

3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 090157

2013 DEC -9 AM 10:26



Chicago Title Insurance Company  
MICHAEL LINOSKI  
RECORDER

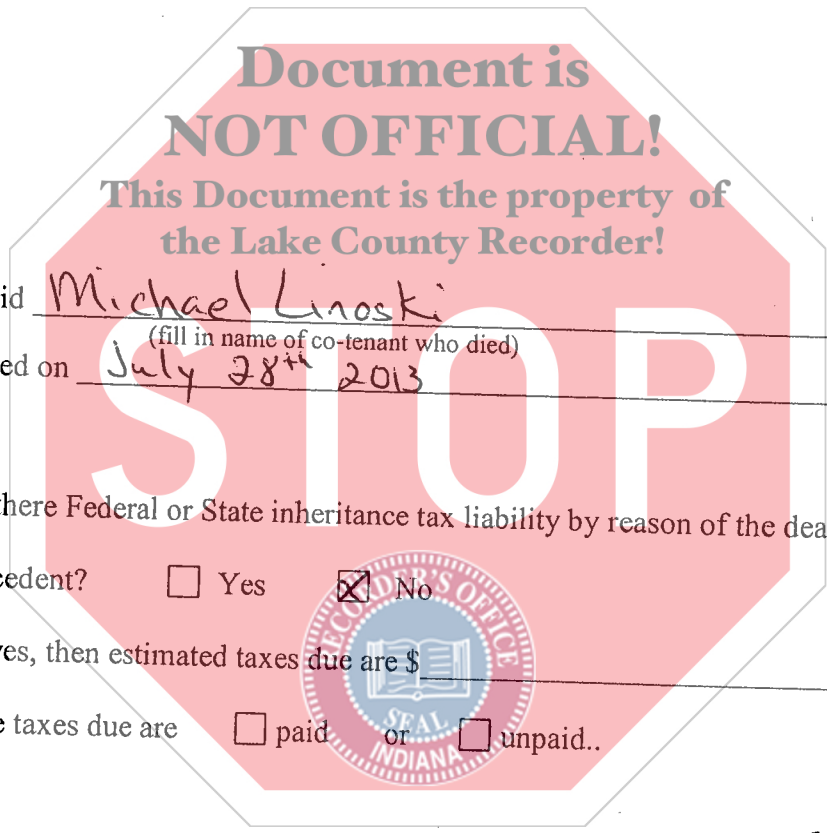
AFFIDAVIT

On this 12th of November before me personally appeared \_\_\_\_\_

LISA Doughman

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:
2. That Michael Linoski held a life estate interest in the following described land:.



3. Said Michael Linoski died on July 28th 2013  
(fill in name of co-tenant who died)

4. Is there Federal or State inheritance tax liability by reason of the death of said decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid..

Chicago Title Insurance Company

FILED

DEC 06 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

28258

1306546

#15  
CT  
G

5. Affiant's relationship to the deceased was family friend/successor trustee

Signature: Lisa Doughman

Printed Name Lisa Doughman

Address: 7103 Marshall Ave  
Hammond, IN 46323

Subscribed and sworn to before me by the affiant

This November 12, 2013  
(insert date)

[Signature]  
Notary Public

Printed Name \_\_\_\_\_

My County of Residence is: \_\_\_\_\_

In the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_



**This Document is the property of  
the Lake County Recorder!**

This instrument prepared by Lisa Doughman

**STOP**

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. Kuzdelak



# CERTIFICATION OF DEATH RECORD

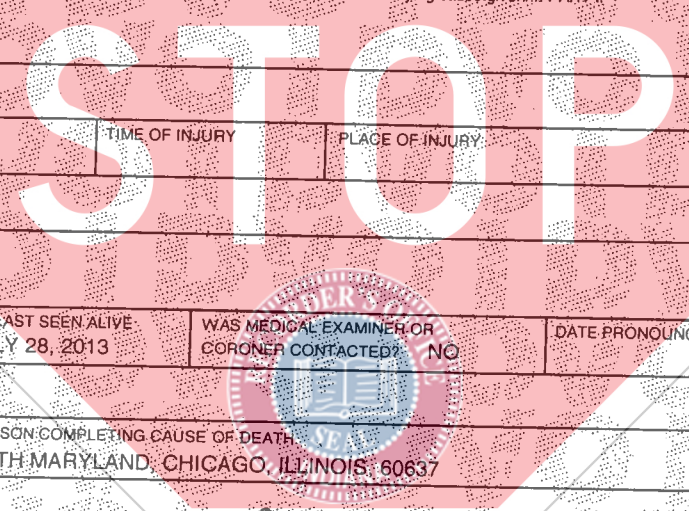
## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 0058220

DATE ISSUED 8/21/2013

DECEDENT'S LEGAL NAME MICHAEL LINOSKI JR			SEX MALE	DATE OF DEATH JULY 28, 2013	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH SEPTEMBER 02, 1937		
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER		
PLACE OF DEATH INPATIENT					
BIRTHPLACE GARY, IN	SOCIAL SECURITY NUMBER <i>[REDACTED]</i>	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 1939 AZALEA DRIVE		APT. NO.	CITY OR TOWN MUNSTER		INSIDE CITY LIMITS? YES
COUNTRY LAKE	STATE IN	ZIP CODE 46321	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MICHAEL LINOSKI		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JEAN KURASZ
INFORMANT'S NAME MAYBELENE GIGGERS		RELATIONSHIP HOSPITAL RECORDS		MAILING ADDRESS 5841 SOUTH MARYLAND, CHICAGO, IL, 60637	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION REGIONAL CREMATORY		LOCATION - CITY OR TOWN AND STATE MUNSTER, IN	DATE OF DISPOSITION AUGUST 02, 2013
FUNERAL HOME RIDGELAWN FUNERAL HOME, 4201 W RIDGE, GARY, IN, 46408					
FUNERAL DIRECTOR'S NAME SIKORSKI, RAYMOND				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011164	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR JULY 31, 2013	
CAUSE OF DEATH PART I: TYPE I AND II RESPIRATORY FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death):					
a. _____ Due to (or as a consequence of):					
b. ATRIAL FIBRILLATION, ASPIRATION AND PNEUMONIA, PULMONARY EDEMA					
c. LARYNGEAL CARCINOMA Due to (or as a consequence of):					
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
				WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY				TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY				INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 28, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 11:08 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED JULY 28, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH AKOEGBE, GRAY, 5841 SOUTH MARYLAND, CHICAGO, ILLINOIS, 60637				PHYSICIAN'S LICENSE NUMBER 125062764	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



This is to certify that I have reviewed the original Social Security number and that I have taken reasonable care to redact the Social Security number in this document, unless required by law.

This is to certify that I have reviewed the original Social Security number and that I have taken reasonable care to redact the Social Security number in this document, unless required by law.

*David Orr*  
David Orr  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORDS VOID APPEARS WHEN PHOTOCOPIED