

Chicago Title Insurance Company

STATE OF INDIANA
LAKE COUNTY
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2000 013169

2000 FEB 23 AM 9:46

FILED

MORRIS W. CARTER
RECORDER

FEB 25 2000

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

**PETER BENJAMIN
LAKE COUNTY AUDITOR**

AFFIDAVIT OF HEIRSHIP

649 DA

Norma Mattingly and Shirley Bowman, being duly sworn, upon their oath depose and say:

That they are the daughters of Thomas V. Frohock, deceased, who died a resident of Lake County, Indiana, on the 21st day of December, 1981, and of Floyd A. Frohock, deceased, who died a resident of Lake County, Indiana, on the 25th day of January, 2000.

That no administration of the estate of Thomas V. Frohock has been undertaken in any County of this State nor is any anticipated; that no administration of the estate of Floyd A. Frohock has been undertaken in any County of this State nor is any anticipated.

That said Thomas V. Frohock and Floyd A. Frohock were never divorced and were living together as husband and wife at the time of the death of Thomas V. Frohock.

That said Thomas V. Frohock and Floyd A. Frohock left surviving them their children, Norma Mattingly and Shirley Bowman, but no other children or descendants of predeceased children; and that both of said survivors are competent adults.

The total value of the taxable estate of the said Thomas V. Frohock, deceased, including joint tenancies, tenancies by the entirety, individual ownership of both real and personal property, and insurance is nil by reason of the fact that all of such property passed to Floyd A. Frohock, his surviving widow; the total value of the taxable estate of said Floyd A. Frohock, deceased, including joint tenancies, tenancies by the entirety, individual ownership of real and personal property, and insurance is nil by reason of the fact that all of such property passed to the undersigned affiants, in equal shares, and each of whom have an exemption in excess of any tax liability; to the best of affiants' knowledge there is no state or inheritance tax liability by reason of the death of either of said decedents.

Statements made in this affidavit are true and complete, so far as affiant knows and are made for the purpose of establishing the heirship of Thomas V. Frohock, deceased, and of Floyd A. Frohock, deceased.

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That the purpose of this Affidavit is to evidence the right of Norma Mattingly and Shirley Bowman, as surviving heirs of Thomas V. Frohock and Floyd A. Frohock, to alienate and convey the following described real estate:

Lot Three (3), Block Four (4), Midway Gardens, in the City of Hammond, as shown in Plat Book 16, page 12, in the Office of the Recorder of Lake County, Indiana

Further affiants say naught.

Norma Mattingly
Norma Mattingly

Shirley Bowman
Shirley Bowman

Subscribed and sworn to before me, a Notary Public in and for the County of Lake and State of Indiana, this 15th day of February, 2000.

Donald R. O'Dell
Donald R. O'Dell, Notary Public
Residing in Lake County, Indiana

My Commission Expires:
12-28-2000

THIS INSTRUMENT PREPARED BY: Donald R. O'Dell, Attorney at Law
P.O. Box 128, Lowell, IN 46356



LAST WILL AND TESTAMENT

OF

FLOYDE ANNA FROHOCK

I, **FLOYDE ANNA FROHOCK**, a resident of the City of Hammond, State of Indiana, being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all previous Wills and Codicils and make this my Last Will and Testament.

ARTICLE ONE

I direct my Executrix that all my just debts and funeral expenses be promptly paid out of the principal of my estate.

I further direct my Executrix to pay as part of the expenses of administering my estate, all inheritance tax, estate, transfer and succession taxes (including any interest and penalties thereof in the discretion of the Executrix) assessed on any properties or interest included in my gross estate for tax purposes. Any right of reimbursement is hereby waived except to such taxes attributable to property over which I may have a power of appointment to which reimbursement my Executrix otherwise would be entitled by law or by provisions of the instrument creating such power.

1- F.A.F.

ARTICLE TWO

I hereby give, devise and bequeath all of my property which I may own at the time of my death, real, personal or mixed, tangible and intangible, of whatsoever nature, and wheresoever situated, including all property which I may acquire or become entitled to after the execution of this Will, in fee, per stirpes, and in equal shares to my two daughters, namely, **NORMA F. MATTINGLY**, of Highland, Indiana, and **SHIRLEY F. BOWMAN**, of Griffith, Indiana.

ARTICLE THREE

I hereby name as Co-Executrix of this my Last Will, my daughters, **SHIRLEY F. BOWMAN** and **NORMA F. MATTINGLY**. I further request that no bond, or only a nominal bond be required of the Executrix and that no surety be required on such bond. Should Ancillary Administration of my estate be required in any jurisdiction in which said Executrix shall be unable or unauthorized to act, then I name as Ancillary Administrator with the will annexed of my estate, such person or corporation as may be designated and appointed by such Executrix. In addition to any authority conferred upon my legal representative, the following additional powers, except as heretofore limited, all of which may be exercised or performed without order of Court:

A. To pay, settle or compound any and all rights, debts, demands or claims, either in favor of or against my estate, upon such terms as such representative deems proper and for such purposes to give or receive full receipts and discharges.

