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2004 044872

LAKE COUNTY
FILED FOR RECORD
2004 MAY 27 10 04 AM
MORNING
RECORDED

AFFIDAVIT
of Heirship

MARK ROBERT NOWICKI, being duly sworn, deposes and says: 920040033

1. I and my brother, MICHAEL ROY NOWICKI are sons of ROBERT MARTIN NOWICKI and LILLIAN M. NOWICKI and their only children.

2. LILLIAN M. NOWICKI predeceased my father, ROBERT MARTIN NOWICKI. She and my father were husband and wife on the date of her death and when they acquired the lands described in Ticor Title Insurance Company Commitment 920040033 dated December 4, 2003.

3. ROBERT MARTIN NOWICKI died October 7, 1997 in Macon County, North Carolina, death certificate attached.

4. My brother and I being the only children of ROBERT MARTIN NOWICKI are the sole heirs of ROBERT MARTIN NOWICKI, since he left no other children surviving or dead and since my mother and his parents predeceased him.

5. Attached hereto is a copy of my father's Last Will and Testament that has not been probated in any state, and there are no pending estate proceedings. All creditors of his estate and the expenses of his last illness and death have been paid.

6. The value of my father's estate was such that there were no Federal Estate Tax or Indiana Inheritance Taxes owed as a result of his death.

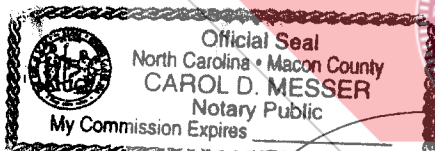
This the 13th day of February 2004.

This document is being re-recorded to add the legal.

Mark Robert Nowicki
MARK ROBERT NOWICKI
LAKE COUNTY AUDITOR

NORTH CAROLINA, Macon County.

I, a Notary Public of the County and State aforesaid, certify that MARK ROBERT NOWICKI, Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 19th day of FIELD(.)



SEAL-STAMP

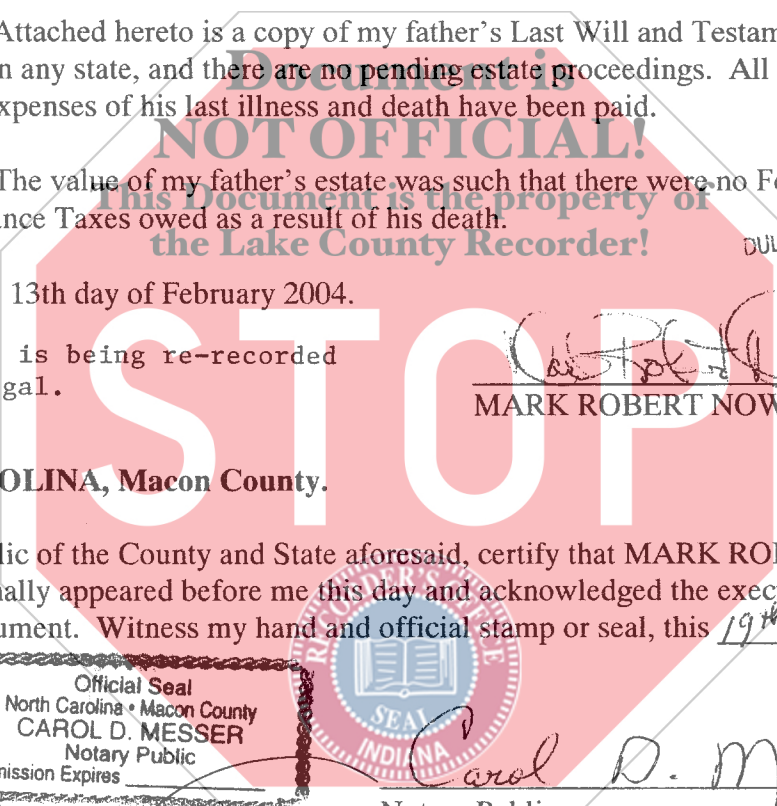
Carol D. Messer
Notary Public
My commission expires: 6-23-07

000001

TICOR SO

FILED
MAY 27 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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2004

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K# 13-112-26 (26)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER


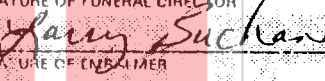

FEB 10 2004

CERTIFICATE OF DEATH

87

Registration

District No. 057-60 Local No.

