



himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorney's Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all the loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

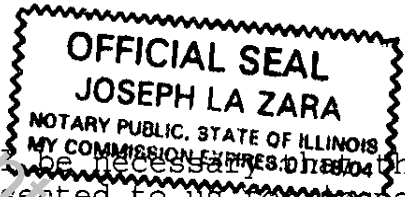
1. Claims against the estate of John Kucera, the decedent;
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

*James Koster* (Seal)  
 \_\_\_\_\_ (Seal)

Property of Cook County Clerk's Office

Subscribed and sworn to before me this 23 day of MAY, 2011

*[Signature]*  
 Notary Public



Note: If the decedent left a will, it will be necessary for the original or certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

Prepared by:  
 Joseph La Zara  
 7246 W. Touhy Ave.  
 Chicago, Illinois, 60631-4327

Mail to:  
 Joseph La Zara  
 7246 W. Touhy Ave.  
 Chicago, Illinois, 60631-4327



DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

NOV 4 1998

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

610973

REGISTRATION STRICHT NO. 16.10

REGISTERED NUMBER

CEASED-NAME John

CITY OF DEATH Cook

AGE LAST BIRTHDAY 81

SEX 2. Male

DATE OF DEATH (MONTH, DAY, YEAR) June 23, 1996

DATE OF BIRTH (MONTH, DAY, YEAR) June 7, 1915

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Swedish Covenant Hospital

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Frieda Rickertsen

KIND OF BUSINESS OR INDUSTRY Liqueur Store

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary

CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) White

RELATIONSHIP Daughter

MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 441 Dover Dr. Des Plaines, IL 60018

IMMEDIATE CAUSE (Final cause or condition leading to death) Congestive Heart Failure

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 2 Years

IMMEDIATE CAUSE (b) Coronary Heart Disease 2 Years

CAUSE LASTING LONGEST (c) USE LAST.

MAJOR FINDINGS OF OPERATION

DATE OF OPERATION, IF ANY

DATE (MONTH, DAY, YEAR) June 21, 1996

TIME OF DEATH 5:30 P.M.

DATE SIGNED June 24, 1996

ILLINOIS LICENSE NUMBER 036-082275

NAME AND ADDRESS OF CERTIFIER Avi Ostrowski 3825 N. Central Ave. Chicago, IL 60634

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

CEMETERY OR CREMATORY-NAME Drake and Son Funeral Home

STREET AND NUMBER OR R.F.D. 5303 N. Western Ave. Chicago, Illinois 60625

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014199

DATE BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUN 25 1998

REGISTRAR'S SIGNATURE

REGISTRAR'S SIGNATURE