

No.	Address	Legal Description
4.	3001 Dickey Rd.	Part of Lot 239, lying Northwesterly of a line 88.1 feet Southeasterly of and parallel to the Northwesterly boundary line of said Lot 239, Mark Subdivision, in the City of East Chicago, Lake County, Indiana, as shown in Plat Book 15, page 36, in Lake County, Indiana. Parcel Number: 45-03-16-333-001.000-024
5.	3009 Dickey Rd.	Southeasterly 97.40 feet of the Northwesterly 185.50 feet of Lot 239, Mark Subdivision, in the City of East Chicago, as shown in Plat Book 15, page 36, in Lake County, Indiana. Parcel Number: 45-03-16-333-002.000-024
6.	516 Liberty St.	Lot 207, Mark Subdivision, in the City of East Chicago, as shown in Plat Book 15, page 36, in Lake County, Indiana. Parcel Number: 45-03-16-305-009.000-024
7.	518 Liberty St.	Lot 222, Mark Subdivision, in the City of East Chicago, as shown in Plat Book 15, page 36, in Lake County, Indiana. Parcel Number: 45-03-16-305-001.000-024
8.	3006 Oak Ave.	Lot 231, Mark Subdivision, in the City of East Chicago, as shown in Plat Book 15, page 36, in the Office of the Recorder of Lake County, Indiana. Parcel Number: 45-03-16-333-006.000-024
9.	3008 Oak Ave.	Lot 232, Mark Subdivision, in the City of East Chicago, as shown in Plat Book 15, page 36, in the Office of the Recorder of Lake County, Indiana. Parcel Number: 45-03-16-333-007.000-024
10.	3010 Oak Ave.	Lot 233, Mark Subdivision, a Subdivision in the City of East Chicago, as per plat thereof recorded in Plat Book 15, page(s) 36, in the records in the Office of the Recorder of Lake County, Indiana. Parcel Number: 45-03-16-333-008.000-024
11.	3012 Oak Ave.	Lot 234, Mark Subdivision, a Subdivision in the City of East Chicago, as per plat thereof recorded in Plat Book 15, page(s) 36, in the records in the Office of the Recorder of Lake County Indiana. Parcel Number: 45-03-16-333-009.000-024

No.	Address	Legal Description
12.	3014 Oak Ave.	Lot 235, Mark Subdivision, in the City of East Chicago, as per plat thereof, recorded in Plat Book 15, page 36, in the Office of the Recorder of Lake County, Indiana. Parcel Number: 45-03-16-333-010.000-024
13.	3016 Oak Ave.	Lot 236, Mark Subdivision, a Subdivision in the City of East Chicago, as per plat thereof recorded in Plat Book 15, page(s) 36, in the records in the Office of the Recorder of Lake County, Indiana. Parcel Number: 45-03-16-333-011.000-024
14.	3018 Oak Ave.	Lot 237, Mark Subdivision, a Subdivision in the City of East Chicago, as per plat thereof recorded in Plat Book 15, page(s) 36, in the records in the Office of the Recorder of Lake County, Indiana. Parcel Number: 45-03-16-333-012.000-024
15.	3020 Oak Ave.	Lot 238, Mark Subdivision, in the City of East Chicago, as per plat thereof, recorded in Plat Book 15, page 36, in the Office of the Recorder of Lake County, Indiana. Parcel Number: 45-03-16-333-013.000-024

This Document is the property of

That the Affiant and ANNIE MICHELS a/k/a ANNIE M. MICHELS (the "Decedent") were married on the 31st day of July, 1948. That the Affiant and the Decedent were husband and wife at the time they acquired title to the Property.

That the marital relationship, which existed between the Affiant and the Decedent, continued unbroken from the time they so acquired title to the Property until the death of the Decedent on April 7, 2009, at which time the Affiant acquired title to the Property.

That the gross value of the estate of the Decedent, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the Decedent's estate was not subject to Federal Estate Tax. That the Decedent's estate was not subject to Indiana Inheritance Taxes.

FURTHER THE AFFIANT SAYETH NAUGHT.

[signature page follows]



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1473-09 Parcel # 45-07-08-401-013000-023 State No. _____

1. Decedent's Legal Name (First, Middle, Last) ANNIE MICHELS		18. Maiden Last Name (If Female) POTESTA		2. Sex F		3. Time Of Death 2:00 AM		4. Date Of Death (Month/Day/Year) APRIL 7, 2009	
5. Social Security Number [REDACTED]		9a. Age Yrs 85		6b. 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) February 22, 1924		8. Birthplace (City, State Or Foreign Country) EAST CHICAGO, 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 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) 6948 OLCOTT									
12. City Or Town, State, And Zip Code HAMMOND, INDIANA				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 GEORGE MICHELS			15a. (If Wife) Give Maiden Last Name NA			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND					
18c. Street And Number 6948 OLCOTT				18d. Apt. No.		18e. Zip Code 46323		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High school graduate or GED completed		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) JAMES POTESTA			23. Mother's Name (First, Middle, Last) ROSE POTESTA						
24. Informant's Name GEORGE MICHELS		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 6948 OLCOTT, HAMMOND, INDIANA 46323					
25a. Method Of Disposition: <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) ST. NICHOLAS CEMETERY		25c. Location - City, Town, And State HAMMOND, INDIANA					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN PRUZIN FUNERAL HOME & CREMATORY 14 KENNEDY AVE. SCHERERVILLE, INDIANA 46375					27a. Funeral Home License Number: 10200037		
27b. Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>				27c. License Number (Of Licensee) FD 29600100					
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. Bronchogenic Carcinoma Due To (Or As A Consequence Of): 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 B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown, Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <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		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street And 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>[Signature]</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: HOWARD M. MISHOULAM, M.D. 10110 DONALD POWERS, MUNSTER, INDIANA 46321				44. License Number # 01033507		45. Date Certified APRIL 8, 2009			
46. Additional Funeral Service Provider:				47. *Akas:					
48. Signature of Local Health Officer: <i>[Signature]</i>				49. For Registrar Only - Date Filed (Month/Day/Year): April 13, 2009 006973					

2309 027455
MICHAEL A. BROWN
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
APR 28 PM 2:15

Document is the property of the Lake County Recorder
STOP
FILED
APR 28 2009
PEGGY HOISINGA KATONA
LAKE COUNTY AUDITOR