

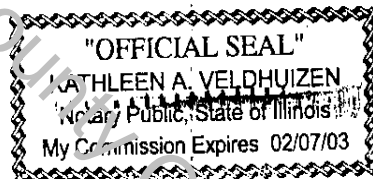
ED:VI:EI 82-00-0002

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of FIFTY THOUSAND dollars.

Affiant makes this affidavit for the purpose of inducing ANY Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Fred E. Zawada
(Affiant's Signature)

Subscribed and sworn to before me this 22nd day of April, 2002.



Kathleen A. Velthuisen
Notary Public

This instrument prepared by:

Atty. Edward V. Sharkey

P. O. Box 27

Dolton, IL 60419

After recording mail cc:

Fred E. Zawada

10714 Kentucky Ct..

Orland Park, IL 60462

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and 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 October 1, 2001

SIGNED

Karen P. Compton
Official Title: Chief Deputy Registrar

At Cook County Dept. of Public Health
1010 Lake Street
Oak Park, IL 60301

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0

DECEASED-NAME WANDA C. ZAWADA FIRST MIDDLE LAST
SEX 2 FEMALE DATE OF DEATH (MONTH, DAY, YEAR) 28, 2001

COUNTY OF DEATH COOK AGE LAST BIRTH 48 UNDER 1 YEAR 0 UNDER 1 DAY 0 DATE OF BIRTH (MONTH, DAY, YEAR) 5d AUGUST 19, 1923

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER ORLAND PARK HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN ITEM 6b) AT HOME 10714 KENTUCKY COURT GIVE STREET AND NUMBER
IF HOSP. OR INST. INDICATE D.O.A. (PREMIER RM. INPATIENT) (SPECIFY) ---

BIRTHPLACE (CITY AND STATE OR FOREIGN) CHICAGO ILLINOIS MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) FRED E. ZAWADA WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO

SOCIAL SECURITY NUMBER 333 16 9578 USUAL OCCUPATION 11a. HOMEMAKER KIND OF BUSIN. (S.S. OF INDUSTRY) 8b. FRED E. ZAWADA EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 (Elementary/Secondary/Post-Secondary) (Code 9(1)-(9+))
RESIDENCE (STREET AND NUMBER) 10714 KENTUCKY COURT CITY, TOWN, TWP. OR ROAD DISTRICT NO. ORLAND PARK INSIDE CITY 132 ES COUNTY COOK

STATE ILLINOIS ZIP CODE 60467 RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE HAWAIIAN, OTHER) 14a. WHITE OF HISPANIC ORIGIN? (SPECIFY NO OR YES; IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. XXNO
FATHER-NAME JOSEPH MADON LAS MOTHER-NAME REGINA RUSNAK MIDDLE LAST (MAIDEN) LAST

INFORMANT'S NAME (TYPE OR PRINT) FRED E. ZAWADA RELATIONSHIP 17b. HUSBAND MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, AND ZIP) 10714 KENTUCKY CT. ORLAND PARK ILLINOIS 60467

17a. PART I: Enter the diseases or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, unless they are causes on each line.
Cancer Colon with Metastasis

17b. PART II: Other significant condition contributing to death but not resulting in the underlying cause given in PART I.
DU TO A CONSEQUENCE OF (a) CANCER (b) UTI

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) DUE TO OR AS A CONSEQUENCE OF (c) 9

DATE OF OPERATION, IF ANY 20b MAJOR FINDINGS OF OPERATION
20a. (CODER'S) ATTEND THE DECEASED AND (S) SAW HIM/HER ALIVE ON 9/26/01 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO
21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22. DATE SIGNED (MONTH, DAY, YEAR) October 1, 2001
22b. ILLINOIS LICENSE NUMBER 03697155

23. SIGNATURE (TYPE OR PRINT) De Shanob Masood 1719 GLENWOOD AVE
23c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
24. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) Dr Ahmed Hussain Joleet 11 60435
24a. BIRTHPLACE (CITY AND STATE OR FOREIGN)
24b. BIRTHPLACE (CITY AND STATE OR FOREIGN)
24c. BIRTHPLACE (CITY AND STATE OR FOREIGN)
24d. BIRTHPLACE (CITY AND STATE OR FOREIGN)
25. BIRTHPLACE (CITY AND STATE OR FOREIGN)
25a. BIRTHPLACE (CITY AND STATE OR FOREIGN)
25b. BIRTHPLACE (CITY AND STATE OR FOREIGN)
26. BIRTHPLACE (CITY AND STATE OR FOREIGN)
26a. BIRTHPLACE (CITY AND STATE OR FOREIGN)
26b. BIRTHPLACE (CITY AND STATE OR FOREIGN)
26c. BIRTHPLACE (CITY AND STATE OR FOREIGN)
26d. BIRTHPLACE (CITY AND STATE OR FOREIGN)

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