

UNOFFICIAL COPY

QUIT CLAIM DEED

MAIL TO:

Law Office of Dennis M. Nolan, P.C.
221 West Railroad Avenue
Bartlett, Illinois 60103

NAME & ADDRESS OF TAXPAYER:

Mildred Krofta and Cindy D. Nolan
3506 West 60th Place
Chicago, Illinois 60629

Doc#: 0719434104 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/13/2007 02:28 PM Pg: 1 of 3



0730540059

Doc#: 0730540059 Fee: \$42.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 11/01/2007 01:02 PM Pg: 1 of 10

10
\$

** Re-record to attach Affidavit **

The Grantor, Mildred Krofta, of the City of Chicago, County of Cook, State of Illinois, for and in consideration of Ten Dollars in hand paid and other good and valuable considerations, convey and quit claim to Mildred Krofta and Cindy D. Nolan, whose address is 3506 West 60th Place, Chicago, Illinois 60629, as Joint Tenants, the following described Real Estate:

LOT 44 IN BLOCK 2 IN EBERHARTS SUBDIVISION OF THE SOUTH HALF OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 14, TOWNSHIP 32 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN.

PROPERTY ADDRESS: 3506 West 60th Place
Chicago, Illinois 60629

PIN/PARCEL NUMBER: 19-14-408-042-0000

TO HAVE AND TO HOLD said premises in joint tenancy forever.

DATED this 14 day of May, 2007.

FIRST AMERICAN TITLE

ORDER # Accommodation

Mildred Krofta
Mildred Krofta

166

2/1/08

Exempt Under Paragraph 3-1
Sec. 2-01, Fiscal Estate
Transfer Tax Act

6-25-07

MADE BY CUSTOMER'S REQUEST

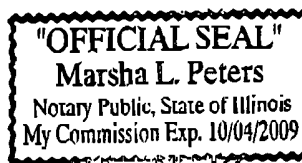
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State of Illinois)
) SS
 County of Cook)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Mildred Krofta, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed and delivered the said instrument as her 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 14th day of May, 2007.

Marsha L. Peters
 Notary Public



This instrument was prepared by:
 Law Office of Dennis M. Nolan, P.C.
 221 West Railroad Avenue
 Bartlett, Illinois 60103
 630/213-7700

Property of Cook County Clerk's Office

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STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 5-14, 2007

Signature: [Signature]
Grantor or Agent

Subscribed and sworn to before me by the said grantor/grantee this 14 day of May, 2007.

Notary Public [Signature]



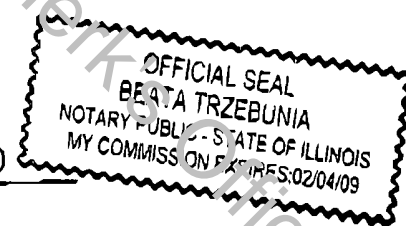
The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated 5-14, 2007

Signature: [Signature]
Grantee or Agent

Subscribed and sworn to before me by the said grantor/grantee this 14 day of May, 2007.

Notary Public [Signature]



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

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9. That in the event the Decedent died without wife or child surviving, to Affiant's best information and belief the following represents the Decedent's heirship (include names of all deceased descendants):

Not Applicable

10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is \$200,000.

11. That no claims have been filed against Decedent and that all expenses of illness and /or funeral expenses have been paid in full: or, that the following claims will be paid from the proceeds of the subject property:

12. That the Federal Estate Tax (has/has not) been paid, that the Illinois Inheritance Tax (has/has not) been paid; that no (Federal Estate Tax/Illinois Inheritance Tax) is due.

13. That Affiant makes this affidavit to induce First American Title Insurance Company to issue its policy of title insurance number 1082582 and with knowledge that First American Title Insurance Company will rely on the representations made and contained herein to insure title.

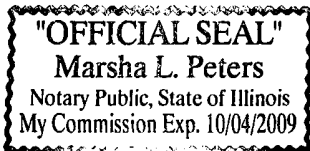
14. That Affiant shall indemnify and hold harmless any party relative to any claims and/or debts of Decedent.

Further Affiant sayeth not.

Mildred Krofta
Mildred Krofta

Subscribed and sworn to before me, this
14th day of may 2007.

