

325204 - Iss.  
Mail Tax Bills To:  
4030 W. 22nd Place  
Gary, IN 46404-2817  
STATE OF INDIANA

Galvin, Galvin + Keeney  
5231 Hohman Ave  
Hamd, In 46320  
Attn: Timothy P. Galvin

COUNTY OF LAKE

SS:

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER.

93042231

JUN 29 1993

AFFIDAVIT OF HEIRSHIP

*Anna M. Anton*  
AUDITOR LAKE COUNTY

Comes now Darryl R. Fraylon and being first duly sworn upon his oath, deposes and says as follows:

1. That Stephen Fraylon and Eva Mae Mitchell a/k/a Eva M. Mitchell were married on or about October 23, 1968, and a photocopy of their marriage license is attached to this Affidavit as Exhibit "A".

2. That affiant is the son of Eva Mae Mitchell Fraylon and Stephen Fraylon and was born on the 1st day of May 1964; that a photocopy of affiant's certificate of birth is attached to this Affidavit as Exhibit "B".

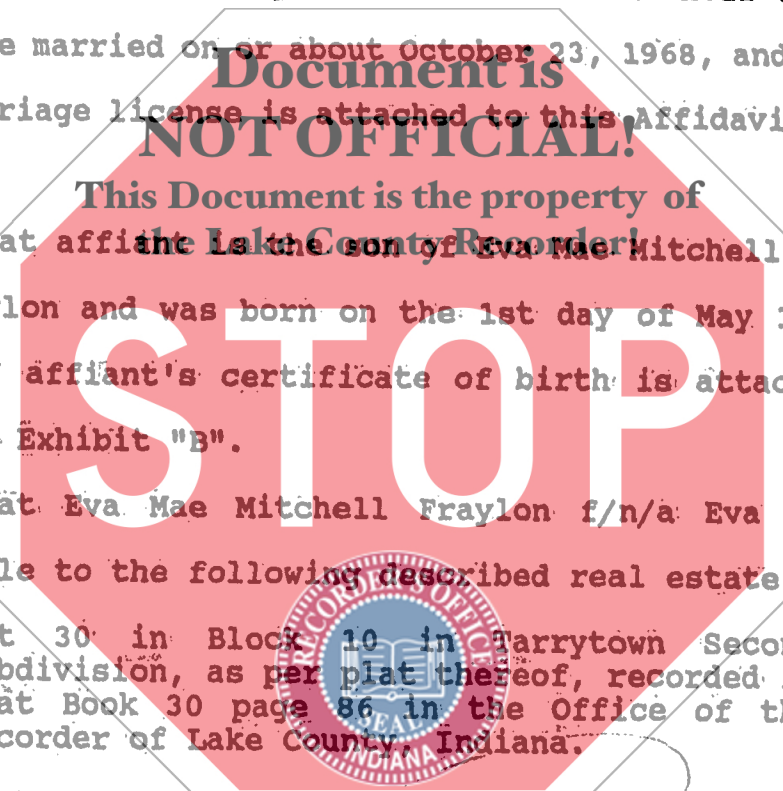
3. That Eva Mae Mitchell Fraylon f/n/a Eva M. Mitchell acquired title to the following described real estate:

Lot 30 in Block 10 in Tarrytown Second Subdivision, as per plat thereof, recorded in Plat Book 30 page 86 in the Office of the Recorder of Lake County, Indiana.

Lake County Tax Key No. 47-457-30

(Commonly described as: 4030 W. 22nd Place, Gary, IN 46404-2817) on the 16th day of August, 1972 from the Secretary of Housing and Urban Development and the deed conveying such real estate to her was recorded on the 18th day of September, 1972 as Document No. 167222.

4. That affiant's mother and father were divorced in Detroit, Michigan in approximately 1985 or 1986; that Eva Mae



JUN 30 9 33 AM '93  
SAMUEL R. RICH  
RECORDER

STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
FILED FOR RECORD

Chicago Title Insurance Company

*1604*

01185

Mitchell Fraylon never remarried and that his father remarried shortly thereafter, at a time prior to the death of his mother.

5. That affiant's mother, Eva Mae Mitchell Fraylon died intestate on the 8th day of April, 1990 a resident of Gary, Lake County, Indiana, and that a photocopy of her certificate of death is attached hereto as Exhibit "C".

6. That at the time of the death of affiant's mother, Eva Mae Mitchell Fraylon was the sole titleholder of the above described real estate which together with its improvements had an approximate value of Eight Thousand (\$8,000.00) Dollars to Nine Thousand (\$9,000.00) Dollars.

