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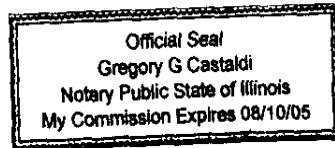
- the estate of said decedent;
3. Legacies, if any, created by the will of said decedent.
 4. Rights of contribution.

X Kenneth R. Hoepfel (SEAL)

Subscribed and sworn to before me this
13th day of March, 2003.



Notary Public



Prepared by:
Gregory G. Castaldi
5521 N. Cumberland
Suite 1109
Chicago, Illinois 60656

Mail to:
Gregory G. Castaldi
5521 N. Cumberland
Suite 1109
Chicago, Illinois 60656

Note: If the decedent left a will, it will be necessary that 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.

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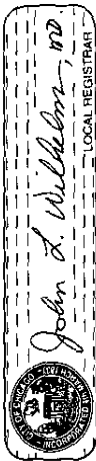
CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

30478051

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 05 2002

I, JOHN L. WILHELM M.D., 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 OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION NO. **16.10**
DISTRICT NO. **H00 # 071 No. 2002**
REGISTERED NUMBER **616669**

DECEASED-NAME DOLORES M. KOEPEL	FIRST M.	MIDDLE M.	LAST KOEPEL	SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 11-04-02
COUNTY OF DEATH COOK	AGE-LAST BIRTHDAY (YRS) 5a. 73	UNDER 1 YEAR 5b. 11-04-02	UNDER 1 DAY 5c. 11-04-02	DATE OF BIRTH (MONTH, DAY, YEAR) June 04, 1929	IF HOSP. OR INST. INDICATED O.A. (OPER. OR INPAT.) (SPECIFY) 9c. Emer. Rm.
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Resurrection Hospital	NAME OF SURVIVING SPOUSE (Maiden Name, If Wife) 8b. Kenneth Koepsel	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. Elementary (1-4 or 5+)	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	KIND OF BUSINESS OR INDUSTRY 11a. Homemaker	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook	
SOCIAL SECURITY NUMBER 10-349-20-8500	USUAL OCCUPATION 11b. Homemaker	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Chicago	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. XX NO	MOTHER-NAME FIRST MIDDLE LAST 16. Marie Kravicz	
RESIDENCE (STREET AND NUMBER) 17a. 7743 W. Bryn Mawr	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE	RELATIONSHIP 17b. Husband	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 7743 W. Bryn Mawr, Chicago, IL 60631	ASSIGNMENT BETWEEN ONSET AND DEATH	
FATHER-NAME FIRST MIDDLE LAST 15. Ferdinand Paus	ZIP CODE 13i. 60631	IMMEDIATE Cause (Final disease or condition resulting in death) (a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DISEASE		
INFORMANT'S NAME (TYPE OR PRINT) 17a. Kenneth Koepsel	RELATIONSHIP 17b. Husband	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 7743 W. Bryn Mawr, Chicago, IL 60631			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 20a. 20d.	DATE OF INJURY (MONTH, DAY, YEAR) 20b. 11-04-02	HOUR 20c. 10:13 AM	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20d. MD	AUTOPSY (YES/NO) 19a. No	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.
PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f. 400	LOCATION (CITY, VIL. OR TWP., OR RD. DIST. NO., COUNTY, STATE) 20g. Chicago, IL.	DATE OF INJURY (MONTH, DAY, YEAR) 20b. 11-04-02	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES NO XIX		
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT...					
CORONER'S - MEDICAL EXAMINER'S SIGNATURE 22a. Gordon J. Voita, M.D.					
CORONER'S PHYSICIAN'S NAME (Type or Print) 22b. Gordon J. Voita, M.D.					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial					
CEMETERY OR CREMATORY-NAME 24b. Acacia Park Cemetery					
LOCATION 24c. Chicago, IL.					
FUNERAL HOME 25a. Skaja Terrace Funeral Home, 7812 N. Milwaukee Ave., Niles, IL 60714					
FUNERAL DIRECTOR'S SIGNATURE 25b. Gordon J. Voita					
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034 011503					
LOCAL REGISTRAR'S SIGNATURE 26a. John L. Wilhelm, M.D.					
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. NOV 05 2002					

Last Will and Testament

I, DOLORES M. KOEPEL, of the City of Chicago, County of Cook and State of Illinois, being of sound and disposing mind and memory and not acting under duress, fraud or undue influence of any person, do hereby now publish and declare this to be my Last Will and Testament, hereby revoking any and all prior Wills and Codicils by me heretofore made.

FIRST: I hereby direct my executor hereinafter named to pay all my just debts and funeral expenses as soon after my death as possible.

SECOND: All and any stock that I may own at the time of my death shall be divided equally among my husband, KENNETH R. KOEPEL; my daughter, DEBRA DAWN KOEPEL GREINER; my granddaughter, RACHELLE BETHE CURRAN; and my granddaughter, ERINN ELIZABETH CURRAN.

THIRD: I give, devise and bequeath all of my property, real, personal and mixed, wherever located, now owned by me or hereinafter acquired, one-third to my beloved husband, KENNETH R. KOEPEL, and two-thirds to my beloved daughter, DEBRA DAWN KOEPEL GREINER.

FOURTH: I hereby appoint my beloved husband, KENNETH R. KOEPEL, as executor of this my Last Will and Testament and direct that he shall serve without bond.

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this my Last Will this 16th day of March,
A.D. 19 87.

Dolores M. Koepel (SEAL)

We, the undersigned, do hereby certify that the above and

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foregoing instrument was on the date hereof signed, sealed, published and declared by the TESTATRIX, DOLORES M. KOEPEL, as and for her Last Will and Testament, in the presence of us, who at her request and in her presence and in the presence of each other have subscribed our names, and we further certify that we believe her to be of sound and disposing mind and memory.

William W. Lang

4835 W. Natoma Ave.

Chicago, Illinois

George R. E. Miller

4448 N. Central Ave.

Chicago, Illinois, 60630

Property of Cook County Clerk's Office

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Property of Cook County Clerk's Office

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
PROBATE DIVISION

I HEREBY CERTIFY THAT THE DOCUMENT TO WHICH
THIS CERTIFICATION IS AFFIXED IS A TRUE AND
CORRECT COPY OF AN INSTRUMENT IN WRITING
PURPORTING TO BE THE LAST WILL AND TESTAMENT
OF Thomas M. Kregel

DECEASED FILED IN THE OFFICE OF THE CLERK OF
THE CIRCUIT COURT OF COOK COUNTY, PROBATE
DIVISION ON April 2, 19 03

April 2, 20 03
Deborah Berman
CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, ILLINOIS