Marsha L. Peters
Notary Public



Prepare/Mail To:
Dennis M. Nolan, P.C.
221 Railroad Avenue
Bartlett, IL 60103

UNOFFICIAL COPY

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS

STATE FILE NUMBER

34076

DECEASED'S NAME CORONER'S CERTIFICATE OF DEATH REGISTRATION DISTRICT NO. 1510 REGISTERED NUMBER

1. PLACE OF DEATH a. STATE Illinois b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Illinois b. COUNTY Cook	
3. INSIDE corporate limits and in City, Village, or Incorporated Town Chicago		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Chicago	
4. <input checked="" type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....	e. LENGTH OF STAY IN ic or ld. 72 Yrs	d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....	e. LENGTH OF RESIDENCE AT 2c or 2d 72 Yrs
5. NAME OF HOSPITAL OR INSTITUTION Evangelical Hospital		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 3506 W. 60 Place	
6. If not in hospital or institution, give Street & No. or R.F.D. and Post Office		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

7. NAME OF DECEASED a. (FIRST) Jennie b. (MIDDLE) A. c. (LAST) Krofta			4. DATE OF DEATH (MONTH) (DAY) (YEAR) 5 20 67		
---	--	--	---	--	--

8. SEX Female	6. RACE White	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (specify) Widow	9. DATE OF BIRTH MAY 21 1894	9. AGE (in years last birthday) 72	if under 1 year MONTHS	if under 24 hrs. HOURS MIN.
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10. USUAL OCCUPATION Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or foreign country) Chicago Illinois	12. Citizen of what country? U S A.
---------------------------------------	---	--	--

13. FATHER'S FULL NAME Joseph Vejvoda		14. MOTHER'S FULL MAIDEN NAME Unknown	
--	--	--	--

15. Was deceased ever in U. S. Armed Forces? (No, or unknown) (Give war or dates of service) No	16. SOCIAL SECURITY NUMBER 335-03-8771-0	17. INFORMANT a. SIGNATURE <i>x Edward Krofta</i>	b. ADDRESS 3506 W 60 Place	c. RELATIONSHIP TO DECEASED Son
--	---	---	-----------------------------------	--

18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING CAUSE last. due to (B) Arteriosclerotic Heart Disease due to (C)		

19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A). Diabetes, Uremia, Fracture femur- humerus		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
------------------------	----------------------------------

18a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. INJURED AT (CITY, TOWNSHIP, OR LOCATION) (COUNTY) (STATE) Chicago Cook Ill
--	--	--

18b. TIME OF INJURY (HOUR) (MONTH) (DAY) (YEAR) 8:30 P.M. 5 8 67	21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on back porch at home.
---	---	---

18c. Upon medical investigation I find this death was caused as stated above. DATE: 5/21/67 SIGNED: Wm McNabola M. D. CORONER'S PHYSICIAN	22b. Upon official investigation I find the person described died as stated above. DATE: 6/13/67 SIGNED: <i>Frank Davis</i> COUNTY CORONER
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19. DISPOSITION: BURIAL-REMOVAL-CREMATION CEMETERY Clarendon Hills LOCATION Westmont, Ill.	24. FUNERAL DIRECTOR SIGNATURE <i>John E. Egan</i> ADDRESS 3700 W. 63rd St. Chicago, Ill. License 421
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18. Received for filing on JUN 19 1967 (Signed) <i>Samuel L. Ardelman</i>	LOCAL REGISTRAR
--	-----------------

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

UNOFFICIAL COPY SEP 19 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

ORIGINAL

STATE OF ILLINOIS

STATE FILE NUMBER

50837

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO.