DECEDENT'S NAME (First, Middle, Last) 1. Robert Martin Nowicki						SEX 2. M	DATE OF DEATH (Month, Day, Year) 3. October 7, 1997
SOCIAL SECURITY NUMBER 4. 306-10-8252	AGE - Last Birthday (Years) 5. 80	UNDER 1 YEAR Months Days 5b.	UNDER 1 DAY Hours Minutes 5c.	DATE OF BIRTH (Month, Day, Year) 6. July 20, 1917	BIRTHPLACE (County and State or Foreign Country) 7. Lake Co, IN		
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) 8. YES		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
FACILITY NAME (If not institution, give street and number) 9b. Angel Medical Center		CITY, TOWN, OR LOCATION OF DEATH 9c. Franklin		INSIDE CITY LIMITS? 8d. YES	COUNTY OF DEATH 9e. Macon		
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Doris Jane Mitchell		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. Engineer		KIND OF BUSINESS/INDUSTRY 12b. Oil and Metals		
RESIDENCE - STATE 13a. North Carolina	COUNTY 13b. Macon	CITY, TOWN, OR LOCATION 13c. Franklin		STREET AND NUMBER 13d. 244 Dan Mar Road			
INSIDE CITY LIMITS? (Yes or No) 13e. NO	ZIP CODE 13f. 28734	Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify)		RACE - American Indian, Black, White, Etc. (Specify) 15. White	DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 10-12 College 13-17 + 1 16. 14		
FATHER'S NAME (First, Middle, Last) 17. John C. Nowicki			MOTHER'S NAME (First, Middle, Maiden Surname) 18. Marie Chiponski				
INFORMANT'S NAME (Type/Print) 19a. Jane Nowicki		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 244 Dan Mar Road, Franklin, NC 28734			DATE AMENDED 19c.		
PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. DUE TO (OR AS A CONSEQUENCE OF): Respiratory Failure				Approximate Interval Between Onset and Death	
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.		b. DUE TO (OR AS A CONSEQUENCE OF): Pneumonia					
		c. DUE TO (OR AS A CONSEQUENCE OF): P					
		d.					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use, diabetes, etc.							
20b. CAD / Prosthetic Aortic Valve / CHF / COPD							
AUTOPSY? (Yes or No) if yes, were findings qualified in determining cause of death? (Yes or No)		21a. NO			21c. NO		
				22. M			
NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCE BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER OR 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.							
SIGNATURE AND TITLE OF CERTIFIER 23a. 						DATE SIGNED (Month, Day, Year) 23b. 10-11-97	
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 20) (Type or Print) 24. Dr. David Farley, 56 Medical Park Dr, Franklin, NC 28734							
METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Donation <input type="checkbox"/> Other		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25a. Cremation Services of WNC		LOCATION - City or Town, State, Zip Code 25c. Candler, NC 28715			
NAME AND ADDRESS OF FUNERAL HOME 26a. Macon Funeral Home, 261 Iolla Street, Franklin, NC 28743		SIGNATURE OF FUNERAL DIRECTOR 28b. 		LICENSE NUMBER 28c. FS1967			
REGISTRAR'S SIGNATURE 27. 		DATE FILED (Month, Day, Year) 28. 10-13-97		SIGNATURE OF EMBALMER 28d. Not Embalmed		LICENSE NUMBER 28e.	

DECEDENT

PARENTS

INFORMANT

CAUSE OF DEATH

CERTIFIER

DISPOSITION

Substitute For
DEHNR 1872
(2/8/87 Review 1/93)
9521 Form NC1

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OR ABSTRACT OF THE OFFICIAL RECORD OF DEATH FILED IN DEATH BOOK 57, PAGE 87 IN THIS OFFICE. (ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL CLEARLY EMBOSSED.)

THIS 13th DAY OF October, 1997.

JANET ROBERSON
REGISTER OF DEEDS
MACON COUNTY, N.C.

BY: 
ANITA RODGERS / ASSISTANT REGISTER OF DEEDS

(SEAL)

I HEREBY AFFIRM THAT THE ATTACHED AFFIDAVIT OF HEIRSHIP IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORDED MAY 28, 2004 AS DOCUMENT NO. 2004-044872

Charlene Simko
CHARLENE SIMKO



No: 920040033

LEGAL DESCRIPTION

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.

