

LAW OFFICES OF
MITCHELL, HOFFMAN & WOLF, L.L.C.
221 North LaSalle Street, Suite 1148
Chicago, Illinois 60601

PAUL P. WOLF
J. WESLEY MITCHELL
KENNETH A. HOFFMAN

TELEPHONE (312) 726-6722
FACSIMILE (312) 726-3220
TOLL FREE (888) 719-6160

TONYA GONZALEZ ◊ PARALEGAL

April 5, 2016

www.mitchellhoffmanwolf.com

Via Federal Express

Mr. Brent Pope
Office of the Chief Counsel
Dept. of Veteran Affairs
5000 South 5th Ave.
Building 1 Rm. G131
Hines IL 60141-3030

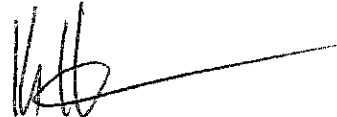
Re: Claim under the FTCA for Wrongful Death by the Estate of Thomas M. Young

Dear Mr. Pope:

Enclosed please find our claim for damages against the Department of Veteran Affairs on behalf of the Estate of Thomas M. Young. Our claim seeks damages on behalf of his next of kin in the amount of \$18,000,000.00.

We look forward to a timely response to our claim.

Very truly yours,

A handwritten signature in black ink, appearing to read 'K. Hoffman', with a long horizontal line extending to the right.

Kenneth A Hoffman

**CLAIM FOR DAMAGE,
INJURY, OR DEATH****INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

United States Department of Veteran Affairs/Veterans Health Administration

2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.

Mindy Murillo, Independent Administrator of the Estate of Thomas M Young, 1700 W. Palm Dr., Mt. Prospect, IL 60056; Attorneys: Mitchell Hoffman & Wolf, LLC, 2221 N. LaSalle, Suite 1148, Chicago, IL 60601

3. TYPE OF EMPLOYMENT

 MILITARY CIVILIAN

4. DATE OF BIRTH

12/09/1982

5. MARITAL STATUS

widowed

6. DATE AND DAY OF ACCIDENT

07/23/2015

Thursday

7. TIME (A.M. OR P.M.)

7:55pm

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

The Department of Veterans Affairs/Veterans Health Administration failed to timely and properly respond to a call made to the Veterans Suicide Crisis Hotline by Thomas M Young when he was seeking help in dealing with suicidal thoughts. His call was routed to voicemail and not timely acted upon resulting in the death of Mr. Young by suicide on 7/23/2015.

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

None

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).

None

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

Thomas M Young died on 7/23/2015 when he committed suicide. (See attached Death Certificate). As a result, his next of kin, his wife, Mindy Murillo, and his two minor daughters, Vivienne Young and Margaret Young, have suffered losses as defined by the Illinois Wrongful Death Act.

11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

Mindy Murillo

1700 W. Palm Dr., Mt. Prospect, IL 60056

Nancy Young

647 Jon Lane, Des Plaines, IL 60016

Will Young

647 Jon Lane, Des Plaines, IL 60616

12. (See instructions on reverse).

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

0.00

12b. PERSONAL INJURY

0.00

12c. WRONGFUL DEATH

18,000,000

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

18,000,000

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

13b. PHONE NUMBER OF PERSON SIGNING FORM

224-400-0595

14. DATE OF SIGNATURE

3-29-16

**CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM**

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS**

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. No

None

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? Yes No 17. If deductible, state amount.

None

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

None

19. Do you carry public liability and property damage insurance? Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). No

None

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

ORIGINAL

Estate of
THOMAS M. YOUNG

Deceased



No. 2016 P 001561

Docket

Page

LETTERS OF OFFICE - DECEDENT'S ESTATE

MINDY MURILLO

has been appointed

Independent Administrator

of the estate of

THOMAS M. YOUNG

, deceased,

who died Thursday, July 23, 2015, and is authorized to take possession of and collect the estate of the decedent and to do all acts required by law.



WITNESS, March 28, 2016

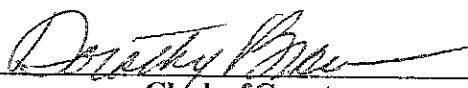
Dorothy Brown
Clerk of the Circuit Court

CERTIFICATE

I certify that this is a copy of the letters of office now in force in this estate.

WITNESS, March 28, 2016

dlb


Clerk of Court

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH**

STATE FILE NUMBER 2015 0059911 MEDICAL EXAMINER'S CASE NUMBER ME2015-03142 DATE ISSUED 3/14/2016

DECEDENT'S LEGAL NAME THOMAS M YOUNG				SEX MALE	DATE OF DEATH JULY 23, 2015
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 30 YEARS		DATE OF BIRTH MAY 10, 1985	
CITY OR TOWN DES PLAINES			HOSPITAL OR OTHER INSTITUTION NAME CENTRAL AND RANDS ROAD		
PLACE OF DEATH METRA TRAIN TRACKS					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER 353-80-8410	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MINDY MURILLO	EVER IN U S ARMED FORCES? YES
RESIDENCE 670 JON LANE			APT. NO	CITY OR TOWN DES PLAINES	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60016	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DAVID YOUNG		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NANCY ABENE
INFORMANT'S NAME MINDY MURILLO			RELATIONSHIP WIFE	MAILING ADDRESS 601 EAST PROSPECT AVENUE 1M, MT PROSPECT, IL, 60056	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION WOODLAWN CEMETERY		LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION JULY 31, 2015
FUNERAL HOME OEHLER FUNERAL HOME, 2099 MINER STREET, DES PLAINES, IL, 60016					
FUNERAL DIRECTOR'S NAME KENNETH RICHARD SCHMUCKER				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011641	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR NOVEMBER 2, 2015	
CAUSE OF DEATH PART I MULTIPLE INJURIES					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a	Due to (or as a consequence of)		
		b.	TRAIN STRIKING PEDESTRIAN		
		c	Due to (or as a consequence of)		
			Due to (or as a consequence of)		
PART II Enter other <i>significant conditions contributing to death</i> 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 COULD NOT BE DETERMINED	
DATE OF INJURY JULY 23, 2015		TIME OF INJURY 07:55 PM	PLACE OF INJURY RAILROAD TRACK		INJURY AT WORK? NO
LOCATION OF INJURY CENTRAL AND RAND, DES PLAINES, IL, 60016					
DESCRIBE HOW INJURY OCCURRED: STRUCK BY TRAIN				IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?		DATE PRONOUNCED JULY 23, 2015	TIME OF DEATH 08:27 PM
CERTIFIER MEDICAL EXAMINER/CORONER				DATE CERTIFIED NOVEMBER 02, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEPHEN J CINA MD, 2121 W HARRISON ST, CHICAGO, IL, 60612				PHYSICIAN'S LICENSE NUMBER	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



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.

David Orr
David Orr
Cook County Clerk

