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LAKE COUNTY FILED FOR RECORD

2012 040913

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STATE OF INDIANA )
) SS:
COUNTY OF LAKE )

## SUPPLEMENTAL SURVIVORSHIP AFFIDAVIT

On this \_\_\_\_\_\_ day of June, 2012, before me personally appeared REGINA FRUNK, to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature.
- 2. Affiant is the owner.
- 3. The following real estate was formerly owned by Edward and Regina Frunk,

## husband and wife:

## NOT OFFICIAL!

Unit E-1, in Building 12 in Georgetown Condominium, a Horizontal Property Regime, created by a Declaration of Condominium recorded April 9, 1997, as Document Number 97021231, and First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth, Ninth and Tenth Amendments thereto recorded respectively on July 1, 1997, as Document No. 97042363, on September 22, 1997, as Document No. 97063462, on August 18, 1998, as Document No. 98064476, on March 16, 1999, as Document No. 99023328 on June 17, 1999, as Document No. 99050973, as amended and restated by instrument recorded August 3, 1999, as Document No. 99064545, on August 3, 1999, as Document No. 99064546, on February 10, 2000, as Document No. 2000 009519 as re-recorded on April 24, 2000 as Document No. 2000-027519, on July 27, 2000, as Document No. 2000 053270, on January 25, 2002, as Document No. 2002 009192, and on August 23, 2002 as Document No. 2002-075750, in the Office of the Recorder of Lake County, Indiana, together with an undivided interest in the common and limited common elements appertaining thereto.

Parcel No. 45-07-33-127-099.000-026

Commonly known as 2740 Georgetown Drive, Unite E-1, Highland, IN

- 4. Decedent, Edward Frunk, died on the 11th day of December, 2011.
- 5. To the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent.
  - 6. Affiant's relationship to the deceased is surviving spouse.
  - 7. Regina L. Frunk is one and the same as the affiant herein, Regina Frunk

F	L	ED
JUN	18	2012
		<b>GA KATONA</b> Y AUDITOF

...2444

AMOUNT \$ 15.00
CASH CHARGE
CHECK #_16577
OVERAGE
COPY
NON-COM
CLERK UN

8. Edward Frunk, decedent is one and the same as Edward S. Frunk and Edward Stanley Frunk.

2740 Georgetowne Drive, Unit E-1 Highland, IN 46322

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this \_\_\_\_\_ day of June, 2012. \_\_\_\_\_\_

NOTARY PUBLIC Resident of Lake County

My Commission Expires:

affirm under the penalties for perjury that the Lake Chave taken reasonable care to redact each KENNETH M. WILK Lake County Social Security number in this document, My Commission Express February 10, 2015

unless required by law.

