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AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE) SS:
Tax I.D. No. 45-07-28-206-020.000-026

2013 036550

2013 MAY 21 AM 10:19

MICHAEL B. DROWN
RECORDER

MICHAEL J. NOVOSEL, JR., being first duly sworn upon oath, deposes and says:

1. That **MICHAEL J. NOVOSEL a/k/a MICHAEL NOVOSEL** died on the 5th day of October, 2009 in Lake County, Indiana.
2. That at the time of his death, he held a Life Estate interest in the following described real estate:

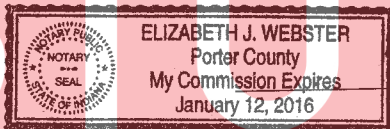
LOT FORTY-EIGHT (48), (EXCEPT THE WEST 5 FEET THEREOF) AND LOT FORTY-NINE (49), (EXCEPT THE EAST 30 FEET THEREOF) LINCOLN PARKWAY SUBDIVISION, IN THE TOWN OF HIGHLAND, AS SHOWN IN PLAT BOOK 29, PAGE 80, IN LAKE COUNTY, INDIANA.

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of **MICHAEL J. NOVOSEL a/k/a MICHAEL NOVOSEL**
4. That this Affiant's relationship to the Decedent was son.

FURTHER, Affiant saith naught.

Michael Novosel, Jr.
MICHAEL NOVOSEL, JR.

Subscribed and sworn to before me, a Notary Public this 7th day of May, 2013.



Elizabeth J. Webster
Notary Public

My Commission Expires:
County of Residence:

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.

Elizabeth J. Webster
Signature of Preparer



ELIZABETH J. WEBSTER
Name of Preparer

This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

COMMUNITY TITLE COMPANY
FILE NO 134022 LAKE CO

FILED

MAY 17 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

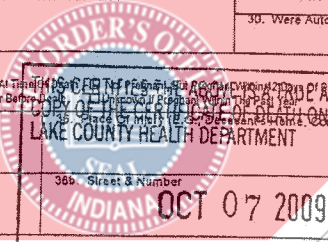
Local No. 3438-09

State No.

1. Decedent's Legal Name (First, Middle, Last) Michael Novosel		1a. Maiden Last Name (If Female)		2. Sex Male		3. Time Of Death 2:52 am		4. Date Of Death (Month/Day/Year) October 5, 2009			
5. Social Security Number 308-14-6908		5a. Age - Yrs 85		6. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours			
6e. Under 1 Hour Minutes		7. Date Of Birth (Month/Day/Year) December 21, 1923		8. Birthplace (City And State Or Foreign Country) Whiting, Indiana							
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" 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) 2917 Parkway Drive											
12. City Or Town, State, And Zip Code Highland, Indiana 46322				13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown					
15. Surviving Spouse's Name Frances Novosel			15a. (If Wife) Give Maiden Last Name Zeithammel		16. Decedent's Usual Occupation Pipeline Operator		17. Kind Of Business/Industry Oil				
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Highland							
18c. Street And Number 2917 Parkway Drive				18d. Apt. No.		18e. Zip Code 46322		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 12th grade			20. Decedent Of Hispanic Origin		21. Decedent's Race White						
22. Father's Name (First, Middle, Last) Michael Novosel			23. Mother's Name (First, Middle, Last) Mary novosel		23a. Mother's Maiden Last Name Roper						
24. Informant's Name Frances Novosel		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 2917 Parkway Drive, Highland, IN 46322							
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) Northwest Indiana Cremation Services		25c. Location - City, Town, And State Crown Point, Indiana							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Fagen Miller Funeral Home 2828 Highway Ave, Highland, IN 46322					27a. Funeral Home License Number: FH83003035				
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>		27c. License Number (Of Licensee): FD20400030									
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 Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Mesothelioma</u> Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death		33. Manner Of Death: <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		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number		38c. Apt. No.		38d. Zip Code			
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
41. Signature, Of Person Certifying Cause Of Death: <i>M. Kassae</i>				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: MOHAMMAD KASSAE 10110 DOWNLO POWERS DRIVE MUNSTER, IN 46321				44. License Number 01064684A		45. Date Certified 10-5-09					
46. Additional Funeral Service Provider:				47. *Akas:							
48. Signature of Local Health Officer: <i>Sandra J But</i>				49. For Registrar Only - Date Filed (Month/Day/Year): October 7, 2009							

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STOP



Novosel