



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

*Regina Frunk*  
REGINA 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 7<sup>th</sup> day of June, 2012.

*[Signature]*  
\_\_\_\_\_  
NOTARY PUBLIC  
Resident of Lake County

My Commission Expires:  
\_\_\_\_\_



Document is  
**NOT OFFICIAL!**

This Document is the property of  
the Lake County Recorder!

I affirm under the penalties for perjury that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

*[Signature]*  
\_\_\_\_\_

**STOP**

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 003819

EDR No 00000233552

State No

1. Decedent's Legal Name (First, Middle, Last) <b>EDWARD STANLEY FRUNK</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>05:32 PM</b>	4. Date Of Death (Month/Day/Year) <b>12/11/2011</b>		
5. Social Security Number <b>311-12-3581</b>	6a. Age - Yrs <b>90</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>07/22/1921</b>		8. Birthplace (City and State or Foreign Country) <b>HAMMOND, IN</b>		
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) <b>COMMUNITY HOSPITAL</b>										
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>				13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>REGINA LEONA FRUNK</b>			15a. (If Wife) Give Maiden Last Name <b>SZAFARCZYK</b>			16. Decedent's Usual Occupation <b>DRAFTSMAN AND PHOTOGRAPHER</b>		17. Kind Of Business/Industry <b>BP OIL CO</b>		
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HIGHLAND</b>		18d. Apt. No. <b>E-1</b>	18e. Zip Code <b>46322</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>GEORGE FRUNK</b>				23. Mother's Name (First, Middle, Last) <b>KATHERINE MYSAK</b>			23a. Mother's Maiden Last Name <b>OZUG</b>			
24. Informant's Name <b>REGINA LEONA FRUNK</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2740 GEORGETOWNE DRIVE APT E-1, HIGHLAND, IN 46322</b>						
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>HOLY CROSS MAUSOLEUM</b>			25c. Location - City, Town, And State <b>CALUMET CITY, IL</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BOCKEN FUNERAL HOME INC., 7042 KENNEDY AVENUE, HAMMOND, IN 46323</b>					27a. Funeral Home License Number: <b>FH10600033</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>JOSE G. CORONA, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08601373</b>				
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 Additional Lines If Necessary. <b>Immediate Cause (Final Disease Or Condition Resulting In Death)</b> A. <b>ASPIRATION PNEUMONIA</b> Due to (Or As A Consequence Of): B. <b>PARKINSON DISEASE</b> Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. Due to (Or As A Consequence Of):										
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>LAKE COUNTY HEALTH DEPARTMENT</b>			38. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code			
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: <b>SHELDON RODERICK LEWIS, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>SHELDON RODERICK LEWIS, 3641 RIDGE ROAD, HIGHLAND, IN 46322</b>						44. License Number <b>01049668A</b>		45. Date Certified <b>12/12/2011</b>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>DEC 13 2011</b>				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										