16.10

REGISTERED NUMBER

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		STATE FILE NUMBER 50837	
1. PLACE OF DEATH a. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived if institution, residence before admission.) a. STATE Illinois		REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER	
b. Death took place <input type="checkbox"/> OUTSIDE city limits and in <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d.		c. Residence was <input type="checkbox"/> OUTSIDE city limits and in <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d.		TOWNSHIP Cook	
c. CITY, VILLAGE, OR TOWN CHICAGO		d. LENGTH OF STAY IN life life		d. CITY, VILLAGE, OR TOWN Chicago	
e. NAME OF HOSPITAL OR INSTITUTION Chicago State Tuberculosis San.		f. STREET ADDRESS 3506 W. 60th Place		g. Did decedent reside ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (FIRST) Joseph b. (MIDDLE) (N.M.N.) c. (LAST) Krofta		4. DATE OF DEATH MONTH July DAY 30 YEAR 1961			
5. SEX Male		6. RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
8. DATE OF BIRTH 7-15-1892		9. AGE (in years last birthday) 69		10. MONTHS DAYS HOURS MIN. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furnace Tender		10b. KIND OF BUSINESS OR INDUSTRY Steel Industry		11. BIRTHPLACE (City and state or foreign country) Chicago, Illinois	
12. Citizen of what country? U.S.A.		13. FATHER'S FULL NAME Joseph Krofta		14. MOTHER'S FULL MAIDEN NAME Barbara ???	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NUMBER Not Known		17. INFORMANT'S SIGNATURE <i>Joseph Krofta</i>	
				17. b. ADDRESS 1919 W. Taylor	
				17. c. RELATIONSHIP TO DECEASED M.R.L.	
18. CAUSE OF DEATH					
PART I. DEATH WAS CAUSED BY: [Enter only one cause per line for (A), (B), and (C)]					
IMMEDIATE CAUSE (A) F as advanced pulmonary tuberculosis				INTERVAL BETWEEN ONSET AND DEATH Unknown	
CONDITIONS, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) due to (C)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (A).					
Carcinoma of sigmoid colon				19. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Abscess in head of pancreas					
20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.					
21. I hereby certify that I attended the deceased from July 20 , 19 61 , to July 30 , 19 61 , that I last saw the deceased alive on July 30 , 19 61 , and death occurred at: 12:55 P.M. , from the causes and on the date stated above.					
DATE: July 31, 1961		SIGNED: <i>Maxine M. Pyle</i> M.D.		ADDRESS: 1919 W. Taylor	
				PHONE: Se 8 3600	
22. DISPOSITION: BURIAL-REMOVAL-CREATION DATE 8-2-61		23. FIRM NAME: EGAN FUNERAL DIRECTORS			
CEMETERY: CLARENDON HILLS		ADDRESS: 3700 W. 29th St			
LOCATION: HINSDALE ILL		CITY: CHICAGO ILL			
		LICENSE NUMBER: 572			
24. Received for filing of AUG 1 1961		SIGNED: <i>Samuel L. Ardelman</i> M.D.		54 West Hubbard Street, Chicago 10	
				CHICAGO BOARD OF HEALTH LOCAL REGISTRAR	

K
VS & R 200 (1955 Revision) based on the U. S. Standard Certificate of Death.

X

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PRIORITY NOIS

FILE IN WITH TYPEWRITER OR LEGIBLE PRINTING

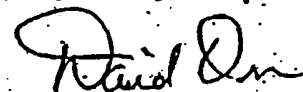
STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

UNOFFICIAL COPY SEP 19 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.



COUNTY CLERK

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		624065	
DECEASED - NAME 1. EDWARD KROFTA		SEX 2. MALE	DATE OF DEATH 3. NOVEMBER 9, 1980		
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SP. CITY) 4a. WHITE	IRISH IN OR DESCENT 4b. American	AGE - LAST BIRTHDAY (YRS) 5a. 54	UNDER 1 YEAR 5b. NO	UNDER 1 DAY 5c. NO	DATE OF BIRTH, MO. DAY, YEAR 6. MAY 13, 1926
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Chicago	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. VA WEST SIDE MEDICAL CENTER		IF HOSP OR INST. NUMBER DOC. CONTAINED IN SEPARATE REPORT 7d. INPATIENT		
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. ILLINOIS	CITIZEN OR NAT. COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (PRINT) 10. WIDOWED		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF AKA) 11. 	
SOCIAL SECURITY NUMBER 12. 359-18-7426	MANUFACTURING 13a. ENGINEER	KIND OF BUSINESS OR INDUSTRY 13b. GENERAL		U.S. WAR VETERAN (YES/NO) 13c. YES	WAR OR DATES OF SERVICE 13d. WW II
RESIDENCE STREET AND NUMBER 14a. 3506 W. 60TH PLACE	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. CHICAGO	INSIDE CITY (YES/NO) 14c. YES	COUNTY 14d. COOK	STATE 14e. ILLINOIS	
FATHER NAME 15. JOSEPH KROFTA		MOTHER MAIDEN NAME 16. Jennie Bajboda			
INFORMANT SIGNATURE 17a. RIMVYDAS F. MILIAUSKAS		RELATIONSHIP 17b. HOSPITAL RECORDS	MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, STATE, ZIP) 17c. 920 S. DAMEN AVE., CHICAGO, IL 60612		
18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)					
PART I. IMMEDIATE CAUSE					
(a) CARDIO-PULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF					
(b) ALCOHOLISM DUE TO, OR AS A CONSEQUENCE OF					
(c) 					
PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.)					
DATE OF OPERATION, IF ANY 20a. 		MAJOR FINDINGS IF OPERATION 20b. 		CUSTOMER TYPES 19a. NO	IF YES, GIVE PROVISION ON REPORT OR DETERMINE CAUSE OF DEATH 19b.
A. ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 21a. 11-5-80		TO (MONTH, DAY, YEAR) 21b. 11-9-80		AND LAST SEEN ALIVE ON (MONTH, DAY, YEAR) 21c. NOVEMBER 9, 1980	MO. OF DEATH 21d. 1:05 A.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) 22b. 11-10-80	
SIGNATURE 22a. Leonard Giannone M.D.		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. LEONARD GIANNONE M.D. 820 SOUTH DAMEN AVENUE, CHICAGO, ILLINOIS 60612		ILLINOIS LICENSE NUMBER 22d. T-9923	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. 		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED			
BURIAL CREMATION, REMOVAL (SPECIFY) 24a. burial	CEMETERY OR CREMATORY NAME 24b. Lithuanian Nat'l	LOCATION 24c. Willow Spgs., Ill.	CITY OR TOWN	STATE	DATE (MO. - DAY, YEAR) 24d. 11/12/80
FUNERAL HOME 25a. Egan Funeral Home 3700 W 63rd St. Chicago, Ill. 60629					
FUNERAL DIRECTOR'S SIGNATURE 25b. Kathryn Egan		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 4725			
LOCAL REGISTRAR'S SIGNATURE 26a. Herman K...		CHICAGO DEPT. OF HEALTH RICHARD J. DALY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60607		DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. NOV 11 1980	