7. That at the time of the death of affiant's mother there was a mortgage on said real estate; however said debt was paid in full by mortgage insurance.

8. That at the time of the death of affiant's mother, she owned no asset except for the real estate and the insurance thereon.

9. That affiant was the only descendant of Eva Marie Mitchell Fraylon and under the terms of Indiana Code Section 29-1-2-1 (d) (1) which provides for intestate succession, affiant became the sole owner of the above described real estate.

10. That affiant has made this Affidavit of Heirship and arranged for the recording of same to provide for the transfer of title of the above described real estate from his mother's name to

his name as her sole heir-at-law without the need for a formal estate administration.

Further affiant says nothing.

Darryl R. Fraylon  
Darryl R. Fraylon

Subscribed and sworn to before me, a Notary Public for said County and State, this 7<sup>th</sup> day of June, 1993.

Jacqueline Perry  
Notary Public

Document is NOT OFFICIAL!

My Commission Expires:

April 1, 1994

This Document is the property of The Lake County Recorder!

My County of Residence:

Lake



This Instrument Prepared By: Timothy P. Galvin, Jr., Attorney No. 7042-45, Galvin, Galvin & Leeney, 5231 Hohman Avenue, Hammond, IN 46320

# 6132013

FORM 44  
STATE OF ILLINOIS }  
COUNTY OF COOK }

# Marriage License

NO. 2065133  
RETURNED AND  
FILED DATE NOV 1 1988

To Any Person Legally Authorized to Solemnize Marriage  
— Greetings —

Marriage may be celebrated in the County of Cook and State of Illinois,  
between Mr. STEPHEN FRAYLON of Chicago, in the County of Cook  
and State of Illinois, of the age of 27 years, and MISS EVA MAE MITCHELL  
of Chicago, in the County of Cook and State of Illinois, of the age of 22 years.

Witness Edward J. Barrett, County Clerk  
of the County of Cook, and the Seal thereof,  
at my office in Chicago, this 23 day of  
OCTOBER, A.D. 1988.

Document is  
**NOT OFFICIAL!**  
This document is the property of  
the Lake County Recorder!

Edward J. Barrett  
County Clerk

The person who solemnizes this Marriage, and all other persons, are cautioned against  
making any changes in this License.

State of Illinois } s.s. I, FRANCIS J. MC CONRLE  
County of Cook } hereby certify that Stephen Fraylon and Eva Mae Mitchell  
were united in Marriage by me at CHICAGO in the County of Cook, and  
State of Illinois, on the 23 day of OCTOBER, 1988.

THE NAMES IN THIS CERTIFICATE MUST BE  
IDENTICAL WITH NAME ON ABOVE LICENSE



Francis J. McConrle  
Signature and official title

N.B. THIS LICENSE WITH CERTIFICATE OF MARRIAGE PROPERLY MADE OUT MUST (WITHIN 30 DAYS) BE RETURNED TO THE COUNTY CLERK BY THE PERSON WHO PERFORMED THE WEDDING CEREMONY

STANLEY T. KUSPER, JR.  
COUNTY CLERK

STATE OF ILLINOIS }  
COUNTY OF COOK }  
I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State aforesaid, and Recorder  
of the Records and Files of said County, do hereby certify that the attached is a true and correct copy  
of the original copy on file, all of which are taken from the records and files in my office.  
I, STANLEY T. KUSPER, JR., have subscribed my name and affixed the Seal of the County of Cook, at my  
office in the City of Chicago, in said County.

Stanley T. Kusper, Jr.  
County Clerk



EXHIBIT "B"

THE GARY HEALTH DEPARTMENT

Certificate of Birth

This Certifies that, according to the records of this office, Document is

NAME ..... This Document is the property of .....  
was born on the 1st day of ..... year of 1964  
in Gary, County of Lake, State of Indiana, Child of

Stephen Fraylon and Mrs. Mae Mitchell, Fraylon  
FATHER'S NAME ..... MOTHER'S NAME

Birthplace of Father ..... Birthplace of Mother ..... Missa.

Father's age ..... Mother's Age ..... 18 yrs.

