

2004 037017

2004 MAY 5 10:51 AM

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

JOSEPH A. FRYE a/k/a JOSEPH A. FRYE, JR., BY JOSEPH A. FRYE, PERSONAL REPRESENTATIVE OF THE ESTATE OF JOSEPH A. FRYE, JR., being first duly sworn upon his oath, deposes and says:

- 1. That Joseph A. Frye a/k/a Joseph A. Frye, Jr. and Wilma F. Frye were married on June 15, 1946, and remained husband and wife until the date of her death on July 3, 2003.
- 2. That Wilma F. Frye died testate, a resident of Lake County, Indiana.
- 3. That Wilma F. Frye and Joseph A. Frye, a/k/a Joseph A. Frye, Jr., held the following described real estate as tenants by the entireties at the date of her death:

Lot 59 in Market Square First Addition to Munster, as per plat thereof, recorded in plat book 33 page 94, in the Office of the Recorder of Lake County, Indiana.

- 4. That the expenses of the last illness and burial of Wilma F. Frye have been paid in full; that no estate has been or will be opened in any Court of record in the State of Indiana or any other state, and that there is no federal estate tax due and owing in said Decedent's estate.
- 5. That Affiant makes this Affidavit to induce the proper governmental authorities of Lake County, Indiana, to remove the name of Wilma F. Frye from the chain of title to the within described real estate and to all other real estate held by Wilma F. Frye and Joseph A. Frye a/k/a Joseph A. Frye, Jr. as tenants by entireties in Lake County, Indiana.

FURTHER YOUR AFFIANT SAYETH NOT.



Joseph A. Frye, Personal Representative
of the Estate of Joseph A. Frye, Jr.

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

MAY 5 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

TICOR CP920541684

000220

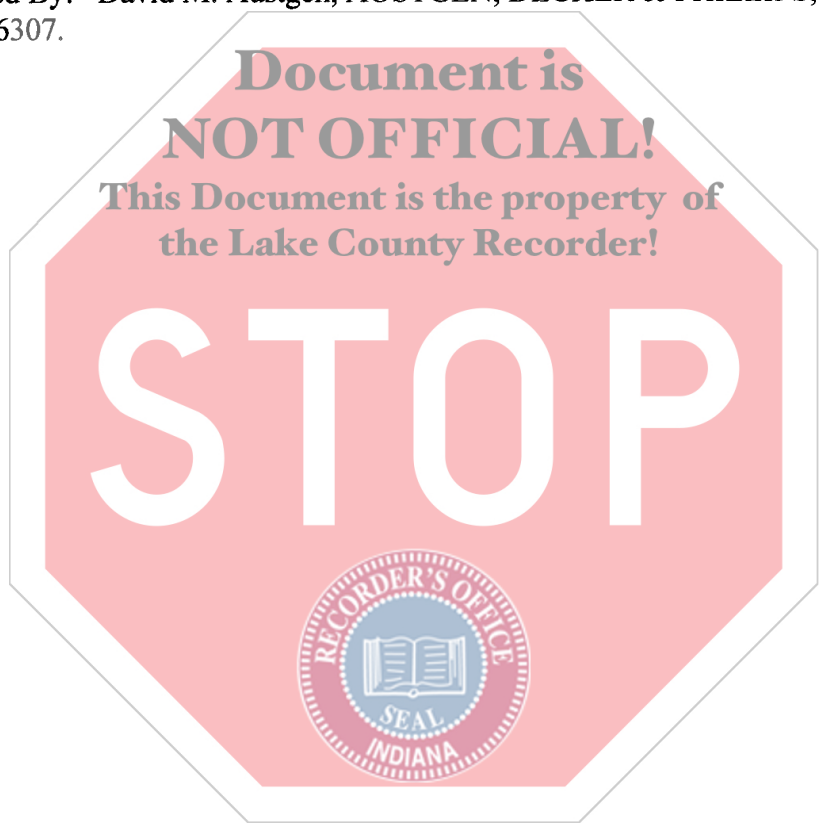
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 21st day of April, 2004.
My Commission expires: 9-3-2011
Jusa M. Steiner
Jusa M. Steiner, Notary Public
for the State of Indiana

County of Residence:
Lake

This Instrument Prepared By: David M. Austgen, AUSTGEN, DECKER & PHILLIPS, P.C., 130 N. Main Street, Crown Point, Indiana 46307.



Certified Copy of a Death Record

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 75
REGISTERED NUMBER 85

Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

1. DECEASED-NAME FIRST MIDDLE LAST Wilma F. Frye		SEX 2. female	DATE OF DEATH (MONTH, DAY, YEAR) 3. July 3, 2003
4. COUNTY OF DEATH Pike		AGE - LAST BIRTHDAY (YRS) 5a. 76	UNDER 1 YEAR UNDER 1 DAY 5b. MOS. DAYS 5c. HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) 5d. June 17, 1927
6a. Pittsfield		6b. Illini Community Hospital	
7. Hammond, IN		8a. married	
10. 316-24-7877		11a. agent	
13a. 8203 Euclid Avenue		13b. Munster	
13e. Indiana		13f. 46321	
14a. white		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	

A DECEASED

B

C

D

E

PARENTS

15. Burns Gerber		16. Mary Lenore	
17a. Joseph A. Frye, Jr		17b. son	
17c. 8015 Schreiber, Munster, IN 46321			

1

2

3

4

5

CAUSE

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

Immediate Cause (Final disease or condition resulting in death) → (a) **traumatic arrest**
DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) **motor vehicle accident**
DUE TO, OR AS A CONSEQUENCE OF

(c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. NO	19b. NO
20a. accidental	20b. 07/03/03
20c. 1:06M	20d. motor vehicle accident
20e. NO	20f. NO
20g. NO	20h. NO

N

P

H.G.

RIF

UNK

CERTIFIER

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

21b. **July 3, 2003**

21c. **1:06 p M.**

22a. **[Signature]**

22b. **08/29/03**

23a. **Paul F. Petty, Coroner**

23b. **08/29/03**

24a. **burial**

24b. **Chapel Lawn**

24c. **Schererville, IN**

24d. **07-09-2003**

25a. **Kuiper Funeral Home, 9039 Kleinman Rd Highland, IN 46322**

25b. **P. Michael Niebur**

25c. **034-011337**

26a. **Aruta Andrus by Aruta Stauffer Deputy**

26b. **Sept 2 2003**

DISPOSITION

VR202 (Rev. 5/89)

Illinois Department of Public Health - Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE Sept 2, 2003

Registrar Aruta Andrus

AT Pittsfield Illinois

BY: Deputy Registrar Aruta Stauffer

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.