LINE BEING A PORTION OF A CIRCULAR CURVE HAVING A RADIUS OF 1959.86 FEET AND BEING A CONVEX TO THE SOUTH, A DISTANCE OF 283.19 FEET TO A POINT ON THE EASTERLY LINE OF LOT 10 OF SAID BLOCK 4 WHICH IS 32.57 FEET NORTH OF THE SOUTHEAST CORNER OF SAID LOT 10; THENCE SOUTHERLY ON AND UPON SAID EASTERLY LINE OF LOT 10 A DISTANCE OF 32.57 FEET TO THE SOUTHEAST CORNER OF SAID LOT 10, THE SAME BEING THE PLACE OF COMMENCEMENT;

ALSO: THAT PORTION OF THE EAST HALF OF THE VACATED ALLEY LYING WEST OF AND IMMEDIATELY ADJACENT TO LOT 6 OF THE SAME BLOCK 4 WHICH IS ADJACENT TO THE PORTION OF LOT 6 PREVIOUSLY DESCRIBED, THE SAME BEING THE SOUTH 104.20 FEET OF THE EAST HALF OF SAID VACATED ALLEY;

EXCEPT: THE EAST 10 FEET OF EVEN WIDTH OF LOT 10;

SUBJECT TO: AN EASEMENT FOR UTILITY PURPOSES, SAID EASEMENT BEING 10 FEET OF EVEN WIDTH OFF THE ENTIRE NORTHERLY SIDE OF THE HEREIN DESCRIBED TRACT; WHICH REAL ESTATE IS LOCATED IN THE TOWN OF HIGHLAND, LAKE COUNTY, INDIANA.

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No **000034**

EDR No **000000238089**

State No **000386**

1. Decedent's Legal Name (First, Middle, Last) <b>CATERINA RANDAZZO</b>				2. Maiden Name (If female) <b>CULLETTA</b>		3. Sex <b>FEMALE</b>		4. Date Of Death (Month/Day/Year) <b>01/06/2012</b>					
5. Social Security Number		6a. Age - Yrs <b>78</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours					
7. Date of Birth (Month/Day/Year) <b>06/28/1933</b>		8. Birthplace (City and State or Foreign Country) <b>ALTAVILLA MILICIA, IT</b>											
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"/> Died on Arrival				10. 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) <b>5454 HOHMAN AVE</b>													
12. City Or Town, State, And Zip Code <b>HAMMOND, IN 46320</b>					13. County Of Death <b>LAKE</b>								
15. Surviving Spouse's Name					15a. (If Wied) Give Maiden Last Name			16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>			
18. Residence - State <b>INDIANA</b>					18a. County <b>LAKE</b>			18b. City Or Town <b>HIGHLAND</b>		18c. Street And Number <b>3511 43RD PLACE</b>			
19. Decedent's Education <b>8TH GRADE OR LESS</b>					20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>FRANCESCO CULLETTA</b>					23. Mother's Name (First, Middle, Last) <b>MARIA CULLETTA</b>			23a. Mother's Maiden Last Name <b>ABBATE</b>					
24. Informant's Name <b>GIUSEPPE RANDAZZO</b>					24a. Relationship To Decedent <b>HUSBAND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3511 43RD PLACE, HIGHLAND, IN 46322</b>			24c. Signature <b>[Signature]</b>			
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) <b>CHAPEL LAWN MEMORIAL GARDENS</b>			25c. Location - City, Town, And State <b>SCHERVILLE, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					27. Name And Complete Address Of Funeral Facility <b>KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322</b>					27a. Funeral Home License Number <b>FH10300021</b>			
27b. Signature Of Indiana Funeral Service Licensee <b>CORNELIUS KUIPER, BY ELECTRONIC SIGNATURE</b>					27c. Licensed Number (DUI/Operator) <b>FD0101451</b>								
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venular Thrombosis Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.										Approximate Interval: Onset To Death			
Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. ASPIRATION PNEUMONIA</b>										<b>JAN 09 2012</b>			
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 Contributing Conditions To Death But Not Resulting In The Underlying Cause Given In Part I										29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Urinary Tract Infection 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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"/> Not Pregnant, But Pregnant Within 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			
34. Date Of Injury (Month/Day/Year)					35. Type 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: <b>KANTIL S PATEL, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			43. Date Certified <b>01/06/2012</b>				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>KANTIL S PATEL, 525 527 WEST CHICAGO AVENUE, EAST CHICAGO, IN 46312</b>						44. License Number <b>01043474A</b>			47. Date <b>01/06/2012</b>				
48. Additional Funeral Service Provider:						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JAN 09 2012</b>							
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							