This document prepared by: KENNETH M. WILK - #1242-45

RUBINO, RUMAN, CROSMER & POLEN

275 Joliet Street, Suite 330

Dyer, IN 46311 219-322-8222



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

_ Local No 0		EDI	R No 000(	0002335	52		State I	No			
Decedent's Legal Name (First, Middle,	Last)		1a. Maiden Nar	ne (If female)	_	2. Sex	3. Tir	me Of Death	4. Date C	of Death (Month	/Day/Year)
EDWARD STANLEY FRUN						MALE		5:32 PM		12/11/201	
5. Social Security Number 6a. Age - Yo	rs 6b. Under 1 Yea	ar 6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date o	of Birth (Month)	/Day/Year)	8. Birthplace (C	ity and State of	or Foreign Count	.ry)
311-12-3581 90	Months	Days	Hours	Minutes		07/22/192		HAMMON	D, IN		
	Death Occurred In A Hopatient   Emergency	ospital:  Department Outpatient	☐ Dead on Arriva	10a. If Death Occu Hospice Facility Other (Specify)		where Other 1h cedent's Home		ng Home/Long-te	rm Care Facili	ity	
11. Facility Name (If Not Institution, Give	Street and Number)			1		<del></del>					- <del></del>
COMMUNITY HOSPITAL  12. City Or Town, State, And Zip Code	·			13. County C	of Death		<del></del>	14. Marital S	tatus At Time	Of Death	
									Married, Bu	ut Separated [	Divorced
MUNSTER, IN, 46321 15. Surviving Spouse's Name		15a.	. (If Wife)Give Maide	LAKE In Last Name		16. Decedent	's Usual Occu	☐ Widowed		or Married  Of Business/Indu	
						DRAFTSM					•
REGINA LEONA FRUNK  18. Residence - State	188	SZ.	<u>AFARCZYK</u>	18b. City Or Tow		<u>PHOTOGE</u>	RAPHER		JBP OIL	CO	
		·									
INDIANA 18c. Street And Number	<u> </u> LA	KE		HIGHLAND		118	8d. Apt. No.	18e. Zip	Code	18f. Inside C	ity Limits?
2740 GEORGETOWNE DR	N/E						· .			⊠ Yes [	•
19. Decedent's Education		20. Decedent Of Hispan	ric Origin	21. D	ecedent's F	Race	E-1	46	322		
SOME COLLEGE CREDIT,	BUT NOT A										
DEGREE  22. Father's Name (First, Middle, Last)		NOT HISPANIC		White 23. Mother's Name (I		e, Last)		23a.	Mother's Maid	len Last Name	
050005 504444					0.071						
GEORGE FRUNK 24. Informant's Name		24a. Relationship To	Decedent	KATHERINE I 24b. Mailing Address			, State, Zip C	OZL	JG		
REGINA LEONA FRUNK		WIFE		2740 GEORG	ETOW	NE DRIVE	APT E-	1. HIGHLAI	ND. IN 46	322	
	1 265 1	Of Disserting (No.		ce Of Disposition							
25a. Method Of Disposition  Burial Cremation Donation		lace Of Disposition (Nat	me Of Cemetery, Cre	ematory, Other Place)	25C. LOC	ation - City, To	wn, And State	)			
Removal From State	HOL	Y CROSS MAU	SOLEUM		CALL	MET CIT	V II				
Other (Specify): 26. Was Coroner Contacted?		te Address Of Funeral F		iimen	TOALU	METCIT	1,1∟		27a. Fune	eral Home Licens	e Number:
☐ Yes 🏿 No	BOCKEN ELIM	-DAL HOME IN	C 7040 KEN	INIEDY AVENU		ANAONID I	10000		F114000	20000	
27b. Signature Of Indiana Funeral Service	Licensee:	ERAL HOME IN	C., 1042 KEN	INEDY AVENU	E, HAN	27c.	License Numb	per (Of Licensee):	FH1060	J0033	
JOSE G. CORONA , BY ELE	ECTRONIC SIG		ISO Of Dooth /Soo	Instructions And F	vamnles)	FD0	8601373		<del>.</del>		
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 On A Line. Add Additinal Lines If Necessary.						Onset					
Immediate Cause (Final Disease Or C	ondition Resulting In I		ASPIRATION PNEL			A Consequence Of):					
Sequentially List Conditions, If Any, L	eading To The Cause	Listed Co. B. F	ARKINSON DISEA	ASE	,	,					
Line A. Enter The Underlying Cause ( The Events Resulting In Death) Last		at Initiated			Due to (Or As A	Consequence Of):					
The Events Nesditing in Death, East		C			Due to (Or As A	A Consequence Of):				<u> </u>	
		D.									
Part II. Enter Other Significant Conditions	ontributing to Death But	Not Resulting In The Ur	nderlying Cause Givi	n In Part I		n Autopsy Perf		Yes Complete The C	⊠ No	<b>L</b> 2	
31. Did Tobacoo Use Contribute To Death?	32. If Fem	ale:			30. Wele		33. Manner O		ause Of Deat	<sup>n</sup> ☐ Yes	□ No
Yes Probably No Unknow	Not Preg	nant Within Past Year Pr	-					Homicide Gould Not Be D	Accident	Pending Investi	gation
34. Date Of Injury (Month/Day/Year)	35. Time	onant, But Pregnant 43 Days To 1 Of Injury	*	Unknown If Pregnant With Of Injury (E.G., Dece		e. Construction	Site, Restaur	anti Wooded Are	a) UN 37.		
			TIL.	DER'SO	λ	LAKE COL	IR IY HEALTI	H DEPARTMEN	17   1	☐ Yes ☐	l No
38. Location Of Injury - State	38a. City C	Or Town	38b. Str	eet & Number				38c. Apt. N	ło. 38d	. Zip Code	
	)		2		超		Df	20 13 7	2015		
39. Describe How Injury Occurred			E 1	/العَبْعًا/		4	O. If Transpor	rtation Injury, Spe	ecify:	er (Specify)	
41. Signature, Of Person Certifying Cause	Of Death:		E	SEAL	<del>3</del>						
SHELDON RODERICK LEW	IS, BY ELECTI		URE	MOIANA			(Check Only	Coroner		leath Officer	
43. Name, Address And Zip Code Of Person	n Certifying Cause Of D	eath:		dinie		DISTRICT THE RO	44. Licer	nse Number	45.	Date Certified	
SHELDON RODERICK LEW  16. Additional Funeral Service Provider:	IS , 3641 RIDG	SE ROAD, HIGH	ILAND, IN 46	322			01049			12/12/201	11
		<del></del>					1				
18. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE			4	9. For Registi	rar Only - Da	te Filed (Month/ DEC 13 2					
JOOTHA TT. DEOT, VIA LELO			T TO CERTIFICAT	E OF DEATH (ENTR	Y OR ORI	GINAL)		DEC 13 2			

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.