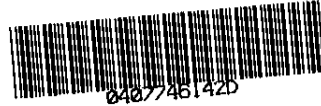


UNOFFICIAL COPY

QUIT CLAIM DEED

Statutory (Illinois) General



Doc#: 0407746142
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 03/17/2004 01:19 PM Pg: 1 of 2

THE GRANTOR: **STANISLAW STRAMA and ANIELA A. STRAMA, f.k.a Anna Strama**

in the City of Lemont County of Cook, State of Illinois for and in consideration of Ten dollars and no/100, (\$10.00) and other valuable consideration in hand paid, CONVEY & QUIT CLAIMS to:

BARBARA HUBA

the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

LOT 3 IN BLOCK 10 IN CLFNY'S DOWNS SUBDIVISION UNIT NUMBER 3, BEING A SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Index Number (PIN): 22-29-420-003-0000
Address(es) of Real Estate: 1218 Hill View Drive, Lemont, Illinois 60439

EXEMPT UNDER PROVISIONS OF PARAGRAPH 11E, SECTION A, REAL ESTATE TRANSFER ACT.

Date: March 12, 2004

Aniela A. Strama
Grantor, Grantee or Agent

This conveyance is expressly made and subject to General Real Estate Taxes for the years 2003, and subsequent years, and all conditions, covenants, restrictions and easements, if any, whether the same be of record.

Dated this 12th day of March, 2004.

Stanislaw Strama
STANISLAW STRAMA

Aniela A. Strama
ANIELA A. STRAMA

Anna Strama
f.k.a ANNA STRAMA

State of Illinois, County of Cook ss.



I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that **STANISLAW STRAMA and ANIELA A. STRAMA, f.k.a Anna Strama**, are personally known to me to be the same person(s) whose name(s) are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their 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 official seal, this 12th day of March, 2004.

Christine Plewa
NOTARY PUBLIC

Commission Expires: 3-26-2005

This instrument was prepared by: **Thaddeus S. Kowalczyk, Esq., 6052 West 63rd Street, Chicago, IL 60638**

Mail to: **Thaddeus S. Kowalczyk, Esq.**
6052 West 63rd Street
Chicago, IL 60638-4342

Mail Tax Bill to: **Grantee**
1218 Hillview Drive
Lemont, IL 60439

REGISTRATION DISTRICT NO. **161010**
 REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

603041

DECEASED-NAME **Wladyslaw Bodziuch** FIRST MIDDLE LAST
 SEX **2. Male**
 DATE OF DEATH (MONTH, DAY, YEAR) **3. February 26, 2004**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago**
 COUNTY OF DEATH **Cook**
 AGE-LAST BIRTHDAY (YRS) **5a. 63**
 UNDER 1 YEAR MOS. DAYS **5b.**
 UNDER 1 DAY HOURS MIN. **5c.**
 DATE OF BIRTH (MONTH, DAY, YEAR) **5d. December 1, 1940**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **6a. Mercy Hospital**
 NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) **6b. Maria (Garzabek) Jarzabek**
 IF HUSB. OR INST. INDICATE D.O.A. OPER. OR INPATIENT (SPECIFY) **6c. Emer. Room**
 WIDOWED, DIVORCED (SPECIFY) **7a. Married**
 MARRIED, NEVER MARRIED, FOREIGN (COUNTRY) **7b. Poland**
 SOCIAL SECURITY NUMBER **8a. Married**
 USUAL OCCUPATION **8b. Maria (Garzabek) Jarzabek**
 NAME OF BUSINESS OR INDUSTRY **8c. No**
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **8d. 8**
 Elementary/Secondary (0-12) **8e. 8**
 College (1-4 or 5+)

RESIDENCE (STREET AND NUMBER) **10. 360-84-5491**
 CITY, TOWN, TWP. OR ROAD DISTRICT NO. **11a. Mach. Oper.**
 OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) **11b. Manufacturing**
 INSIDE CITY (YES/NO) **12. Yes**
 COUNTY **13. Cook**

FATHER-NAME **14. Jozef Bodziuch** FIRST MIDDLE LAST
 MOTHER-NAME **15. Maria** FIRST MIDDLE LAST
 (MARRIAGE NAME, IF 1ST)
 RELATIONSHIP **16. S&S**

INFORMANT'S NAME (TYPE OR PRINT) **17a. Maria Bodziuch**
 STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP **17b. Spouse 17c. 5935 So. Kenneth Chicago, IL 60629**

17a. Maria Bodziuch
 Enter the disease, 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.
ACUTE MYOCARDIAL INFARCTION

18. Immediate Cause (Final disease or condition resulting in death)
 (a) DUE TO, OR AS A CONSEQUENCE OF
 (b) DUE TO, OR AS A CONSEQUENCE OF
 (c) DUE TO, OR AS A CONSEQUENCE OF

19. Conditions, if any which give rise to immediate cause (a) stating the underlying cause last.
 PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

20. Date of operation, if any
 MAJOR FINDINGS OF OPERATION

21. Did not attend the deceased (month, day, year)
 21b. Was coroner or medical examiner notified? (YES/NO)
 HOUR OF DEATH **11:55 AM**
 DATE SIGNED (MONTH, DAY, YEAR) **21c. 2/26/04**

22. Signature of coroner or medical examiner (type or print)
 NAME AND ADDRESS OF CORONER OR MEDICAL EXAMINER (TYPE OR PRINT)
22a. Les Balcasin 4422 So. Archer Ave. Chicago, IL 60632

22c. Name of attending physician if other than certifier (TYPE OR PRINT)
 22b. Date signed (MONTH, DAY, YEAR)
 22c. Date signed (MONTH, DAY, YEAR)

23. Burial, cremation, removal, (specify)
 CEMETERY OR CREMATORY-NAME
23a. Resurrection
 LOCATION **Justice, Illinois**
 CITY OR TOWN **Chicago**
 STATE **Illinois**
 DATE (MONTH, DAY, YEAR) **24d. Mar. 4, 2004**

24. Burial home
 STREET AND NUMBER OR R.F.D.
24a. Szykowny Funeral Home, Ltd. 4901 So. Archer Ave. Chicago, IL 60632

25. Local registrar's signature
25a. Jonathan F. Siedlecki
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **25c. FEB 27 2004**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

FEB 27 2004

I, **JOHN E. 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 OBTINANCE OF SAID LAW AND ORDINANCES.

John E. Wilhelm, M.D.
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH