

delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

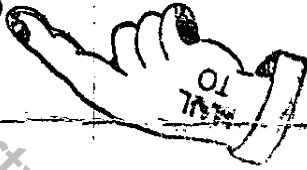
Subscribed and Sworn before me this
14th day of January, 2002.

Edward Anthony Perry
NOTARY



PREPARED BY and MAILED TO:
The Law Office of Fitzgerald and Perry
1121 E. Main Street, Suite 150
St. Charles, Illinois 60174

SEND SUBSEQUENT TAX BILLS TO:
Hildegard Boborci
4420 Denny Court
Rolling Meadows, IL 60008



Exempt under provisions of Paragraph 2, Section 4,
Real Estate Transfer Tax Act.

1-14-02
Date

Maria Boborci
Buyer, Seller or Representative

Property of Cook County Clerk's Office

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16,0**

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST Lorenz Boborci	SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) July 3, 2000
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Cook	DATE OF BIRTH (MONTH, DAY, YEAR) May 30, 1912	
AGE-LAST BIRTHDAY (YRS) 5a. 88	UNDER 1 YEAR HOURS MIN. 5b. 5	
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Rolling Meadows	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Manor Care of Rolling Meadows	IF HOSP. OR INST. INDICATED, D.O.A., OPEMER, AM, INPATIENT (SPECIFY) 6c.
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Brestovaca	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	WAS DECREASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. No
SOCIAL SECURITY NUMBER 10345-26-2810	KIND OF BUSINESS OR INDUSTRY Designer	HIGHEST GRADE COMPLETED College (1-4 or 5-7) 8
RESIDENCE (STREET AND NUMBER) 4420 Denny Ct.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. Rolling Meadows	COUNTY Cook
STATE Illinois	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White	INSIDE CITY (YES/NO) YES
FATHER-NAME FIRST MIDDLE LAST Mathias Boborci	RELATIONSHIP Spouse	MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST Mathias
INFORMANT'S NAME (TYPE OR PRINT) Hildegard Boborci	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 1794 S. Denny Ct. Rolling Meadows, IL	
18. PART I: Enter the diseases, or complications that caused the death. Do not enter the immediate cause of death, such as cardiac or respiratory arrest. (a) Chronic Renal Failure (b) Upper Urinary Tract Obstruction (c) Arteriosclerosis of Congestive Heart Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH < 10 yrs	
19. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Arteriosclerosis of Congestive Heart Failure	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
DATE OF OPERATION, IF ANY 6/30/00	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 6/30/00	HOUR OF DEATH 21c. 12:25 PM M.	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. John G. Selinger	DATE SIGNED (MONTH, DAY, YEAR) 22b. 7-05-00	
22a. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) John G. Selinger	ILLINOIS LICENSE NUMBER 22d. 036-042940	
22c. NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT) W. W. central Arlington Heights, Ill.	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Illinois	DATE (MONTH, DAY, YEAR) 24d. July 6, 2000	
24a. Burial Joseph Cemetery	CITY OR TOWN River Grove, Illinois	
24b. STREET AND NUMBER OR R.F.D. 244 St. Joseph	STATE Illinois	
25a. Glueckert Funeral Home, Ltd. 1520 N. Arlington Heights Rd. Arlington Heights 60004	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011258	
25b. Robert G. Kustra	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) July 7, 2000	
26a. Margaret Valoksa	DATE OF DEATH (MONTH, DAY, YEAR) July 7, 2000	

at Cook County Department of Public Health

SIGNED: *Margaret Valoksa* DATE: JULY 7, 2000

I HEREBY CERTIFY THAT the foregoing is a 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.

UNOFFICIAL COPY

Property of Cook County Clerk's Office

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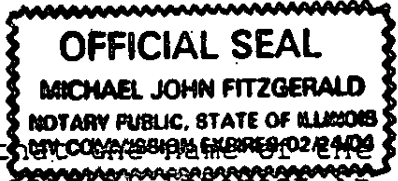
STATEMENT BY GRANTOR AND GRANTEE

The Grantor or his Agent affirms that, to the best of his knowledge, the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated JANUARY 14, 2002

Signature: *Edward Perry*
Grantor or Agent

Subscribed and sworn to before me by the said EDWARD PERRY AS AGENT FOR Hildegard Bobocic this 14 day of JANUARY, 2002
Notary Public *Michael John Fitzgerald*

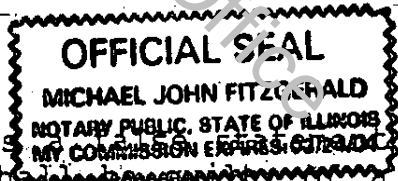


The Grantee or his Agent affirms and verifies that the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated JAN. 14, 2002

Signature: *Edward Perry*
Grantee or Agent

Subscribed and sworn to before me by the said EDWARD PERRY AS AGENT FOR Hildegard Bobocic this 14 day of JANUARY, 2002
Notary Public *Michael John Fitzgerald*



NOTE: Any person who knowingly submits concerning the identity of a Grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

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