

2



TICOR TITLE INSURANCE

2004 022300

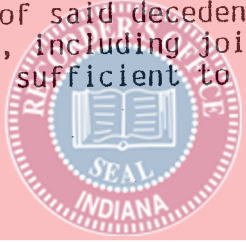
AFFIDAVIT

STATE OF Pa ~~INDIANA~~ MS
COUNTY OF LAKE Northampton

Michael Roy Nowicki, being first duly sworn upon oath, deposes and says:

1. That Lillian M. Nowicki died on April 9, 1984 at Franklin, N.C.
2. That Robert M. Nowicki and Lillian M. Nowicki were duly and legally married at the time they acquired title as husband and wife to the following described real estate: The South 174.92 feet of the East 462.00 feet of the North 660.0 feet of the Southwest Quarter of the Northeast Quarter of Section 17, Township 35 North, Range 9 West of the 2nd Principal Meridian, except the West 162.0 feet of the North 144.92 feet of the South 174.92 feet of the East 462.0 feet of the North 660.0 feet, and excluding that portion for right of way purposes of Sunset Boulevard, also including the North 54.08 feet of the East 330 feet of the South 229.0 feet of the North 660.0 feet of the Southwest Quarter of the Northeast Quarter of Section 17, Township 35 North, Range 9 West of the 2nd Principal Meridian, in the Town of Schererville, Lake County, Indiana. 13-112-26 (20)
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of ~~(his)~~ (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



FILED
MAR 17 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR
Michael Roy Nowicki

Subscribed and sworn to before me, a Notary Public, this 4th day of March, 19 2004

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Donna M. Long, Notary Public
Bethlehem Twp., Northampton County
My Commission Expires Dec. 30, 2007
Member, Pennsylvania Association Of Notaries

Donna M. Long
Notary Public

My Commission expires: 12/30/07

County of Residence: Northampton

This Instrument prepared by Michael Roy Nowicki

001384

12-30-07

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH
CERTIFICATE OF DEATH

Registration District No. 057-60 Local No. _____

183

Type, or print in permanent black ink

1. Name of Deceased First: <u>Lillian</u> Middle: <u>Marie</u> Last: <u>Nowicki</u>			2. Sex <u>Female</u>	3. Date of Death (Month, Day, Year) <u>April 9 1984</u>					
4. Color or Race <u>White</u>	5a. State of Birth (If not U.S.A., give Country) <u>Canada</u>	5b. County of Birth <u>Ontario</u>	6. Date of Birth <u>July 9, 1918</u>		7. Age (in years, last birthday) <u>65</u>	8. Months <u>1</u>	9. Days <u>9</u>	10. Hours <u>1</u>	11. Min. <u>18</u>
12a. Residence - State <u>N.C.</u>		12b. County <u>Macon</u>		12c. City or Town <u>Franklin</u>		13. Name of Hospital or Institution (If not in either, give street and number) <u>Angel Community Hospital</u>		14. Inpatient/Outpatient <u>Inpatient</u>	
15a. Citizen of What Country? <u>U.S.A.</u>		15b. Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		15c. Surviving Spouse (If wife, Give Maiden Name) <u>Robert Nowicki</u>		16. Street and Number or R.F.D. & Box No. <u>23 White Oak Street</u>		17. Inside City Limits (Yes or No) <u>Yes</u>	
18. Father's Name <u>William M. Shesler</u>		19. Mother's Maiden Name <u>Alice Roy</u>		20. Social Security Number <u>316-09-3491</u>		21. Usual Occupation (Kind of work done during most of life, even if retired) <u>Homemaker</u>		22. Kind of Business or Industry <u>Own Home</u>	
23. Informant's Name and Address <u>Robert Nowicki 23 White Oak Street Franklin, N.C. 28734</u>		24. Relation to Deceased <u>Husband</u>		25. Was Decedent Ever in U.S. Armed Forces? (Yes or No) <u>NO</u>					

DECEASED

PARENTS

CAUSE

CERTIFIER

Sign with permanent black ink

BURIAL

DHS 1872 FORM 8 REV. 7/79

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

19. (a) Immediate Cause: CARDIOVASCULAR SHOCK

(b) Due to, or as a consequence of: ACUTE MYOCARDIAL INFARCTION

(c) Due to, or as a consequence of:

PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I(a).

20a. Autopsy (Yes or No) NO

20b. If yes, were findings considered in determining cause of death? NO

20c. Was case referred to Medical Examiner (Yes or No) _____

21. Time of Death 10:41 A.M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

22. Name and Title of Certifier (Type or Print) Nowicki

23. Address Franklin, N.C.

24. Signature of Certifier [Signature]

25. Date Signed 4/10/84

26. Burial, Cremation, Other (Specify) Anatomical

27. Date 4/10/84

28. Name of Cemetery or Crematory University of N.C.

29. Location (City, Town or County) (State) Chapel Hill, N.C.

30. Funeral Home Name Bryant's Funeral Home

31. Address Franklin, N.C.

32. Signature of Funeral Director [Signature]

33. License No. 472

34. Date Rec'd by Local Reg. 4-10-84

35. Signature of Registrar [Signature]

36. Signature of Embalmer (If embalmed) [Signature]

37. License No. 2157



FILED
MAR 17 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL CLEARLY EMBOSSED.

A TRUE COPY

ADELAIDE K. GREEN
REGISTER OF DEEDS
MACON COUNTY, NC

BY: [Signature]
ASSISTANT DEPUTY REGISTER OF DEEDS

