

MAIL TO:
Michael E. Webster
WEBSTER & SCHELLI
1301 W 22nd Street
Suite 705
Oak Brook, Illinois 60523



00336660

(The above space for recorder's use only)

Mabel M. Kovach, hereinafter referred to as the affiant deposes and states that the affiant resides at 4836 West 119th Street, Alsip, Illinois 60803.

That the decedent, Alex Kovach, at the time of his death was one of the owners of the property in Cook County, Illinois, legally described as follows:

PARCEL 21 IN CICERO AVENUE ACRES, BEING A SUBDIVISION OF PART OF THE SOUTH EAST QUARTER OF SECTION 21, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT RECORDED MARCH 26, 1928 AS DOCUMENT 9967574.

Permanent Real Estate Index Number(s): 24-21-430-006

Address: 4836 West 119th Street, Alsip, Illinois 60803

That said decedent died on December 9, 1967, leaving no will;

That said decedent's death certificate is attached;

That the total value of the probatable estate of said decedent including his taxable interest in the above real estate is less than \$50,000.00;

That no Illinois Inheritance Tax and no Federal Estate Tax were due from the decedent's estate.

DATED this 19th day of January, 2000.

Mabel M. Kovach
Mabel M. Kovach

[Handwritten initials]

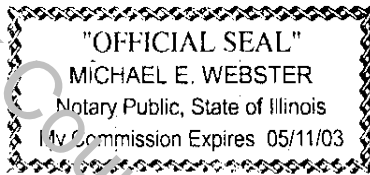
STATE OF ILLINOIS)
) SS.
COUNTY OF DUPAGE)

The undersigned, a notary public in and for the above county and state, certifies that Mabel M. Kovach known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me in person and acknowledged that she signed, sealed and delivered the 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.

Given under my hand and notary seal this

19th day of January, 2000.

[Signature]
Notary Public



My commission expires: 5/11/03

ORIGINAL STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>1633</u>		REGISTERED NUMBER <u>984</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (where deceased lived, if institution, residence before admission)		
a. STATE <u>ILLINOIS</u>		b. COUNTY <u>Cook</u>		
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town		
Evergreen Park		Alsip		
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name		e. LENGTH OF RESIDENCE AT 26-27		
Road District No.		<u>16 Yrs.</u>		
f. NAME OF HOSPITAL OR INSTITUTION		RESIDENCE ADDRESS (Street & No. or R. D. and Post Office)		
Little Company of Mary		4836 W. 119th Street		
h. If not in hospital or institution, give Street & No. or R. D. and Post Office		g. Did decedent reside on a farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED		c. PLACE		d. DATE OF DEATH
Alex		Kovach		December 9, 1967
5. SEX	6. RACE	7. MARRIED	8. DATE OF BIRTH	9. AGE (in years, months, days)
Male	White	Never Married Married	Aug. 26, 1916	51
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or foreign country)	12. Citizen or what country?	
Meat Cutter	Retail Meat	Jefford, Illinois	USA	
13. FATHER'S FULL NAME		14. MOTHER'S FULL MAIDEN NAME		
Frank Kovach		Barbara Kotroco		
15. Was decedent ever in U.S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service)		17. INFORMANT SIGNATURE		
Yes World War II 321-07-7254		Margaret M. Hall Margaret M. Hall, Clerk		
18. MEDICAL CAUSE OF DEATH		19. ADDRESS		
PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B), or (C))		2800 W. 95th St. Evergreen Park, Ill.		
IMMEDIATE CAUSE: (A) <u>LYMPHO-SARCOMA</u>		G. RELATIONSHIP TO DECEASED Hospital Records		
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A) starting the UNDERLYING cause last:		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 YEARS		
B due to (B) C due to (C)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
19a. DATE OF OPERATION, IF ANY		19b. MAJOR FINDINGS OF OPERATION		
NOTE: If an injury was involved in this death, the Coroner must be notified.				
21. I hereby certify that I am a duly qualified and sworn health officer and that I lost saw the deceased alive on <u>DEC 8, 1967</u> and death occurred at <u>1:00 A.M.</u> from the causes and on the date stated above.				
Signature: <u>Spencer Sobel</u>		Signed: <u>12-9-67</u> No. <u>24982</u>		
Address: <u>110644 S. WESTERN - CHICAGO 60643</u>		Phone: <u>Be3-8573</u>		
22. DISPOSITION: BURIAL, REMOVAL, CREMATION Date: <u>12-12-67</u>				
Cemetery: <u>Chapel Hill Gardens-South</u>		Funeral Director: <u>W. W. Fern & Sons</u>		
Location: <u>Worth Twp. Cook County, Ill.</u>		Address: <u>10001 S. Western Chicago, Ill. 60643</u>		
24. Received for filing on <u>12-9-67</u>		LOCAL REGISTRAR		

I hereby certify that the foregoing is a true and correct copy of the Death record of the person named in item #3 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 19 1967

SIGNED: Bill Ferny

AT: EVERGREEN PARK, ILLINOIS

OFFICIAL TITLE: Village Registrar