

STATE OF INDIANA )  
) SS:  
COUNTY OF MARION )

IN THE MARION SUPERIOR COURT  
PROBATE DIVISION, ROOM NO. 8  
CAUSE NO.: 49008 1 17 2 00 440 1

IN THE MATTER OF THE ESTATE OF )  
)  
DANIEL JAKUBOVIE, DECEASED )

) *Imp ID # 45-03-07-181-008-000-023*  
) *45-03-07-181-009.000-023*  
) *45-03-07-181-010.000-023*

**FILED**

69

*Charlith d. White*  
CLERK OF THE MARION CIRCUIT COURT

RT1207100

**APPEARANCE BY ATTORNEY IN CIVIL CASE**

Party Classification: Initiating X Responding \_\_\_ Intervening \_\_\_

1. The undersigned attorney and all attorneys listed on this form now appear in this case for the following party member(s): Mark J. Jakubovie, Personal Representative of the Estate of Daniel Jakubovie, Deceased

2. Applicable attorney information for service as required by Trial Rule 5(B)(2) and for case information as required by Trial Rules 3.1 and 77(B) is as follows:

MICHAEL E. MORKEN (#10037-49)  
ATTORNEY AT LAW  
2162 NORTH MERIDIAN STREET, SUITE A  
INDIANAPOLIS, INDIANA 46202-1332  
TELEPHONE: (317) 924-4801  
FACSIMILE: (317) 924-6115

3. There are other party members: Yes \_\_\_ No X If Yes, other party members not represented by this attorney include: \_\_\_\_\_

4. If first initiating party filing this case, the Clerk is requested to assign this case the following Case Type under Administrative Rule 8(b)(3): EU

5. I will accept service by FAX at the above noted number: Yes

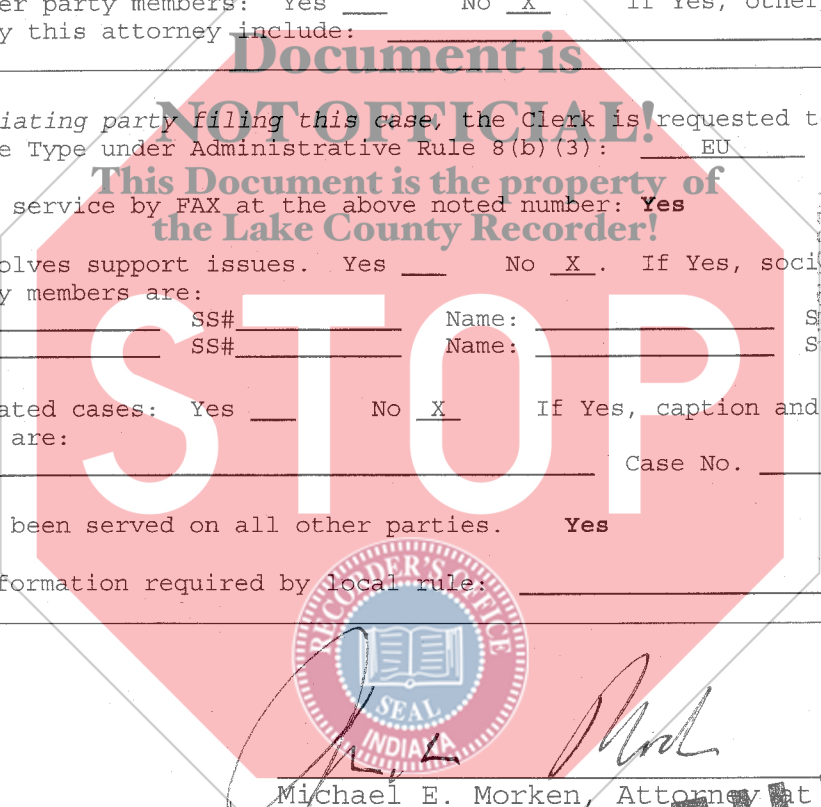
6. This case involves support issues. Yes \_\_\_ No X. If Yes, social security numbers for all family members are:

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Name: \_\_\_\_\_ SS# \_\_\_\_\_ Name: \_\_\_\_\_ SS# \_\_\_\_\_

7. There are related cases: Yes \_\_\_ No X If Yes, caption and case number of related cases are: \_\_\_\_\_ Case No. \_\_\_\_\_

8. This form has been served on all other parties. Yes

9. Additional information required by local rule: \_\_\_\_\_



*[Signature]*  
Michael E. Morken, Attorney at Law

**FILED**

AUG 21 2012

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

25519

\$11  
CT  
*[Signature]*

CHICAGO TITLE INSURANCE COMPANY

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR REC'D  
REC'D  
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