STATE OF ~~INDIANA~~ IL)
COUNTY OF COOK)

AFFIDAVIT
2002 060276

FILED
2002 JUL -5 AM 11:27
MORRIS W. CARTER
RECORDER

JENNIFER FREDA BEING FIRST DULY SWORN UPON HER OATH, DEPOSES AND SAYS:

THAT SHARON J. FREDA DIED ON THE 23Rd DAY OF JUNE, 2002, ~~XXXXX~~ AT _____.

THAT AT THE TIME OF HER DEATH, SHE WAS A CO-OWNER AS A JOINT TENANT WITH JENNIFER FREDA OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOT 3 IN BEUTIN'S ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED DECEMBER 29, 1931 IN PLAT BOOK 22 PAGE 56, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 6622 HOWARD, HAMMOND, IN. 46324
UNIT 26 KEY NO. 32-44-3

COMMUNITY TITLE COMPANY
FILE NO 2 23408

THAT NO FEDERAL ESTATE TAX OR INDIANA INHERITANCE TAX IS DUE AS A RESULT OF THE DEATH OF SHARON J. FREDA.

THAT THIS AFFIANT'S RELATIONSHIP TO THE DECEDENT WAS DAUGHTER.

FURTHER AFFIANT SAITH NOT.

FILED
JUL 2 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR

OFFICIAL SEAL
CHERYL M KRUDUP
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/03/05

Jennifer Freda
JENNIFER FREDA

BEFORE ME, THE UNDERSIGNED, NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, THIS 25th DAY OF JUNE, 2002, ~~XX~~, PERSONALLY APPEARED JENNIFER FREDA AND ACKNOWLEDGED THE EXECUTION OF THE ABOVE DOCUMENT.

MY COMMISSION EXPIRES:
11/03/05

Cheryl M. Krudup
NOTARY PUBLIC

COUNTY OF RESIDENCE: Cook

THIS INSTRUMENT PREPARED BY: PATRICK McMANAMA, ATTORNEY AT LAW ID 9534-45

1200 MV. CM

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

Local No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Sharon Freda
2. SEX: F
3a. TIME OF DEATH: 6:55P M
3b. DATE OF DEATH (Month, Day, Yr.): June 23, 2002
4. SOCIAL SECURITY NUMBER: 312/42/9955
5a. AGE—Last Birthday (Years): 60
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day. Yr.): May 8, 1942
7. BIRTHPLACE (City and State or Foreign Country): East Chicago, In.
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?
8c. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Other (Specify) ☐ Residence
9a. FACILITY NAME (If not institution, give street and number): Dyer Nursing & Rehabilitation Cntr.
9c. CITY, TOWN, OR LOCATION OF DEATH: Dyer
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Bookkeeper
12b. KIND OF BUSINESS/INDUSTRY: Furniture
13a. RESIDENCE—STATE: In
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Dyer
13d. STREET AND NUMBER: 601 Sheffield Ave
13e. ZIP CODE: 46311
13f. INSIDE CITY LIMITS? ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☐ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.): No
16. RACE—American Indian, Black, White, etc. (Specify): W
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): John C. Lunsford
19. MOTHER'S NAME (First, Middle, Maiden Surname): Emogine Wheeler

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Jennifer Freda
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6622 Howard Ave. Hammond, In. 4632
20c. Relationship: Daughter

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Entombment
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): June 25, 2002 Northwest In. Cremation Serv.
21c. LOCATION—City or Town, State: Crown Point, In.
22a. EMBALMER'S NAME: None
22b. EMBALMER'S LICENSE NO.
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): 1013612
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: 83002877 McCoy Funeral Chapel 5713 Hohman Ave. Hammond, In. 46320

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter mode/s of terms, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Diabetes mellitus	25 yrs.
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. DUE TO (OR AS A CONSEQUENCE OF): b.	End stage renal disease	5 yrs.
DUE TO (OR AS A CONSEQUENCE OF): c.	Arteriolar sclerosis	
DUE TO (OR AS A CONSEQUENCE OF): d.		

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))
28a. WAS AN AUTOPSY PERFORMED? (Yes or (No))
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or (No))

CERTIFIER

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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: [signature] M.D.
29c. MEDICAL LICENSE NO.: 01019851
29d. DATE SIGNED (Month, Day, Year): 6/29/02

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print): Adler 800 Mac Arthur Blvd. Munster In. 46321
31. HEALTH OFFICER'S SIGNATURE
32. DATE FILED (Month, Day, Year)

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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 building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SDH06-004 State Form 10110 (R5/1-99)