

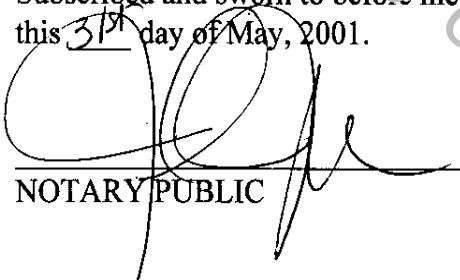
UNOFFICIAL COPY

- 1) Claims against the estate of Dora Zarenbowski, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
- 3) Legacies, if any, created by the will of said decedent;
- 4) Rights to contribution.

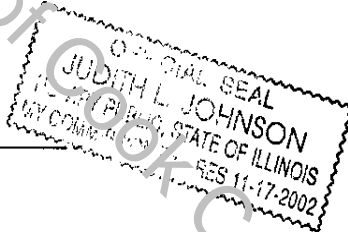
*Jeannette Siwy by attorney in fact
Norma G. Wagner*

JEANNETTE SIWY

Subscribed and sworn to before me
this 31st day of May, 2001.



NOTARY PUBLIC



LEGAL DESCRIPTION

Lot 36 in Block 10 in Pauling's Belmont Avenue Addition to Chicago in Section 26, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

10515363

10515363

STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 100
 REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST
 DORA Desplaines ZAREN

1. COUNTY OF DEATH DATE OF DEATH (MONTH, DAY, YEAR)
 Cook December 3, 1989

2. SEX Female

3. DATE OF BIRTH (MONTH, DAY, YEAR)
 5d March 19, 1900

4. Cook

5a. AGE-LAST BIRTHDAY (YRS) MONTHS DAYS UNDER 1 DAY HOURS MIN. UNDER 1 DAY HOURS MIN. UNDER 1 DAY HOURS MIN. UNDER 1 DAY HOURS MIN.
 89 5d 5c

6a. Desplaines

6b. Lee Manor Nursing Home

7. RUSSIA

8a. WIDOWED

8b. Lee Manor Nursing Home

9. NO

10. 351-10-8878

11a. Seamstress

11b. Clothing

12. 5

13a. 3047 N. Kolmar

13b. Chicago

13c. Cook

13d. Cook

13e. Illinois

13f. White

14. NO YES SPECIFY: FIRST MIDDLE LAST

15. Adam Burtnek Fredica Ingelhart

16. Med. Rec.

17c. 1301 Lee St. Des Plaines, IL.

18. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac arrest, shock, or heart failure. List only one cause on each line.
 (a) chronic atrial fibrillation

IMMEDIATE CAUSE (Final disease or condition resulting in death)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Enter significant conditions contributing to death but not resulting in the underlying cause, given in PART I.

cellulitis of gastrostomy tube, recurrent

20a. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20b. 11-9-89

20c. YES NO

20d. 9:15P

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21b. Valerie A. Childrey, M.D.

21c. 12/19/89

22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22b. Valerie A. Childrey, M.D. 1700 Milw. Ave Glenview IL 60025

22c. Valerie A. Childrey, M.D. 1700 Milw. Ave Glenview IL 60025

22d. 36073850

23. Anita R. Banoff, M.D.

24a. Burial

24b. Elmwood

24c. River Grove, Illinois

24d. 12-21-89

25a. Muzyka Funeral Home 5776 W. Lawrence Chicago, Illinois 60630

25b. B. Michael Muzyka

25c. 9119

26a. Karen L. Scott, M.D.

26b. K. L. Scott

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

DATE DEC 20 1989

SIGNED Nadine McCarry