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BY PRUDENTIAL PREFERRED

FOR _____

THAT PART OF LOT 15 IN BLOCK 5 IN NORTH EVANSTON, IN THE E. 1/2 OF FRACTIONAL SECTION 12, TOWNSHIP RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: COMMENCING AT A POINT ON THE WEST LINE OF SAID LOT 15, 50 FEET 3/4 OF AN INCH SOUTH OF THE NORTHWEST CORNER THEREOF, THENCE SOUTH ALONG THE WEST LINE OF SAID LOT, A DISTANCE OF 150 FEET 1-1/8 INCHES TO THE SOUTHWEST CORNER OF SAID LOT, THENCE EAST ALONG THE SOUTH LINE OF SAID LOT (BEING THE NORTH LINE OF LINCOLN STREET) 36 FEET 6-3/4 INCHES THENCE NORTH ALONG A STRAIGHT LINE 150 FEET 1-1/8 INCHES TO A POINT 36 FEET 7-3/4 INCHES EAST OF THE WEST LINE OF SAID LOT, THENCE WEST 36 FEET 7-3/4 INCHES TO THE PLACE OF BEGINNING.

COMMONLY KNOWN AS: 1507 LINCOLN, STREET, EVANSTON, ILLINOIS.

PH 10-12-204-032-0060

County Clerk's Office

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO.		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. Velmon Dachev Kulycky		2. Female		3. June 28, 2006			
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. Cook		5a. 60	MOS. DAYS	HOURS MIN	5d. September 5, 1945		
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)		
6a. Evanston		6b. Evanston Hospital			6c. Inpatient		
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)	
7. Chicago IL		8a. Married		8b. Michael Nicholas Kulycky		9. No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 344 36 2947		11a. Teacher		11b. Public School		12. 4	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. 1507 Lincoln Street		13b. Evanston		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. 60201	14a. Black		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST					
15. Unavailable Bradley		16. Ella Harper					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Michael N. Kulycky		17b. Husband		17c. 1507 Lincoln St, Evanston IL 60201-233			
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 COLON CANCER		2 MONTHS			
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 from the underlying cause given in PART I.				AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
				19a. No		19b. No	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a.		20b.		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
I (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. (June 27, 2006)		6/27/06		21b. NO		21c. 1:50 P. M.	
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)					
22a. SIGNATURE Elizabeth Woo-Strauss		22b. June 29, 2006					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. Elizabeth Woo-Strauss 2500 Ridge Ave., Evanston IL 60201		22d. 036-094253					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23.							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. Cremation		24b. Heritage Memorial		24c. Chicago Illinois		24d. June 30, 2006	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP	
25a. Evanston Funeral & Cremation		1726-A Central Street, Evanston Illinois		60201-1593			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. Roland F. Weis		25c. 034-011956					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. Jay W. Terry		26b. June 29, 2006					

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE JUNE 29, 2006 SIGNED Jay W. Terry
 AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.