

UNOFFICIAL COPY



Doc#: 1016156008 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/10/2010 11:10 AM Pg: 1 of 4



Chicago Title Insurance Company

**WARRANTY DEED  
ILLINOIS STATUTORY**

Property of Cook County Clerk's Office

THE GRANTOR(S), Jody M Staszsky, a widow, of the Village of Glenview, County of Cook, State of Illinois for and in consideration of TEN & 00/100 DOLLARS, and other good and valuable consideration in hand paid, CONVEY(S) and Warrant(s) to Brian Sprague and Tina Sprague, husband and wife, not as joint tenants or tenants in common but as tenants by the entirety, 1698 Saratoga, Glenview, Illinois 60025 of the County of Cook, all interest in the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

See attached legal description

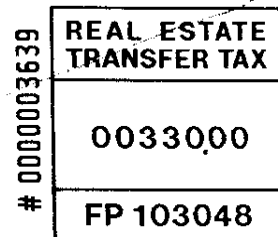
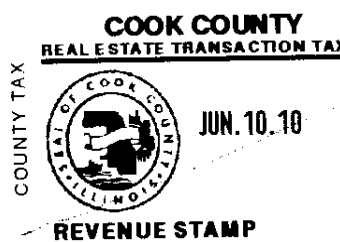
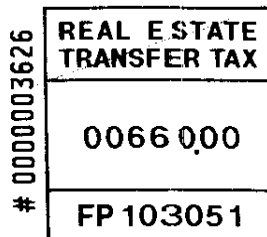
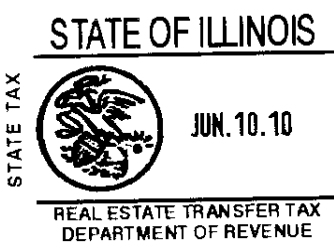
**SUBJECT TO:** covenants, conditions and restrictions of record

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Real Estate Index Number(s): 04-36-305-027-0000  
Address(es) of Real Estate: 816 Windsor, Glenview, Illinois 60025

Dated this 4<sup>th</sup> day of June, 2010

\_\_\_\_\_  
Jody M Staszsky



103978  
1 of 1

FORT DEARBORN LAND TITLE

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**UNOFFICIAL COPY**STATE OF ILLINOIS, COUNTY OF Cook ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT Jody M Staszsky, a widow, personally known to me to be the same person(s) whose name(s) are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their 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 4<sup>th</sup> day of June, 2010



Lisa Burmeister (Notary Public)

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**Prepared By:** John H. Winand  
800 Waukegan Road, Suite 201  
Glenview, Illinois 60025

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**Mail To:**  
Mr. Scott Sandroff  
910 Woodland Parkway  
Vernon Hills, IL 60061

**Name & Address of Taxpayer:**  
Brian Sprague and Tina Sprague  
816 Windsor  
Glenview, Illinois 60025

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PROPERTY OF COOK COUNTY CLERK'S OFFICE

# UNOFFICIAL COPY

Lot Thirty in Block Two, in George F. Nixon and Company's North Shore Golf View Home Addition, being a Subdivision of part of the Southwest  $\frac{1}{4}$  of Section 26, Township 42 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office

# STATE OF ILLINOIS CERTIFICATE OF DEATH UNOFFICIAL COPY

REGISTRATION DISTRICT NO. **16.0**

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED'S LEGAL NAME (include AKAs if any) (First, Middle, Last) **Douglas M. Staszsky** 2. SEX **Male** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **February 26, 2008**

4. COUNTY OF DEATH **COOK** 5a. AGE AT LAST BIRTHDAY (years) **49** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **November 3, 1958**

7a. CITY OR TOWN **Glenview** 7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) **816 Windsor Road**

IF DEATH OCCURRED IN A HOSPITAL  Inpatient  Emergency Room/Outpatient  Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL  Hospice facility  Nursing Home/long-term care facility  Decedent's home  Other (Specify)

8. BIRTHPLACE (City and State or Foreign Country) **Bloomington, DE** 9. SOCIAL SECURITY NUMBER **[REDACTED]** 10. MARITAL STATUS AT TIME OF DEATH  Married  Married but separated  Widowed  Divorced  Never Married  Unknown 11. SURVIVING SPOUSE'S NAME (if wife, give full name prior to first marriage) **Jody M. Dillard** 12. EVER IN U.S. ARMED FORCES?  Yes  No

13a. RESIDENCE (Street and Number) **816 Windsor Road** 13b. APT NO. 13c. CITY OR TOWN **Glenview** 13d. INSIDE CITY LIMITS?  Yes  No

13e. COUNTY **COOK** 13f. STATE **IL** 13g. ZIP CODE **60025** 14. FATHER'S NAME (First, Middle, Last) **Max Staszsky** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **Louise Moore**

16a. INFORMANT'S NAME **Jody Staszsky** 16b. RELATIONSHIP **Spouse** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **816 Windsor Road, Glenview, IL 60025**

17. METHOD OF DISPOSITION:  Burial  Cremation  Donation  Entombment  Other (Specify) 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **Trisons Crematory** 19. LOCATION - CITY, TOWN AND STATE **Lombard, IL** 20. DATE OF DISPOSITION (Month/Day/Year) **March 11, 2008**

21a. FUNERAL HOME NAME **Donnellan Family Funeral Services** STREET AND NUMBER **10045 Skokie Blvd.** CITY OR TOWN **Skokie, Illinois** STATE **Illinois** ZIP **60077**

21b. FUNERAL DIRECTOR'S SIGNATURE *[Signature]* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-011866**

LOCAL REGISTRAR'S SIGNATURE *[Signature]* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **FEB 27 2008**

CAUSE OF DEATH (See instructions and examples) 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Glioblastoma multiforme** Due to (or as a consequence of) b. c. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **15-16 months**

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 25. WAS AN AUTOPSY PERFORMED?  Yes  No 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?  Yes  No

27. DID TOBACCO USE CONTRIBUTE TO DEATH?  Yes  Probably  No  Unknown 28. IF FEMALE  Not pregnant within past 12 months  Not pregnant, but pregnant within 42 days of death  Not pregnant, but pregnant 43 days to 1 year before death  Pregnant at time of death  Pregnant within one year of death but time unknown  Unknown if pregnant within the past 12 months 29. MANNER OF DEATH  Natural  Suicide  Could not be determined  Accident  Homicide  Pending investigation

30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY  A.M.  P.M. 32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, workplace) 33. INJURY AT WORK?  Yes  No

34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY:  Driver/Operator  Pedestrian  Passenger  Other (Specify)

37. (DID) DID NOT ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON **1/4/2008** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED?  Yes  No 39. DATE PRONOUNCED (Month/Day/Year) **February 26, 2008** 40. TIME OF DEATH **12:45**  A.M.  P.M.

41. CERTIFIER (Check only one)  Physician in charge of patient's care - to the best of my knowledge, death occurred due to the cause(s) and manner stated.  Physician in attendance at time of death only - to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.  Medical Examiner/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 stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) **Nina A. Paleologos, M.D. 2650 Ridge Avenue, Evanston, Illinois 60201** 43. PHYSICIAN'S LICENSE NUMBER **036-074278**

44. TITLE OF CERTIFIER **Certifying Physician** 45. DATE CERTIFIED (Month/Day/Year) **February 26, 2008** 46. SIGNATURE OF CERTIFIER *[Signature]*