UNOFFICIAL COPY

Doc#: 0429422207
Eugene "Gene" Moore Fee: $32.00
Cook County Recorder of Deeds
Date: 10/20/2004 01:25 PM Pg: 1 of 5

1330718 414

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

AFFIDAVIT OF HEIRSHIP

RITA KARAGIAS, being first duly sworn on oath deposes and says:

1. That she resides at 524 Webb, Calumet City, IL 60409.

2. That she was a sister of LUCIAN SADOWSKI who died intestate on February 27, 1996. Said LUCIAN SADOWSKI never married nor had or adopted any children.

3. LUCIAN SADOWSKI'S father was JOSEPH SADOWSKI and his mother was STELLA SADOWSKI, both of whom were married only once and that was to each other. Said JOSEPH SADOWSKI and STELLA SADOWSKI had five children; namely, THERESA WILOWSKI, RITA KARAGIAS, VIVIAN WAJVODA, JOSEPH SADOWSKI and CHRISTINE TROPEK. JOSEPH SADOWSKI and STELLA SADOWSKI never had any other children or adopted any children. THERESA WILOWSKI was married to EUGENE P. WILOWSKI and said THERESA WILOWSKI died November 24, 2003. Said THERESA WILOWSKI never had nor adopted any children. CHRISTINE TROPEK died prior to LUCIAN SADOWSKI and never married nor had any children or adopted any children. Said JOSEPH SADOWSKI, brother of LUCIAN SADOWSKI, died February 19, 2004. Said JOSEPH SADOWSKI was married once and only once and that was to CHARLENE SADOWSKI and they had five children; namely, JOSEPH SADOWSKI, CATHERINE SADOWSKI, CAROL McGRATH, CLAUDIA GAGNON and CHRISTEN SADOWSKI. JOSEPH SADOWSKI never had any other children nor adopted any children.

5 [illegible]

4. At the time of his death, LUCIAN SADOWSKI was the owner of the following described real estate located at 237-155th St., Calumet City, IL 60409.

Lot Nineteen (19) and Lot Twenty (20) in Block Fifteen (15) in West Hammond, being a Subdivision of the North 1896 feet of Fractional Section 17, Town 36 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois.

PIN# 30-17-111-005 & 30-17-111-006

5. Based on the foregoing, said real estate is now owned by the following:

1/4th - VIVIAN WAJVODA

ATGF, INC.

Property of Cook County Clerk's Office

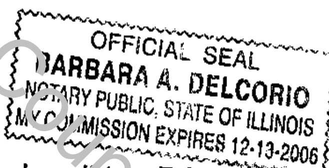
UNOFFICIAL COPY

1/4th - RITA KARAGIAS
1/4th - EUGENE WILOWSKI
5/40th - CHARLENE SADOWSKI
1/40th - JOSEPH SADOWSKI
1/40th - CATHERINE SADOWSKI
1/40th - CAROL McGRATH
1/40th - CLAUDIA GAGNON
1/40th - CHRISTEN SADOWSKI

RITA KARAGIAS

SUBSCRIBED & SWORN to before me
this [illegible] day of September, 2004.

NOTARY PUBLIC



This instrument prepared by and mail to: DARRYL R. LEM, ATTORNEY AT LAW, 850 Burnham Ave., P.O. Box 1245, Calumet City, IL 60409

