

AFFIDAVIT OF BENEFICIARY ON TRANSFER ON DEATH DEED

PARCEL NUMBER: 45-15-16-380-007.000-013

Affiant, JACQUELYN MICHELE GARRITANO, being first duly sworn upon oath, states as follows:

1. Roberta J. Garritano died on January 19, 2024 in Munster, Indiana;
2. Roberta J. Garritano executed a Transfer on Death deed on August 30, 2010, which was recorded on September 2, 2010 with the Lake County Recorder's Office as document 2010 050863 the following described real estate:
Lot no. 15 in unit no. 5 of Sherwood park subdivision as recorded IN PLAT BOOK 41, PAGE 57, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA
Commonly known as 12222 Kennedy Street, Cedar Lake, Indiana 46303
3. Jacquelyn Michele Garritano is the only designated beneficiary in the 2010 Transfer on Death deed, and there are no beneficiaries that did not survive Roberta J. Garritano;
4. Jacquelyn Michele Garritano resides at 12222 Kennedy Street, Cedar Lake, Indiana 46303;
5. The purpose of this Affidavit is to induce the proper authorities of Lake County, Indiana to remove Roberta J. Garritano from the chain of title and place JACQUELYN MICHELE GARRITANO as the fee simple owner of said property in accordance with the terms of said Transfer on Death Deed and pursuant to Indiana Code §32-17-14-26(b)(20).

Jacquelyn Michelle Garritano
JACQUELYN MICHELE GARRITANO

FILED

FEB 13 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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NOT AN OFFICIAL DOCUMENT

ACKNOWLEDGMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, on this 7th day of Feb, 2024 personally appeared JACQUELYN MICHELE GARRITANO who acknowledged the execution of the foregoing instrument as his or her voluntary act, and who, having been duly sworn, stated that any representations therein are true. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



Jamey Glynn, Notary Public
Resident of Lake County, Indiana

SEND TAX BILLS TO: Jacquelyn M. Garritano
GRANTEE STREET OR RURAL ROUTE ADDRESS: 12222 Kennedy Street, Cedar Lake, Indiana 46303

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. By: Jamey Glynn

THIS INSTRUMENT PREPARED BY: Jamey Glynn, JOSTES & GLYNN, LLP, 13321 Wicker Avenue, Cedar Lake, Indiana 46303, (219) 232-6112, at the specific request of the owner or the owner's representatives and is based solely on information supplied by one or more of those parties and without examination for accuracy. This preparer assumes no liability for any errors, inaccuracy or omissions in this instrument resulting from the information provided. The parties accept this disclaimer by the owner's execution of this document.

of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **890359**



Local No **000186**

EDR No **000011669255**

State No **2024-002702**

1. Decedent's Legal Name (First, Middle, Last) **Robert J. Garritano** 2. Gender **Male** 3. Time of Death **08:27 PM** 4. Date of Death (Month/Day/Year) **01/19/2024**

5. Social Security Number **██████████** 6a. Age - Yrs **80** 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) **10/11/1943** 8. Birthplace (City and State or Foreign Country) **Dolton, Illinois**

9. Ever in U.S. Armed Forces? Yes No Unknown 10. If Death Occurred in a Hospital: Hospital Facility Decedent's Home Nursing Home/Long-term Care Facility Other (Specify) Other (Specify) Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number) **Community Hospital Munster**

12. City or Town, State, and Zip Code **Munster, Indiana 46321** 13. County of Death **Lake** 14. Marital Status At Time of Death: Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name _____ 16. Decedent's Usual Occupation **Account Executive** 17. Kind Of Business/Industry **Sales**

18. Residence - State **IN** 18a. County **Lake** 18b. City or Town **Cedar Lake**

16c. Street And Number **12222 Kennedy Street** 18d. Apt. No. _____ 18e. Zip Code **46303** 18f. Inside City/Limit? Yes No

19. Decedent's Education **High School graduate or GED completed** 20. Decedent Of Hispanic Origin: Not Spanish/Hispanic/Latino Spanish/Hispanic/Latino 21. Decedent's Race **White**

22. Parents' Name (First, Middle, Last) **Phillip G. Fike** 23. Parents' Name (First, Middle, Last) **Marie H. Fike** 23a. Parents' Last Name Before First Marriage **Zoller**

24. Informant's Name **Jeffrey A. Garritano** 24a. Relationship To Decedent **Son** 24b. Mailing Address (Street And Number, City, State, Zip Code) **8912 Winding Trail, St. John, IN, 46373**

25a. Method Of Disposition: Burial Cremation Donation Entombment Removal From State Other (Specify) **Cedar Lake Community Cremations, Llc** 25b. Place Of Disposition **Cedar Lake, IN** 25c. Location - City, Town, And State **Cedar Lake, IN**

26. Was Coroner Contacted? Yes No 27. Name And Complete Address Of Funeral Facility: **Burdan Funeral Home Inc 12901 Wicker Avenue, Cedar Lake, Indiana, 46303** 27a. Funeral Home License Number: **FH83002481**

27b. Signature of Indiana Funeral Service Licensee: **Kenneth John Uhlert** 27c. License Number (Of Licensee) **FD21600024**

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. Add Additional Lines If Necessary.

Immediate Cause (Final Disease Or Condition Resulting In Death) **A. heart failure** **B. hypertensive heart disease** **C. coronary artery disease**

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) List _____

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JAN 23 2024

Approximate Interval - Onset To Death _____ hours

_____ years

_____ years

Part III: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given in Part I _____ 29. Was An Autopsy Performed? Yes No 30. Was LAKE COUNTY HEALTH OFFICER? Yes No

31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown 32. If Female: Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, Not Pregnant Within 42 Days Of Death Not Pregnant, Not Pregnant At Least 1 to 2 Year Before Death Unknown (Pregnant Status Not Reported)

33. 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? Yes 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: Driver/Operator Passenger Other _____

41. Signature, Of Person Certifying Cause Of Death: **Trevor Marocotte** Electronically Signed 42. Certifier (Check/Only One): Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **Trevor Marocotte 15900 W 101st Ave, Dyer, IN 45311** 44. Certifier Number **02002588A** 45. Date Certified **01/22/2024**

46. Additional Funeral Service Provider: _____ 47. "Print" _____ 49. For Registrar Only - Date Filed (Month/Day/Year) **01/22/2024**

48. Signature of Local Health Officer: **Christiana Vasiliak** Electronically Signed 49. For Registrar Only - Date Filed (Month/Day/Year) **01/22/2024**

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)