





# UNOFFICIAL COPY

**PROPERTY ADDRESS: 433 COTTAGE GROVE, GLENWOOD, ILLINOIS  
60424**

**P.I.N.: 3211-108-029-1036**

**UNIT 433 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN  
THE COMMON ELEMENTS IN HICHORY BEND CONDOMINIUM  
DEVELOPMENT NO. 5 AS DELINEATED ON A SURVEY OF OUTLOT 'A'  
AND PART OF OUTLOT 'B' IN BROOKWOOD POINT NO. 4, BEING A  
SUBDIVISION OF PART OF THE NORTHWEST ¼ OF SECTION 11,  
TOWNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL  
MERIDIAN; WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE  
DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED NOVEMBER  
8, 1973 AS DOCUMENT NUMBER 225 598 98, IN COOK COUNTY, ILLINOIS.**

Cook County Clerk's Office

CEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16.32</u>		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER <u>877</u>		MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK in Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
A		1. WILLIAM B. GUGLIELMI		2. MALE	3. DECEMBER 10, 2002		
DECEASED		COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
B		4. COOK		5a. 82	5b.	5c.	5d. FEBRUARY 11, 1920
C		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. OR EMER. RM. INPATIENT (SPECIFY)
D		6a. CHICAGO HEIGHTS		6b. ST JAMES HOSPITAL			6d. N PATIENT
E		BIRTHPLACE (CITY AND STATE OR 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)
1		CHICAGO ILLINOIS		8a. MARRIED	8b. LAUREDA KLIMOWSKI		9. YES
2		SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
3		10. 335 05 8429		11a. MAINTENANCE	11b. AIR CLEANER	12. Elementary/Secondary (9-12) College (1-4 or 5+)	
4		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY	COUNTY
5		13a. 433 COTTAGE GROVE AVENUE		13b. GLENWOOD		13c. S	13d. COOK
6		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.)		
7		13e. ILLINOIS	13f. 60425	14a. WHITE	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
8		FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST			
9		15. BERCO GUGLIELMI		16. MARY PANOZZO			
10		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
11		17a. MRS. LAUREDA GUGLIELMI		17b. WIFE	17c. 423 COTTAGE GR., GLENWOOD IL 60425		
12		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
13		Immediate Cause (Final disease or condition resulting in death)		(a) End stage cancer prostate			
14		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) cancer urinary bladder.			
15		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
16		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
17		20a.		20b.	19a. NO	19b.	
18		I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH		
19		21a. 12-9-02		21b. NO	21c. 12:10 PM		
20		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)			
21		22a. SIGNATURE		60411		22b. DEC. 11 2002	
22		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
23		22c. DR. HUMA MULK, MD 1715 SAUK TRAIL, SAUK VILLAGE, IL		22d. 036 89606		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
24		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					
25		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
26		24a. BURIAL		24b. HOLY SEPULCHRE	24c. WORTH ILLINOIS	24d. CHICAGO HEIGHTS, IL	24e. 60411
27		FUNERAL HOME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE
28		25a. PANOZZO BROS FUNERAL HOME INC., 530 W. 14 ST., CHICAGO HEIGHTS, IL 60411				25b. CHICAGO HEIGHTS, IL	25c. 60411
29		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ID. OR LICENSE NUMBER			
30		25b. LAWRENCE C. PANOZZO		25c. 034009801			
31		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
32		26a. Rachel M. Vega		26b. December 11, 2002			

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 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, STILL BIRTHS & DEATHS.

DATE: DEC 11 2002SIGNED: Rachel M. VegaAT: CHICAGO HEIGHTS, IL 60411TITLE: LOCAL REGISTRAR