


TICOR TITLE INSURANCE

AFFIDAVIT

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

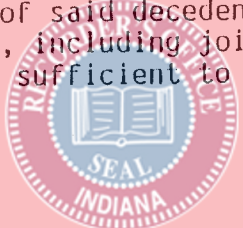
2004 022300

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.

This document is being re-recorded to follow proper chain of title.



FILED
 MAR 17 2004
 STEPHEN R. STIGLICH
 LAKE COUNTY AUDITOR

FILED

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

STEPHEN R. STIGLICH
 LAKE COUNTY AUDITOR

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

13-000302
1100
12/30

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 Marie</u> Middle: <u>Nowicki</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.F., 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. Under 1 year Months: _____ Days: _____	9. Under 24 hours Hours: _____ Min: _____
10. Place of Death - County <u>N.C.</u>		11. City or Town <u>Macon</u>		12. Name of Hospital or Institution (If not in either, give street and number) <u>Angel Community Hospital</u>		13. Inside City Limits (Yes or No) <u>Yes</u>
14. Residence - State <u>N.C.</u>		15. County <u>Macon</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. Citizen of What Country? <u>U.S.A.</u>			19. Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		20. Surviving Spouse (If Wife, Give Maiden Name) <u>Robert Nowicki</u>	
21. Social Security Number <u>316-09-3491</u>		22. Usual Occupation (Kind of work done during most of life, even if retired) <u>Homemaker</u>		23. Kind of Business or Industry <u>Own Home</u>		24. Was Decedent Ever in U.S. Armed Forces? (Yes or No) <u>NO</u>

DECEASED

PARENTS

16. Father's Name <u>William H. Shesler</u>		17. Mother's Maiden Name <u>Alice Roy</u>	
18a. Informant's Name and Address <u>Robert Nowicki 23 White Oak Street Franklin, N.C. 28734</u>			18b. Relation to Deceased <u>Husband</u>

CAUSE

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c) Approximate Interval Between Onset and Death

19. (a) Immediate Cause: CARDIOVASC. STROKE

(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 _____

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

20d. Time of Death 10:47 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.

CERTIFIER

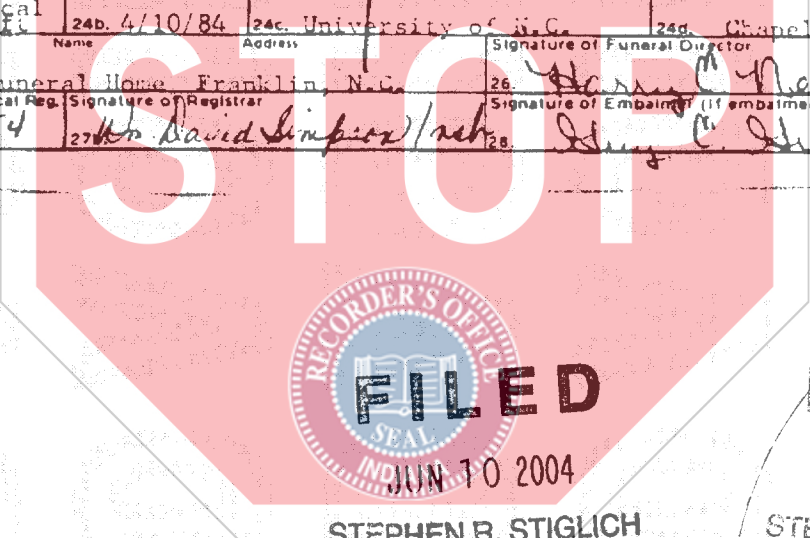
23a. Name and Title of Certifier (Type or Print) <u>Dr. J. Inovsky, M.D.</u>	23b. Address <u>116-118 ... Franklin, N.C.</u>
23c. Signature of Certifier <i>[Signature]</i>	23d. Date Signed <u>04/11/84</u>

Sign with permanent black ink.

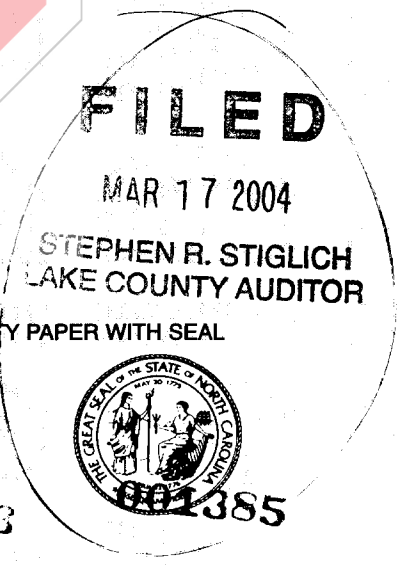
BURIAL

24a. Burial, Cremation, Other (Specify) <u>Anatomical Gift</u>	24b. Date <u>4/10/84</u>	24c. Name of Cemetery or Crematory <u>University of N.C.</u>	24d. Location (City, Town or County) (State) <u>Chapel Hill N.C.</u>
25. Funeral Home Name <u>Bryant Funeral Home Franklin, N.C.</u>	26. Signature of Funeral Director <i>[Signature]</i>	27. License No. <u>472</u>	
27a. Date Rec'd by Local Reg. <u>4-10-84</u>	27b. Signature of Registrar <i>[Signature]</i>	27c. Signature of Embalmer (if embalmed) <i>[Signature]</i>	
		27d. License No. <u>2157</u>	

DHS 1872 FORM 8 REV. 7/79



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]*
ADJUTANT DEPUTY REGISTER OF DEEDS

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