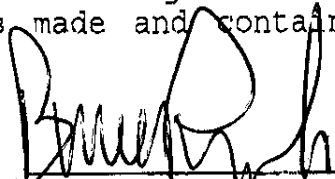


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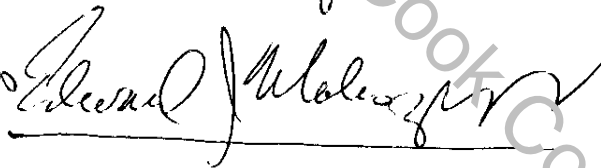
funeral expenses have been paid in full.

11. That no Federal Estate Tax/Illinois Inheritance Tax is due.

12. That the Affiant makes this affidavit to induce First American Title Insurance Company to issue its policy of title insurance number 1139983 and with knowledge that First American will rely on the representations made and contained to insure title.


Bruce Principato

Subscribed and Sworn to before me
this 12TH of August 2005



*Prepared by
Return to*

The Law Office of
EDWARD J. MALISZEWSKI, JR.
A Professional Corporation
840 S. Oak Park Avenue
Oak Park, IL 60304
(708) 383-6626
Atty No. 91303

Property of Cook County Clerk's Office

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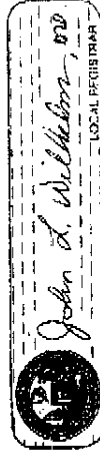
CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

APR 29 2003

I, JOHN L. 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 OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

606217

DISTRICT NO. 15.70		REGISTERED NUMBER		DECEASED-NAME		FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
				MARIA FERRARO		FEMALE				APRIL 27, 2003	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS) MOS. DAYS		UNDER 1 YEAR MOS. DAYS		UNDER 1 DAY HOURS MIN.		DATE OF BIRTH (MONTH, DAY, YEAR)			
COOK		7 3 5b		7 3 5b		5c		5d. OCTOBER 4 1929			
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NERVEN, GIVE STREET AND NUMBER)		NAME OF SURVIVING SPOUSE (Maiden Name, if wife)		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		9. NO	
CHICAGO		RESURRECTION MEDICAL CENTER		NONE		12. 12					
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		KIND OF BUSINESS OR INDUSTRY		INSIDE CITY (YES/NO)		13c. YES		13d. COOK	
ITALY		WIDOWED		11b. OWN HOME		12. 12					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		14b. NO		14c. YES	
326-32-3556		HOMEMAKER		CHICAGO		WHITE					
RESIDENCE (STREET AND NUMBER)		11a. HOMEMAKER		13b. CHICAGO		14a. WHITE		14b. NO		14c. YES	
2150 W. RACE AVE.											
STATE		ZIP CODE		RELATIONSHIP		15. VITO CALABRESE		16. ROSA ADDANTE			
ILLINOIS		60612		17b. DAUGHTER		ADDANTE		ADDANTE			
FATHER-NAME		FIRST MIDDLE LAST		17a. ROSEANNE ADESSO		4815 N. RUTHERFORD CHICAGO, IL					
				Congestive Heart Failure							
				DUE TO, OR AS A CONSEQUENCE OF							
				DUE TO, OR AS A CONSEQUENCE OF							
				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.							
				DATE OF OPERATION, IF ANY		20b. ND		20c. YES		20d. NO	
				MAJOR FINDINGS OF OPERATION							
				10d. (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/her ALIVE ON)		APRIL 27, 2003					
				TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							
				22a. SIGNATURE		Ashok D Sawlani					
				NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ASHOK D SAWLANI, MD					
				22c. SAWLANI, ASHOK D		7447 W TALCOTT CHICAGO, IL 60631					
				NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)							
				23. BURIAL CREMATION, REMOVAL (SPECIFY)		BURIAL					
				24b. FUNERAL HOME		MT. CARMEL					
				25a. DENICOLA - PIETRYKA		5734 W, DIVERSEY AVE., CHICAGO, IL 60639					
				25b. Local Registrar's Signature		Robert J. Pietryka					
				25c. Local Registrar's Signature		John L. Wilhelm, M.D.					
				26a. Local Registrar's Signature							
				26b. Local Registrar's Signature							