B. To sell, lease, mortgage or pledge the whole or any part of my estate, real and personal, for such prices, on such terms, and to such parties as such representative deems proper. No purchaser dealing with such representative shall

2- E.A.F.

be obliged to inquire as to its powers or to see to the application of any money or property delivered to it, and no bond shall be required of such representative upon the sale of any property.

C. To satisfy general and residuary bequests of cash and kind or both upon the basis of fair market values at the time of such distribution and for such purposes determine the market value of any assets on the basis of such quotation, data or other information such representative deems pertinent and reliable; to make partial distributions prior to final determination of Federal estate tax values on the basis of reasonable estimates and to make adjustment upon final settlement. The decision of such representative shall be binding and conclusive upon all persons.

D. To litigate, compound, or settle inheritance, estate, transfer or succession taxes assessed by reason of my death, and gift, income, or other taxes assessed against me or my estate; to make deposits to secure the payment of any inheritance tax, which deposits shall be conclusive on all persons.

E. To file income or gift tax returns for periods prior to my death; and, in its discretion to pay any part or all of the taxes, interest or penalties in connection with my returns. The decision of such representative shall be binding and conclusive on all persons.

F. To continue to hold, any assets or any increase thereof received by it as part of my estate; to invest funds available for investment in stocks, bonds, notes or other property as my Executrix deems prudent, without being limited by any statute governing investments by Executors.

G. To cause any of the assets delivered to or acquired by such representative to be registered in its name or in the name of its nominee, any corporation or its transfer agent may presume conclusively that such nominee is the actual owner of any assets submitted by it for transfer.

H. To claim administration expenses as either estate or income tax deductions when an election is permitted by law and in its sole judgment such action will reduce the total estate and income taxes payable by my estate; provided, however, that no income and principal or with respect to any bequest or devise hereunder. I direct that my Executrix shall not be required to furnish a surety bond to act as said Executrix.

3- F.A.E

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament consisting of five (5) typewritten pages, and for the purpose of identification, I have initialed each such page, all in the presence of the persons witnessing it at my request on this 19 day of June, 1995.

Floyde Anna Frohock
FLOYDE ANNA FROHOCK

We certify that the foregoing instrument was, on the date appearing therein, signed, sealed, published, declared, and acknowledged by the Testatrix therein named, as and for said Testatrix's request and in said Testatrix's presence, and in the presence of each other, have signed our names below as witnesses, and we do further certify that we believe the said Testatrix to be of sound and disposing mind, memory, and understanding.

Kathleen M. Jain
WITNESS

8136 Kennedy
Highland IN 46322
ADDRESS

M. S. Engelmeier
WITNESS

3527 Ridge Rd
Highland, IN 46322
ADDRESS

UNDER PENALTIES FOR PERJURY, we, the undersigned Testatrix and the undersigned witnesses, respectively, whose names are signed to the attached or foregoing instrument declare:

1. that the Testatrix executed the instrument as the Testatrix's Will;
2. that, in the presence of both witnesses, the Testatrix signed or acknowledged the signature already made or directed another to sign for the Testatrix in the Testatrix's presence;
3. that the Testatrix executed the Will as a free and voluntary act for the purposes expressed in it;

4- F.A.F.

4. that each of the witnesses, in the presence of the Testatrix and of each other, signed the Will as a witness;
5. that the Testatrix was of sound mind when the Will was executed; and
6. that to the best knowledge of each of the witnesses, the Testatrix was, at the time the Will was executed, eighteen (18) or more years of age or was a member of the armed forces or of the merchant marine of the United States or its allies.

DATED this 19 day of June, 1995.

Document is
NOT OFFICIAL!

This Document is a copy of the original filed with
Floyde Anna Frohock
FLOYDE ANNA FROHOCK, Testatrix
the Lake County Recorder!

Jarvis M. Jacu.
WITNESS

M. J. Jorgensen
WITNESS



5- F.A.F.

ATTENTION ESTATE: Disclosure of the... we need to pursue our responsibilities... voluntary and there will be no penalty for... usual.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No. 0240-00

