

3

NOT AN OFFICIAL DOCUMENT

Affidavit of Death

STATE OF Indiana
COUNTY OF Lake

I, Carin Agnes Curran, residing at 11575 Morgan Street, Crown Point, Indiana 46307, being of legal age, depose and say that:

That Calvin ^L Lee ^{is} Fraley, 15261 Durbin Street, Crown Point, Indiana 46307 died on July 15, 2024 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein; *Exhibit A*

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Indiana for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

I certify under penalty of perjury under Indiana law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Carin A. Curran 7/24/2024
Carin A. Curran

STATE OF INDIANA, COUNTY OF LAKE, ss:

This Affidavit was acknowledged before me on this 24th day of July, 2024, by Carin Agnes Curran, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.



NP0696921
25
CS
RM

Lorri Luchene Notary Public
Notary Title (and Rank)
My commission expires 2/20/2025



GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED
2024-019926
2:34 PM
2024 JUL 26

FILED

JUL 26 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Exhibit A (back)

EXHIBIT A

NOT AN OFFICIAL DOCUMENT

~~Page~~ Legal Description of Property:
Ravnia Woods Lot 20
45-19-01-253-005.000-007

"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."
PREPARED BY: CC

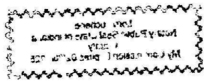
Prepared by Carin A. Curran

Property of Lake County Recorder

11/11/2023 10:11 AM

36 3 2

11/11/2023 10:11 AM





NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 408935

Local No 002487

EDR No 000011748557

State No 2024-036567

1. Decedent's Legal Name (First, Middle, Last) Calvin Lee Fraley				1a. Maiden Name (if female)		2. Gender Male		3. Time Of Death 11:20 AM		4. Date Of Death (Month/Day/Year) 07/15/2024		
5. Social Security Number [REDACTED]		6a. Age - Yrs 46		6b. Under 1 Year Month: _____ Days: _____		6c. Under 1 Month Days: _____ Hours: _____		6d. Under 1 Day Hours: _____ Minutes: _____		7. Date of Birth (Month/Day/Year) 07/25/1977		
8. Ever in U.S. Armed Forces?		10. If Death Occurred in a Hospital:		11. If Death Occurred Somewhere Other Than a Hospital:								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		<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) Franciscan Health Crown Point												
12. City Or Town, State, And Zip Code Crown Point, Indiana 46307								13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Maintenance and Planning Sup		17. Kind Of Business/Industry Nipso		
18. Residence - State IN			18a. County Lake			18b. City Or Town Crown Point			18d. Apt. No.		18e. Zip Code 46307	
18c. Street And Number 15261 Durbin Street			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education Some college, but no degree				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) Jimmy Fraley						23. Parent's Name (First, Middle, Last) Connie Brown			23a. Parent's Last Name Before First Marriage Brown			
24. Informant's Name Carin Curran				24a. Relationship To Decedent Power of Attorney				24b. Mailing Address (Street And Number, City, State, Zip Code) 11575 Morgan Street, Crown Point, IN, 46307				
25. Place Of Disposition Geisen Cremation Centre Crown Point, IN												
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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)				25c. Location - City, Town, And State						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Geisen Funeral, Cremation & Reception Centre 606 East 113th Avenue, Crown Point, Indiana, 46307				27a. Funeral Home License Number: FH10700031						
27b. Signature Of Indiana Funeral Service Licensee: Anthony Geisen						Electronically Signed			27c. License Number Of Licensee: FD22000002			
Cause Of Death (See Instructions And Examples)												
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 Abreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.												
Immediate Cause (Final Disease Or Condition Resulting In Death) A. widely metastatic adenocarcinoma of the colon. THIS IS A TRUE COPY OF _____ months to year												
B. _____												
C. _____												
D. _____												
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 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												
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)				
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 checked="" type="checkbox"/> No				38. Street & Number				38c. Apt. No.		38d. Zip Code		
38. Describe How Injury Occurred												
40. If Transportation Injury, Specify: <input type="checkbox"/> Other-Operator <input type="checkbox"/> Other-Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Driver <input type="checkbox"/> Other												
41. Signature, Of Person Certifying Cause Of Death: Richard David Scuderi						Electronically Signed			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: Richard David Scuderi 12750 Saint Francis Drive, Crown Point, IN 46307												
44. License Number 01077039A												
45. Date Certified 07/17/2024												
46. Additional Funeral Service Provider:												
47. Annex:												
48. Signature of Local Health Officer: Chandana Vavilala						Electronically Signed			49. For Registrar Only - Date Filed (Month/Day/Year): 07/18/2024			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												