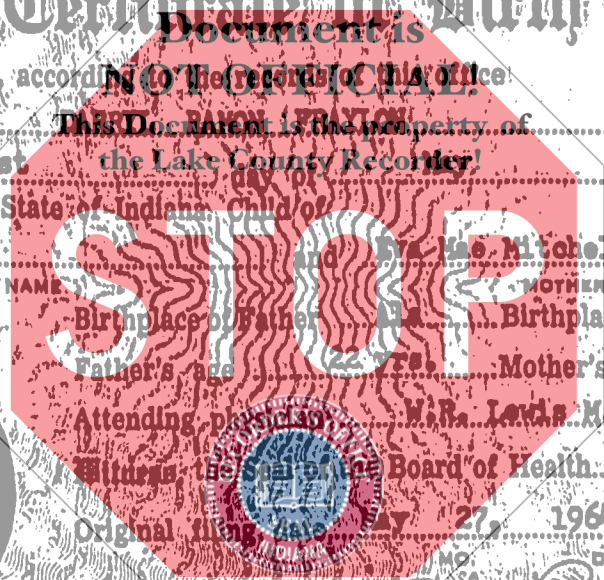
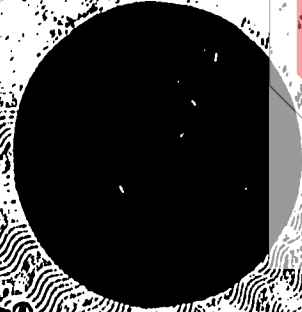
Attending physician ..... W.R. Lewis, M.D.

Witness, the Seal of the Board of Health ..... July 24, 1964

Original filing date: MAY 27, 1964  
MO. DATE YEAR

64-1997  
CERTIFICATE NO.

*J. P. Roach*  
HEALTH COMMISSIONER



INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. ....

90-0272

PRINT  
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ION  
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LY

1. DECEASED—NAME (First Middle Last) <b>EVA MARIE FRAYLON</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>11:16 P.</b>	3b DATE OF DEATH (Month Day Year) <b>April 8, 1990</b>
4 SOCIAL SECURITY NUMBER <b>303 50 5679</b>	5a AGE—Last Birthday (Years) <b>45</b>	5b UNDER 1 YEAR Months Days Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>Dec 20 1945</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>Porterville, Miss</b>
8a WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9a PLACE OF DEATH (Check only one box instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence <input type="checkbox"/>		
9b FACILITY NAME (If not institution, give street and number) <b>Methodist S. Northlake</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>GARY</b>	9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS <b>Divorced</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>None</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Media Technician</b>	12b KIND OF BUSINESS/INDUSTRY <b>Garv Community Sch</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN, OR LOCATION <b>GARY</b>	13d STREET AND NUMBER <b>4030 W. 22nd Place</b>	
13e ZIP CODE	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input type="checkbox"/> Yes 13g ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>Blk Amer.</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (11-4 or B+)		18 FATHER'S NAME (First Middle Last) <b>Earl Mitchell</b>		
19 MOTHER'S NAME (First Middle Last) <b>Stewart</b>		20a INFORMANT'S NAME (Type/Print) <b>Matilda Mitchell</b>		
20b MARITAL ADDRESS (Street and number or Rural House Number, City or Town, State, Zip Code) <b>4030 W. 22nd Place</b>		20c Informant's Relationship <b>Mother</b>		
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>April 12, 1990, Indiana the Lake County Recorder</b>		21c LOCATION—City or Town, State <b>Hobart, Indian-</b>
22a EMBALMER'S NAME <b>Russel A. Ennols</b>		22b EMBALMER'S LICENSE NO. <b>1008847</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Paul Anthony Robinson</i>		24b LICENSE NUMBER (of Licensee) <b>1017284</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Ennols &amp; Robinson Mem Chnl 1900 W. 15th Ave Gary, IN 3002495</b>	
26 PART I. Enter the disease, injury, or condition that caused the death. Do not enter nonspecific terms, such as causes of respiratory arrest, shock, or heart failure. List only one cause on each line. <b>Lobar pneumonia</b>		27 IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Unknown</b>		
28a DUE TO (OR AS A CONSEQUENCE OF)		28b DUE TO (OR AS A CONSEQUENCE OF)		
29a DUE TO (OR AS A CONSEQUENCE OF)		29b DUE TO (OR AS A CONSEQUENCE OF)		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.		30 WAS DECEDENT PREGNANT, OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>	31 WAS AN AUTOPSY PERFORMED? (Yes or no) <b>Yes</b>	32 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>
26a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29c SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i>		29d MEDICAL LICENSE NO. <b>16120</b>
29e DATE SIGNED (Month Day, Year) <b>Apr. 10, 1990</b>		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, IN. 46307</b>		
31 HEALTH OFFICER'S SIGNATURE <i>Robert W. ...</i>		32 DATE FILED (Month Day, Year) <b>APR. 11 1990</b>		
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34a DATE OF INJURY (Month Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office, dumping site (Specify)		34f LOCATION (Street and number or Rural House Number, City or Town, State)		
34g DATE PRONOUNCED DEAD (Month Day, Year) <b>April 10, 1990</b>		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