STATE OF ILLINOIS
County of Cook**UNOFFICIAL COPY**

DAVID ORR, County Clerk

AUG 20 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.
IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David W. Orr
COUNTY CLERK

IRTH NO.		REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER 616787	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. ELSIE		M.	KROFTA	2 FEMALE	3	SEPTEMBER 9, 1994	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. COOK		5a. 72	5b. 72	5c. 72	5d. JUNE 3, 1922		
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.C.A. OP-EMER RM, INPATIENT (SPECIFY)		
6a. CHICAGO		6b. HOLY CROSS HOSPITAL			6c. EMER. ROOM		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WID/WED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
7. WESTMONT, IL.		8a. NEVER MARRIED	8b. NONE		9. NO		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. 335-12-5256		11a. CLOCK MAKER	11b. CLOCKS	12. 8			
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. 3506 W. 60th PL.		13b. CHICAGO		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. 60629	14a. WHITE	14b. X NO <input type="checkbox"/> YES SPECIFY:				
FATHER-NAME		FIRST	MIDDLE	LAST	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST		
15. JOSEPH		KROFTA		16. JENNIE			VEJVODA
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. MILDRED KROFTA		17b. SISTER	17c. 3506 W. 60th PL. CHICAGO, IL 60629				
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) Arteriosclerotic Heart Disease					YRS
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 in the underlying cause given in PART I		Portuguese's Disease					
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)	
20a.		20b.		19a. NO		19b.	
(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUSE OF DEATH		
21a. 8-20-94		21b. YES		21c. 7:27 A. 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		22b. 9-11-94					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. M. DEBTE		22d. 36-53268					
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	
24a. BURIAL		24b. CLARENDON HILLS CEM.		24c. DARIEN	ILLINOIS		
FUNERAL HOME		NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP	
25a. EGAN FUNERAL HOME		3700 W. 63rd ST.		CHICAGO	ILLINOIS	60629	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. <i>John Heil</i>		25c. 034-009759					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. <i>Michael RSM</i>		26b. SEP 11 1994					

UNOFFICIAL COPY SEP 18 2007

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH	613776
DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. LILLIAN T. KROFTA		2. FEMALE	3. AUGUST 30, 2001
COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH DAY YEAR)
4. COOK	5a. 85	5b. 85	5c. November 5, 1915
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 DO A OP-EMER RM. INPATIENT (SPECIFY)
6a. CHICAGO	6b. HOLY CROSS HOSPITAL		6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. Chicago, IL	8a. Never Married	8b. None	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 352-03-5366	11a. Laborer	11b. Book Bindery	12. 8
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)
13a. 3506 W. 60th Place		13b. Chicago	13c. Yes
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.)
13d. Illinois	13e. 60629	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST	
15. Joseph Krofta		15. Jennie Vejvoda	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Mildred Krofta		17b. Sister	17c. 3506 W. 60th Pl. Chicago IL 60629
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.			
Immediate Cause (Final disease or condition resulting in death)	(a) Myocardial Infarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b)		
	(c)		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I			
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO)	IF AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)
20a.	20b.	19a. NO	19b. NO
WHO (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH	
21a. 8-30-01	21b. NO	21c. 11:05 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 <i>Mark R. Bednard</i>		22b. 8-31-01	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	
22c. MARK R. BEDNARD, D.O. 353 East Burlington Road, Riverside, Illinois 60544		22d. 036 093807	
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. Burial	24b. Clarendon Hills	24c. Darien, Illinois	24d. Sept. 4, 2001
FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		
25a. Egan Funeral Home	3700 W. 63rd Street Chicago Illinois 60629		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. <i>David Fisher</i>		25c. 034-014435	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)	
26a. <i>John A. Wilhelm</i>		26b. SEP 04 2001	