Property of Cook County Clerk's Office

UNOFFICIAL COPY

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 909

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Dec 2, 2003 — Date Issued — Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Theresa F. Wilowski
2. SEX: Female
3a. TIME OF DEATH: 7:19A M
3b. DATE OF DEATH (Month, Day, Yr): November 24, 2003
4. *SOCIAL SECURITY NUMBER: 316-22-9849
5a. AGE—Last Birthday (Years): 78
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): Oct.9,1925
7. BIRTHPLACE (City and State or Foreign Country): Calumet City,IL.
8a. WAS DECEDENT A U.S. VETERAN?: no
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: none
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL XX Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Margaret Mercy Healthcare Centers
9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Eugene P. Wilowski
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Own Home
12b. KIND OF BUSINESS/INDUSTRY: House Wife
13a. RESIDENCE—STATE: Illinois
13b. COUNTY: Cook
13c. CITY, TOWN, OR LOCATION: Calumet City
13d. STREET AND NUMBER: 228 154th Pl.
13e. ZIP CODE: IL.
13f. INSIDE CITY LIMITS: ☐ No XX Yes
13g. ON A FARM?: XX No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.): XX No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify): white
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Joseph Sadowski
19. MOTHER'S NAME (First, Middle, Maiden Surname): Stella

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Eugene P. Wilowski
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 228 154th Pl. Calumet City,IL.60409
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: XX Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nov. 29,2003 Holy Cross Cemetery
21c. LOCATION—City or Town, State: Calumet City,IL.
22a. EMBALMER'S NAME: Christopher C. Chelbana
22b. EMBALMER'S LICENSE NO.: IL 034-015299
23. WAS DEATH REPORTED TO CORONER?: XX No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of licensee): 102590
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: 3002819 Burns Kish FH for Castle Hill FH 5840 Hohman Av.-248 155th Pl. Hammond,IN.46320-Calumet City,IL 60409

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Signature only) — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. GI Bleed
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): no
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): no
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): no

CERTIFIER

29a. CERTIFIER (Check only one):
- ☒ CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ HEALTH OFFICER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) as stated.
- ☐ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. MEDICAL LICENSE NO: 01052692
29d. DATE SIGNED (Month, Day, Year): 12/1/03 (December)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. Scott G. Beauregard 5454 Hohman Ave. Hammond, IN 46320

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Franklin Fremuda M.D.
32. DATE FILED (Month, Day, Year): December 2, 2003

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SDH06-004 State Form 10110 (R5/1-99)

Property of Cook County Clerk's Office

UNOFFICIAL COPY

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

Local No. 176

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

MAR 4 1996 — Date Issued

[signature] — Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): LUCIAN S. SADOWSKI
2. SEX: MALE
3a. TIME OF DEATH: 10:20 A.M.
3b. DATE OF DEATH (Month, Day, Yr): February 27, 1996
4. *SOCIAL SECURITY NUMBER: 306-10-4405A
5a. AGE—Last Birthday (Years): 79
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): (APRIL) 4-30-1916
7. BIRTHPLACE (City and State or Foreign Country): CHICAGO, ILLINOIS
8a. WAS DECEDENT A U.S. VETERAN?: NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: ------
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL: ☒ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): SAINT MARGARET HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: HAMMOND
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): NEVER MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): RETIRED CHEMIST
12b. KIND OF BUSINESS/INDUSTRY: LEVER BROTHERS
13a. RESIDENCE—STATE: ILLINOIS
13b. COUNTY: COOK
13c. CITY, TOWN, OR LOCATION: CALUMET CITY
13d. STREET AND NUMBER: 237 155 Street
13e. ZIP CODE: 60409
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4

PARENTS

18. FATHER'S NAME (First, Middle, Last): JOSEPH SADOWSKI
19. MOTHER'S NAME (First, Middle, Maiden Surname): STELLA ROMANOWSKI

INFORMANT

20a. INFORMANT'S NAME (Type/Print): THERESA F. WILOWSKI
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 228 154 Place, Calumet City, Illinois
20c. Relationship: SISTER

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): March 1, 1996, HOLY CROSS CEMETERY
21c. LOCATION—City or Town, State: CALUMET CITY, ILL
22a. EMBALMER'S NAME: HENRY BLAKE
22b. EMBALMER'S LICENSE NO.: #01019406
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): #01019406
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish Funeral Homes, Hammond, Inc. CASTLE HILL FUNERAL HOME, 248-155 PLACE, CALUMET CITY, ILLINOIS 60409 3002819

