



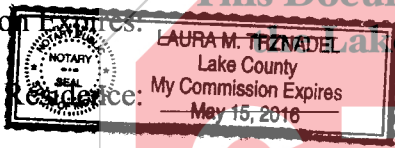
5. Affiant makes this affidavit for the purpose of having the real estate located at 2459 Calumet Avenue, Dyer, Lake County, Indiana, transferred to the names of Denise D. Frevert and Daniel T. Frevert, Jr.

6. That this affidavit is made to induce the Auditor of Lake County to transfer the above described real estate upon his records from the name of this Affiant and the Decedent to the name of the Affiant and her adult child, Daniel T. Frevert, Jr.

Denise D. Frevert  
Denise D. Frevert

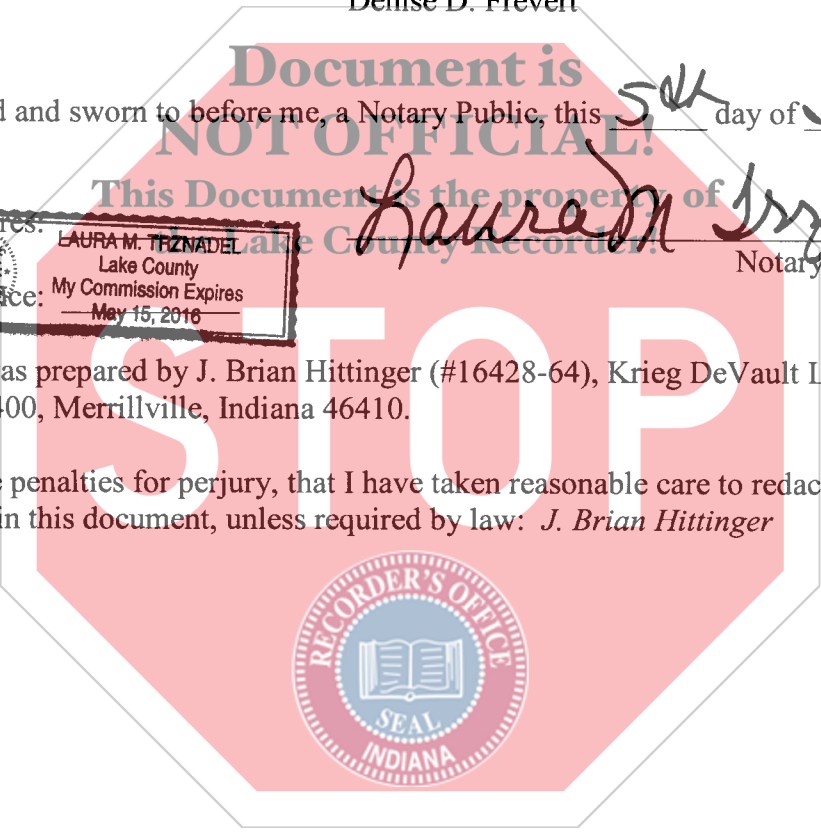
Subscribed and sworn to before me, a Notary Public, this 5th day of July, 2013.

Commission Expires: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Laura M. Trzmadel  
Notary Public



This instrument was prepared by J. Brian Hittinger (#16428-64), Krieg DeVault LLP, 8001 Broadway, Suite 400, Merrillville, Indiana 46410.

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: *J. Brian Hittinger*





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 3418-10

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>DANIEL T. FREVERT</b>				1a. Maiden Last Name (If Female) <b>N/A</b>		2. Sex <b>MALE</b>	3. Time Of Death <b>8:05 PM</b>	4. Date Of Death (Month/Day/Year) <b>SEPT. 24, 2010</b>		
5. Social Security Number <b>8142</b>	6a. Age - Yrs <b>51</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>FEB. 8, 1959</b>		8. Birthplace (City And State Or Foreign Country) <b>HAMMOND, INDIANA</b>		
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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>ST. MARGARET MERCY SOUJH</b>										
12. City Or Town, State, And Zip Code <b>DYER</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>DENISE FREVERT</b>		15a. (If Wife) Give Maiden Last Name <b>CLIKA</b>			16. Decedent's Usual Occupation <b>LEAD MAN</b>		17. Kind Of Business/Industry <b>TIW COMPANY</b>			
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>			18b. City Or Town <b>DYER</b>		18c. Street And Number <b>2450 CALMET AVE.</b>	18d. Apt. No.	18e. Zip Code <b>46311</b>	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19. Decedent's Education <b>12YRS.</b>	20. Decedent Of Hispanic Origin <b>NO</b>			21. Decedent's Race <b>WHITE</b>					
22. Father's Name (First, Middle, Last) <b>RICHARD C. FREVERT</b>				23. Mother's Name (First, Middle, Last) <b>LOIS J.</b>			23a. Mother's Maiden Last Name <b>STONE</b>			
24. Informant's Name <b>DENISE FREVERT</b>		24a. Relationship To Decedent <b>WIFE</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2459 CALMET AVE. DYER, INDIANA 46311</b>					
25. Place Of Disposition										
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input 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>ELMWOOD CEMETERY SEPTEMBER 29, 2010</b>			25c. Location - City, Town, And State <b>HAMMOND, INDIANA</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>LINCOLN RIDGE FUNERAL HOME 7607 W. LINCOLN HWY. CROWN POINTE, IN. 46307</b>						27a. Funeral Home License Number: <b>88800070</b>			
27b. Signature Of Indiana Funeral Service Licensee <i>Eli Taylor</i>						27c. License Number (Of Licensee): <b>FD01008300</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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>acute myocardial infarction</u> Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. _____ C. _____ D. _____										
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <u>MULTIPLE SCLEROSIS</u>										
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	30. Were Autopsy Findings 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 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 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			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)	37. 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 <b>DRIVER OPERATOR</b>					
41. Signature, Of Person Certifying Cause Of Death: <i>G. Davidson DC</i>						42. Certified On: <b>SEP 28 2010</b> <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>G. DAVIDSON 840 RICHARD RD DYER, IN 46311</b>						44. License Number <b>IN2000745</b>	45. Date Certified <b>9-27-10</b>			
46. Additional Funeral Service Provider:						47. *Alas:				
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>September 28, 2010</b>				