

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
DAVID ORR, County Clerk

JAN 27 2003

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16.D</u>		STATE OF ILLINOIS				STATE FILE NUMBER		
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH						
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)				
	1. Peter P. Skowron			2. Male		3. January 26, 2003				
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. Cook		5a. 78		5b. MOS. DAYS		5c. HOURS MIN		5d. June 30, 1924	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)			
	6a. Palos Heights		6b. Palos Community Hospital				6c. Inpatient			
	BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)				WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
	7. Chicago, IL		8a. Widowed		8b. None				9. Yes	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
	10. 336-16-5083		11a. Carpenter		11b. Housing		12. Elementary/Secondary (0-12)		College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY				
13a. 11225 S. LeClaire		13b. Alsip		13c. Yes		13d. Cook				
STATE		ZIP CODE		RACE / WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)				
13e. Illinois		13f. 60803		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:				
FATHER—NAME FIRST MIDDLE LAST			MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST							
15. Louis Skowron			16. -Elizabeth Anna Slarz -n/a-							
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)						
17a. Paul Skowron		17b. Son		17c. 14129 Hempstead Dr. Orland Park IL 60462						
18. PART I.		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Immediate Cause (Final disease or condition resulting in death)		(a) METASTATIC NON SMALL CELL CARCINOMA								
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF								
		(c) DUE TO, OR AS A CONSEQUENCE OF								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		RENAL FAILURE								
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION								
20a.		20b.								
IF (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH				
21a.		1/2/03		21b. No		21c. 8:30 a. M.				
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)				ILLINOIS LICENSE NUMBER		
22a. <i>David Orr</i>		22b. (127103)				22d. 036-069019				
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)								
22c. 15300 WEST AVE ORLAND PARK IL		23.								
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)				
24a. Cremation		24b. Evergreen Crematory		24c. Evergreen Park, Illinois		24d. Jan. 28, 2003				
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP				
25a. Blake-Lamb Funeral Home		4727 W. 103rd Street		Oak Lawn Illinois		60453				
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER								
25b. <i>David Orr</i>		25c. 034-011832								
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)								
26a. <i>Zucchi</i>		26b. Jan 27, 2003								

UNOFFICIAL COPY

EXHIBIT A TO COOK COUNTY REAL ESTATE TRANSFER DECLARATION

LOT 51 IN ROBERT BARTLETT'S 111TH STREET GARDEN HOMESITES, A SUBDIVISION OF THE WEST 1/2 OF THE NORTHEAST 1/4 AND THE WEST 20 ACRES OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 21, TOWNSHIP 37 NORTH RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE FOLLOWING: THAT PART CONVEYED TO THE CHICAGO AND CALUMET TERMINAL RAILROAD BY DEED, DATED JULY 27, 1889 AND RECORDED JULY 29, 1889 AS DOCUMENT 1134426 AND EXCEPT THAT PART CONVEYED TO THE BALTIMORE AND OHIO CHICAGO TERMINAL BY DEED DATED JUNE 24, 1929 AND RECORDED JULY 1, 1929 AS DOCUMENT 10416000, AND EXCEPT THAT PORTION OF PREMISES DEDICATED FOR 111TH STREET BY INSTRUMENT RECORDED DECEMBER 6, 1930 AS DOCUMENT NO. 10804268), ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 8, 1944 AS DOCUMENT NO. 10804268, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 8, 1944 AS DOCUMENT 13392200 IN COOK COUNTY, ILLINOS.

24-21-203-D11

Property of Cook County Clerk's Office