

467358 pdg
Pat Logo Bk of Hagedorn

FILED

JUL 26 1993

Anna N. Unton
AUDITOR LAKE COUNTY

2
93048914

Chicago Title Insurance Company



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ~~ILLINOIS~~ Illinois
COUNTY OF Cook

Order No. 04 67 3531

Janna L Lagestee

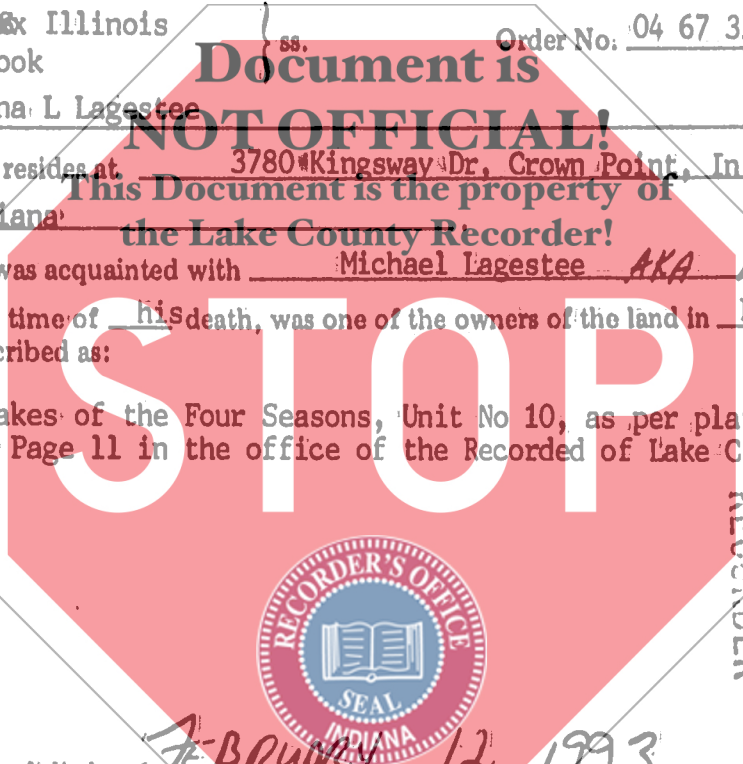
being duly sworn

states that she resides at 3780 Kingsway Dr, Crown Point, In in the City of Crown Point, Indiana

That she was acquainted with Michael Lagestee AKA MICHAEL D. LAGESTEE

deceased who, at the time of his death, was one of the owners of the land in Lake County, Illinois, described as: Indiana

Lot 517 in Lakes of the Four Seasons, Unit No 10, as per plat thereof, recorded in Plat Book 39 Page 11 in the office of the Recorder of Lake County, Indiana



RECORDER
MICHAEL D. LAGESTEE

JUL 26 10 26 AM '93

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

That the deceased died FEBRUARY 12, 1993, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto: The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

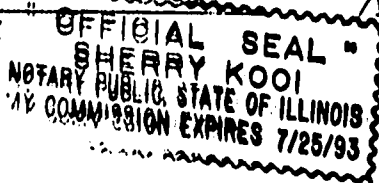
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 10th day of July, A.D. 19 93

Sherry Kooi
Notary Public

Janna L Lagestee
(affiant's signature)



00772 800 Ct

This is to certify that this is a true and correct reproduction of the record filed in the Vilas County Register of Deeds Office, Eagle River, Wisconsin.

DATE ISSUED: FEB 16 1993

Dona Richter
Dona Richter
REGISTER OF DEEDS

IT IS ILLEGAL TO REPRODUCE THIS CERTIFICATE WHICH HAS A RAISED SEAL, UNLESS SPECIFICALLY AUTHORIZED BY LAW.

DOH 5040 (Rev. 11/91)
Chap. 88, Wis. Stats.

93-0023

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORIGINAL CERTIFICATE OF DEATH

STATE FILING DATE

STATE DEATH NO.

LOCAL FILE NUMBER: 93-0023
1. DECEDENT'S NAME: Michael
2. SEX: Male
3. RACE: White
4. AGE: 29
5. DATE OF BIRTH: October 25, 1963
6. COUNTY OF DEATH: Vilas
7. MANNER OF DEATH: Accident
8. DATE OF DEATH: February 12, 1993
9. HOUR OF DEATH: 0230
10. PLACE OF DEATH: Half Mile Road & Forest Road, St. Germain, Wisconsin
11. MARITAL STATUS: Married
12. FATHER'S NAME: Donald Lageste
13. MOTHER'S NAME: Pauline Slager
14. USUAL OCCUPATION: Auto Mechanic
15. KIND OF BUSINESS/INDUSTRY: Car Dealership
16. SURVIVING SPOUSE: Jana Ver-Ploeg
17. MEDICAL CERTIFICATE SIGNATURE: Michael Gough
18. REGISTER SIGNATURE: Dona Richter
19. DATE RECEIVED BY REGISTRAR: February 16, 1993

NOT OFFICIAL!