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. [handwritten, illegible] — Approximate Interval Between Onset and Death: [handwritten]
DUE TO (OR AS A CONSEQUENCE OF):
b. [handwritten, illegible]
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: [handwritten, partly illegible] Vascular [illegible]
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): NO
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): NO

CERTIFIER

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ HEALTH OFFICER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. MEDICAL LICENSE NO.: 01019610
29d. DATE SIGNED (Month, Day, Year): Feb 2/27/96
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Joseph Tyrrell, MD. 513 Ridge Rd Munster In 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] M.D.
32. DATE FILED (Month, Day, Year): February 28, 1996

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

ATTENTION ESTATE "The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 480-04

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): Joseph S. Sadowski Jr.
2 SEX: Male
3a TIME OF DEATH: 7:12 PM
3b DATE OF DEATH (Month, Day, Yr): Feb.19,2004
4 SOCIAL SECURITY NUMBER: 305-20-3512
5a AGE—Last Birthday (Years): 78
5b UNDER 1 YEAR (Months / Days):
5c UNDER 1 DAY (Hours / Minutes):
6 DATE OF BIRTH (Mo, Day, Yr): Oct.9,1925
7 BIRTHPLACE (City and State or Foreign Country): Calumet CIty,IL.
8a WAS DECEDENT A U.S. VETERAN?: Yes
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: 1945
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Community Hospital
9c CITY, TOWN, OR LOCATION OF DEATH: Munster
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Charlene Klein
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Electrican
12b KIND OF BUSINESS/INDUSTRY: Inland Stell
13a RESIDENCE—STATE: Illinois
13b COUNTY: Cook
13c CITY, TOWN, OR LOCATION: Lansing
13d STREET AND NUMBER: 3631 177th St.
13e ZIP CODE: 60438
13f INSIDE CITY LIMITS: ☒ No ☐ Yes
13g ON A FARM?: ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): white
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Joseph Sadowski
19 MOTHER'S NAME (First, Middle, Maiden Surname): Stella Romanowski

INFORMANT

20a INFORMANT'S NAME (Type/Print): Charlene Sadwowski
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3631 177th St. Lansing,IL.60438
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Feb.23,2004 Holy Cross Cemetery
21c LOCATION—City or Town, State: Calumet City,IL.
22a EMBALMER'S NAME: Christopher Chelbana
22b EMBALMER'S LICENSE NO: IL. 034-015299
23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: Maria Mosqueda
24b LICENSE NUMBER (of Licensee): FD08800246
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: 3002819 Burns Kish FH. for Castle Hill FH 5840 Hohman Av.-248 155th PL. Hammond,IN.46320-Calumet City,IL.60409

CAUSE OF DEATH

26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory (signature only) ... Enter only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Peritonitis
DUE TO (OR AS A CONSEQUENCE OF):
b. Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF):
c. Congestive Heart Failure
DUE TO (OR AS A CONSEQUENCE OF):
d. Perforated Small Bowel

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

Approximate Interval Between Onset and Death

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. FEB 23 2004

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): no
28a WAS AN AUTOPSY PERFORMED? (Yes or no): no
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): no

CERTIFIER

29a CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated
☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated
☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated

29b SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c MEDICAL LICENSE NO: IN 01053644A
29d DATE SIGNED (Month, Day, Year): 2/23/04
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. U. Kattaiyan MD, 110 Ridge Rd Munster IN 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Susan W Bert D.O.
32 DATE FILED (Month, Day, Year): February 23, 2004

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a DATE OF INJURY (Month, Day, Year):
34b TIME OF INJURY:
34c INJURY AT WORK? (Yes or no):
34d DESCRIBE HOW INJURY OCCURRED:
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g DATE PRONOUNCED DEAD (Month, Day, Year):
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

Property of Cook County Clerk's Office