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) FLOYDE ANN FROHOCK		2. SEX Female	3a. TIME OF DEATH 11:46PM	3b. DATE OF DEATH (Month Day Yr) January 25, 2000
4. SOCIAL SECURITY NUMBER 305-62-4307	5a. AGE - Last Birthday (Years) 89	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo Day Yr) Apr 4, 1910
7. BIRTHPLACE (City and State or Foreign Country) EQUALITY, IL		8a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES	9a. FACILITY NAME (If not institution, give street and number) HARTSFIELD CARE CENTER	9b. CITY TOWN OR LOCATION OF DEATH MUNSTER	9c. COUNTY OF DEATH LAKE
10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) NONE	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER	12b. KIND OF BUSINESS INDUSTRY OWN HOME	
13a. RESIDENCE - STATE IN	13b. COUNTY LAKE	13c. CITY TOWN OR LOCATION HAMMOND	13d. STREET AND NUMBER 6712 MARSHALL AVENUE	
13e. ZIP CODE 46323	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian, Black, White, etc. (Specify) WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed) 8		18. FATHER'S NAME (First, Middle, Last) CHARLES J. VINYARD		
19. MOTHER'S NAME (First, Middle, Maiden Surname) MARGARET HULL		20a. INFORMANT'S NAME (Type/Print) SHIRLEY BOWMAN		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 210 EAST MANOR DRIVE, GRIFFITH, IN 46319		20c. Relationship Daughter		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) Jan 28, 2000 CHAPEL LAWN MEMORIAL GARDENS		21c. LOCATION - City or Town State Scherville, IN
22a. EMBALMER'S NAME CHARLES WELLS		22b. EMBALMER'S LICENSE NO. FDO1042372	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John C. Chrest</i>		24b. LICENSE NUMBER (of Licensee) FDO1013507	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83002801 BOCKEN FUNERAL HOME, INC. 7042 KENNEDY AVENUE, HAMMOND, IN 46323	
26. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Congestive heart failure		27. IMMEDIATE CAUSE (Final disease or condition resulting in death) 1-25-2000		Approximate Interval Between Onset and Death
28. CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		29. DUE TO (OR AS A CONSEQUENCE OF)		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No
		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No		
29a. CERTIFIER (Check only one) <input checked="" 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 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.	29b. SIGNATURE AND TITLE OF CERTIFIER <i>J. Paik, M.D.</i>		29c. MEDICAL LICENSE NO. 30770	29d. DATE SIGNED (Month Day Year) 1/27/00
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) JAY C. PAIK, M.D., 200 MONTICELLO DRIVE, DYER, IN 46311				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>		32. DATE FILED (Month Day Year) <i>Jan 27, 2000</i>		
33. MANNER OF DEATH <input 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 INJURY (If injury occurred above, to a true and complete copy of the certificate of death on file with the Lake County Health Dept.)		34e. LOCATION (Street and Number or Rural Route Number City or Town State) JAN 27 2000		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <i>Alexander S. Williams MD LAKE COUNTY HEALTH COMMISSIONER</i>		

8

25x10

25 X 10

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

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EMBALMER'S NAME: E. D. Miller LICENSE NO. 6031

FUNERAL DIRECTOR'S SIGNATURE: E. Miller LICENSE NO. 1332

FUNERAL HOME NO. 303

Local No. 1960-81

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

1. DECEASED—NAME THOMAS V. FROHOCK		SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) DEC. 21, 1981
2. RACE White	AGE—Last Birthday 75	UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH (MO., DAY, YR.) SEPT. 17, 1906
3. CITY, TOWN OR LOCATION OF DEATH MUNSTER		HOSPITAL OR OTHER INSTITUTION—Name of inst. or other, give street and number COMMUNITY HOSPITAL	
4. STATE OF BIRTH (If not in U.S.A.) Illinois		CITIZEN OF WHAT COUNTRY USA	
5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		SURVIVING SPOUSE (If with, give street and number) Floyde Ann U. Nymk	
6. SOCIAL SECURITY NUMBER 327-18-0287		7. USUAL OCCUPATION (If not stated during year of death, state of industry) Retired	
8. RESIDENCE—STATE INDIANA		9. CITY, TOWN OR LOCATION LAKE	
10. STREET AND NUMBER 6712 MARSHALL AVE.		11. INSIDE CITY LIMITS (Specify city and state) yes	
12. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. no			
13. FATHER—NAME Lee Frohock		14. MOTHER—NAME Grace Jennings	
15. INFORMANT—NAME (Age or years) wife		16. RELATIONSHIP wife	
17. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		18. CEMETERY OR CREMATORY—FUNERAL HOME Chapel Lawn	
19. DATE (MONTH, DAY, YEAR) 12-24-81		20. LOCATION (CITY OR TOWN, STATE, ZIP) Schererville Ind.	
21. SIGNATURE <i>[Signature]</i>		22. DATE SIGNED (MO., DAY, YR.) 12-22-81	
23. NAME OF ATTENDING PHYSICIAN CARLOS A. SIENA, M.D.		24. HOUR OF DEATH 9:30 P.	
25. MAILING ADDRESS—PHYSICIAN 2342 RIDGE ROAD, HIGHLAND, IND. 46322		26. HEALTH OFFICER—SIGNATURE <i>[Signature]</i>	
27. HEALTH OFFICER—SIGNATURE <i>[Signature]</i>		28. DATE RECEIVED BY LOCAL HEALTH OFFICER 12-22-81	
29. IMMEDIATE CAUSE (GIVE ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Heart, Respiratory, Stroke DUE TO OR AS A CONSEQUENCE OF (b) Stroke DUE TO OR AS A CONSEQUENCE OF (c) Arteriosclerosis (arteriosclerosis)			
30. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not stated in cause given in PART I (a), (b), or (c) Chronic pulmonary emphysema			

STOP
PETER BENJAMIN
LAKE COUNTY AUDITOR