This Document is the property of the Lake County Recorder
3780 Kings Way Drive - Crown Point, IN 46307

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13a. RESIDENCE - STATE: Indiana
13b. RESIDENCE - COUNTY: Lake
13c. RESIDENCE - INSIDE CITY, VILLAGE, TOWNSHIP: Crown Point
13d. (CHECK ONE) City, Village, Township: [X] City
14a. NUMBER, STREET: 3780 Kings Way Drive
14b. ZIP CODE: 46307
15. STATE OF BIRTH (Country if not in U.S.): Illinois
16. FATHER'S NAME: Donald Lageste
17. MOTHER'S NAME: Pauline Slager
18. RACE (e.g. White, Black, Am Indian, etc.): White
19. HISPANIC OR GRAY? (Specify Cuban, Mexican, etc.): No
20a. USUAL OCCUPATION (Do not enter "Retired"): Auto Mechanic
20b. KIND OF BUSINESS / INDUSTRY: Car Dealership
21. EDUCATION (Highest grade completed): 12
22. DECEDENT EVER IN U.S. ARMED FORCES? No
23. SURVIVING SPOUSE (If wife, give birth surname, not married surname) (First, Middle, Last): Jana Ver-Ploeg
24a. INFORMANT'S NAME: Jana Lageste
24b. MAILING ADDRESS: 3780 Kings Way Drive - Crown Point, IN 46307
25. METHOD OF DISPOSITION: [X] Burial
26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oak Ridge Cemetery
27. LOCATION (City/Village/Township - State): Lansing, Illinois
28. DATE SIGNED BY FUNERAL SERVICE LICENSEE: February 12, 1993
29. DATE RECEIVED FROM MED CERT (Mo., Day, Yr.): February 12, 1993
30a. FUNERAL SERVICE LICENSEE (or person acting in such): Bruce Carlson
30b. WI LICENSE NO.: 4702
31. NAME AND MAILING ADDRESS OF FACILITY: (Street and number, City, State, Zip) CARLSON FUNERAL SERVICE, INC. 134 N Stevens St. - Rhinelander, Wisconsin 54501
32. CERTIFYING PHYSICIAN - To the best of my knowledge death was pronounced and occurred at the time(s) and due to the causes stated.
33. DATE OF DEATH (Mo., Day, Yr.): February 12, 1993
34. MANNER OF DEATH:
1. [] Natural
2. [X] Accident
3. [] Suicide
4. [] Homicide
5. [] Undeclared
6. [] Pending
35. DATE OF INJURY (Mo., Day, Yr.): February 12, 1993
36. LOCATION (Street and number, City, State, Zip) (Specify Intersection): Half Mile Road & Forest Road, St. Germain Twp, Wisconsin
37. PLACE OF INJURY (Home, Street, Farm, etc.): Half Mile Road
38. ALIQUOT AT WORK: [X] YES [] NO
39. MEDICAL CERTIFICATE SIGNATURE & TITLE (Black Ink): Michael Gough, M.D.
40. WI PHYSICIAN LICENSE NO.: 0063
41. REGISTER SIGNATURE: Dona Richter
42. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): February 16, 1993

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36. MEDICAL CERTIFICATE NAME: Michael Gough
37. CERTIFIER'S MAILING ADDRESS (Street, & Number, City, State, ZIP): P.O. Box 1675 - Eagle River, Wisconsin 54521
43. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): February 16, 1993

46. 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. List only one cause of death on each line. Do not list old age or senility as sole cause.
IMMEDIATE CAUSE (Final disease or condition resulting in death):
(a) Massive Skull Fractures (DUE TO OR AS A CONSEQUENCE OF)
(b) (DUE TO OR AS A CONSEQUENCE OF)
(c) (DUE TO OR AS A CONSEQUENCE OF)
(d) (DUE TO OR AS A CONSEQUENCE OF)

47. IF INJURY, DESCRIBE HOW INJURY OCCURRED:
Snowmobile struck trees
PART II: Other significant conditions contributing to death but not resulting in underlying cause given in Part I:
Instant
JUL 26 1993
Dona Richter
AUDITOR LAKE COUNTY

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