

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Cyndi Pierce, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 10th day of January, 2014.

My commission expires:
3-14-15

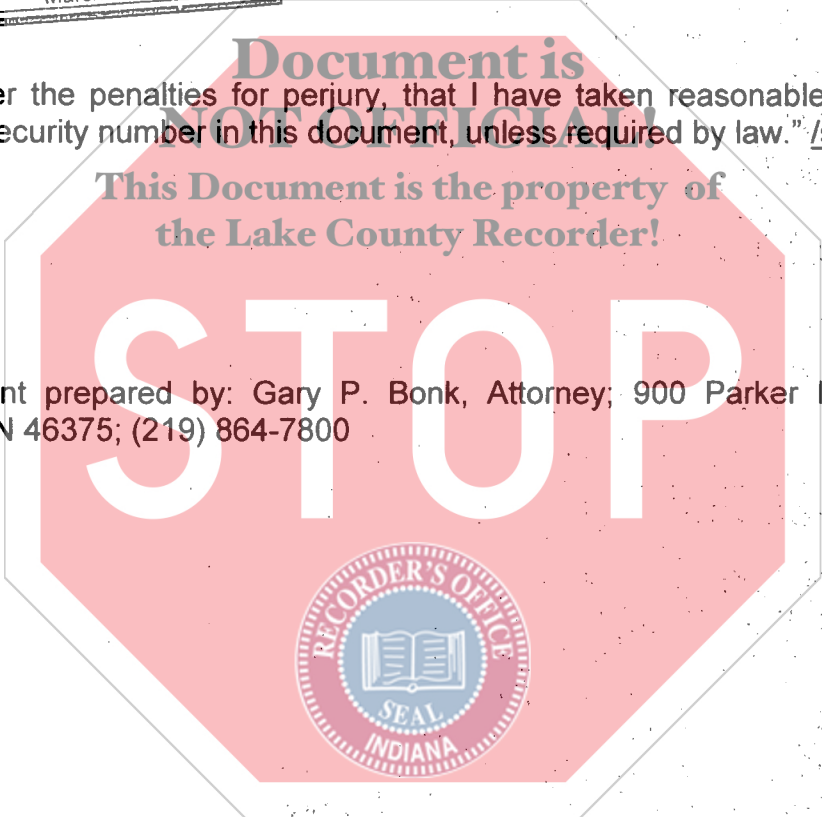
Signature: *Shannon Stienen*
Shannon Stienen

Resident of: Lake County, Indiana



"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." /s/Gary P. Bonk

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This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001399

EDR No 00000318961

State No

Form containing fields for decedent's name (RAYMOND J WOJCINSKI), date of death (04/16/2013), cause of death (ACUTE MYOCARDIOINFARCTION), and certifying physician (XIAS RUI LI).

