

2014 JAN 23 AM 9:11

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS: 2014 004076
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

I, John P. Frisinger, Personal Representative of the Unsupervised Estate of Marie-Louise Frisinger a/k/a Marie L. Frisinger, being duly sworn, do depose and say as follows:

1. That I am the duly appointed Personal Representative of the Unsupervised Estate of Marie-Louise Frisinger a/k/a Marie L. Frisinger, who died on November 14, 2012, pending in the Lake Circuit Court under Cause Number 45C01-1302-EU-00023.

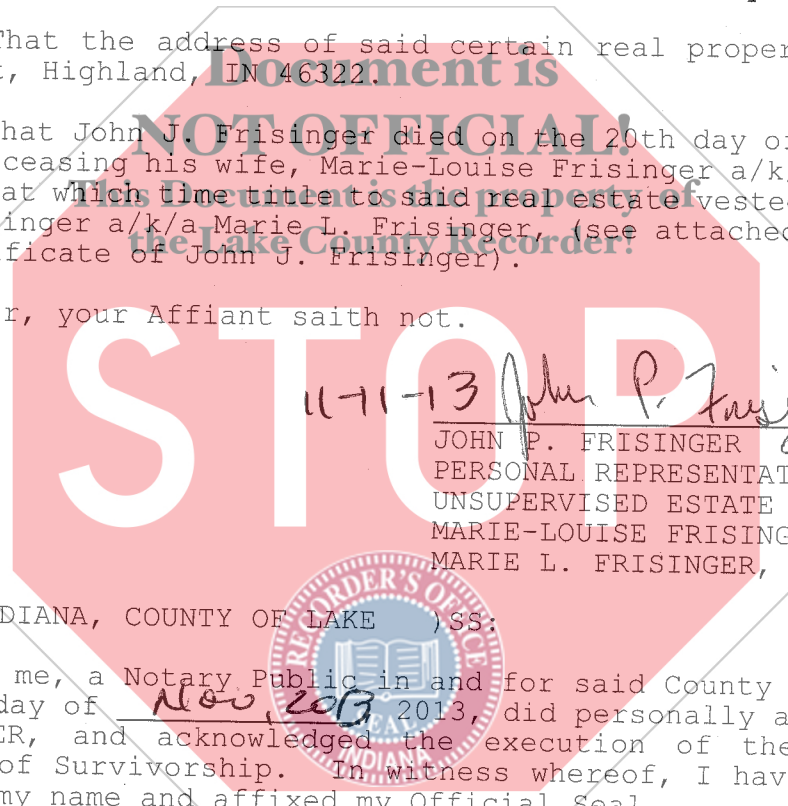
2. That the decedent, Marie-Louise Frisinger a/k/a Marie L. Frisinger and John J. Frisinger, deceased, were Husband and Wife at the time of his death, December 20, 1991.

4. That the decedents, Marie-Louise Frisinger a/k/a Marie L. Frisinger and John J. Frisinger, at the time of his death, owned certain real property as Husband and Wife, tenants by entireties.

5. That the address of said certain real property is 3111 Eder Street, Highland, IN 46322.

6. That John J. Frisinger died on the 20th day of December, 1991, predeceasing his wife, Marie-Louise Frisinger a/k/a Marie L. Frisinger, at which time title to said real estate vested in Marie-Louise Frisinger a/k/a Marie L. Frisinger, (see attached certified death certificate of John J. Frisinger).

Further, your Affiant saith not.



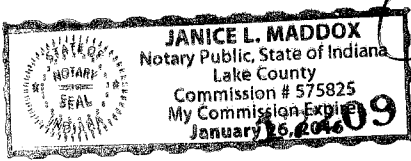
11-1-13 John P. Frisinger Personal Rep
JOHN P. FRISINGER
PERSONAL REPRESENTATIVE OF THE
UNSUPERVISED ESTATE OF
MARIE-LOUISE FRISINGER a/k/a
MARIE L. FRISINGER, DECEASED

STATE OF INDIANA, COUNTY OF LAKE) SS:

Before me, a Notary Public in and for said County and State, this 11th day of Nov, 2013, did personally appear JOHN P. FRISINGER, and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my Official Seal.

My Commission Expires: 1-26-16
Resident of Lake County

Janice L. Maddox
NOTARY SIGNATURE
Janice L. Maddox
#313883 Hold for PTG



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CK#
219804
Ca

FILED

DEC 30 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

INDIANA STATE BOARD OF HEALTH

Local No. 3210-91

CERTIFICATE OF DEATH

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) JOHN J. FRISINGER		2. SEX MALE	3a. TIME OF DEATH 11:23 A.	3b. DATE OF DEATH (Month, Day, Yr.) DECEMBER 20, 1991	
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 73	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) JUNE 4, 1918	
7. BIRTHPLACE (City and State or Foreign Country) GRANDVILLE, ILLINOIS	8a. WAS DECEDENT A U.S. VETERAN? YES				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL		9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) MARIE VARRIER	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) EXPIDATOR		12b. KIND OF BUSINESS/INDUSTRY STEEL	
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION HIGHLAND		13d. STREET AND NUMBER 3111 EDER ST.	
13e. ZIP CODE 46322	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) WHITE	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 3 College (1-4 or 5+) 3		18. FATHER'S NAME (First, Middle, Last) JOHN HENRY FRISINGER			
19. MOTHER'S NAME (First, Middle, Maiden Surname) LLONA MEAD		20. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3111 EDER ST. HIGHLAND, INDIANA 46322			
20a. INFORMANT'S NAME (Type/Print) MARIE FRISINGER		20c. Relationship WIFE			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) DECEMBER 23, 1991 CHAPEL LAWN MEMORIAL GARDENS		21c. LOCATION—City or Town, State SCHERERVILLE, INDIANA	
22a. EMBALMER'S NAME LEONARD GREGORCZYK		22b. EMBALMER'S LICENSE NO. FD08800305		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FD01006015		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL GARDENS, INC. 2828 HIGHWAY AVE. HIGHLAND, IN FH83003035	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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. Trauma to the head DUE TO (OR AS A CONSEQUENCE OF):		THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		Approximate Interval Between Onset and Death Unknown	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. DUE TO (OR AS A CONSEQUENCE OF):		SEP 18 2013			
c. DUE TO (OR AS A CONSEQUENCE OF):					
d. DUE TO (OR AS A CONSEQUENCE OF):					
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) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) YES	
		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes			
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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 <i>[Signature]</i>			
29c. MEDICAL LICENSE NO. 16120		29d. DATE SIGNED (Month, Day, Year) December 23, 1991			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) December 23, 1991	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) Dec 7, 1991	34b. TIME OF INJURY Unknown	34c. INJURY AT WORK? (Yes or no) No	34d. DESCRIBE HOW INJURY OCCURRED Automobile Accident
		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Street		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 41st and Kennedy Avenue Highland, Indiana	
34g. DATE PRONOUNCED DEAD (Month, Day, Year) December 20, 1991		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. Yes Driver			

LEGAL DESCRIPTION

All that certain lot or parcel of land situate in the **City of Highland, County of Lake**, State of Indiana, and being more particularly described as follows:

Lot 9 in Block 2 in Homestead Gardens Master Addition, in the Town of Highland, as per plat thereof, recorded in Plat Book 31, Page 79, in the Office of the Recorder of Lake County, Indiana.

PIN: 45-07-21-229-026.000-026

