

FILED

Dec 06 2023 LM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

AFFIDAVIT

On this 22nd day of November, 2023 before me personally appeared Garry Taraba, to me personally known, who being duly sworn on oath did say that:

- Leonard J. Taraba resided at the address given below affiant's signature:
- Affiant states, Leonard J. Taraba is deceased "owner" Life Estate Interest
- Said Leonard J. Taraba died on JULY 23 2023
- The legal description of the premises in question is:

LOT 99 IN MEADOWBROOK PHASES 3, 4, AND 5, IN THE TOWN OF LOWELL, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 80, PAGE 90, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

- 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.

- Where this affidavit relates to a Life Estate Interest only.
- Affiant's relationship to the deceased was FATHER

Signature: Garry Taraba
Printed Name Garry Taraba

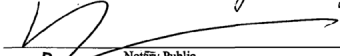
Address: 417 Meadowbrook Drive
Lowell, IN 46356

NOT AN OFFICIAL DOCUMENT

Subscribed and sworn to before me by the affiant

This 22nd day of November, 2023 by *Garry Taraba*

FL Driver License
physical presence



Rosa Barajas Notary Public
Printed Name **Notary Public**

My County of Residence is **St. Lucie**

In the State of **Florida**

My Commission Expires **8-17-2027**



This instrument prepared by Garry Taraba

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law, Garry Taraba

Property of Lake County Recorder

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2023.0060053

DATE ISSUED 7/26/2023

DECEDENT'S LEGAL NAME LEONARD J TARABA		SEX MALE	DATE OF DEATH JULY 23, 2023	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 89 YEARS	DATE OF BIRTH JULY 04, 1934	
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME AVANTARA PALOS HEIGHTS		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 417 MEADOWBROOK DRIVE		APT. NO.	CITY OR TOWN LOWELL	INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46356	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRANK TARABA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNA FORCASH
INFORMANT'S NAME GARY TARABA		RELATIONSHIP SON	MAILING ADDRESS 8302 NW MILNER DRIVE, PORT SAINT LUCIE, FL, 34883	
METHOD OF DISPOSITION ENTOMBMENT		PLACE OF DISPOSITION MEMORY LANE MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE CROWN POINT, IN	DATE OF DISPOSITION JULY 27, 2023
FUNERAL HOME BARON'S BURIALS INC., 13909 S KOSTNER AVE, CRESTWOOD, IL, 60418				
FUNERAL DIRECTOR'S NAME STEPHANIE A BARON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016703	
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JULY 25, 2023	
CAUSE OF DEATH				
IMMEDIATE CAUSE <small>Final illness or condition resulting in death</small>		PART I. CORONARY ARTERY DISEASE		
		a. <small>Due to (or as a consequence of):</small>		
		b. HYPERTENSIVE HEART		
		c. <small>Due to (or as a consequence of):</small>		
		<small>Due to (or as a consequence of):</small>		
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	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 21, 2023	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:50 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 24, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KHAN, NOOJUN, 7600 W COLLEGE DRIVE, 2ND FLOOR, PALOS HEIGHTS, ILLINOIS, 60483			PHYSICIAN'S LICENSE NUMBER 036096079	

2662384



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen A. Yarbrough
Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: ERASED STATE AND COUNTY SEALS AT BOTTOM