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RECORDING REQUESTED BY:  
PREPARED BY: C. CALLAHAN  
First American Title Insurance Co.1  
2605 Enterprise Road East  
Clearwater, FL 33759

Doc#: 1118810026 Fee: \$38.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 07/07/2011 11:30 AM Pg: 1 of 2

AND WHEN RECORDED, MAIL TO:

First American Title Insurance Co.  
2605 Enterprise Road East  
Clearwater, FL 33759

6755346

PIN: 14-19309-005-0000

AFFIDAVIT OF DEATH

STATE OF ILLINOIS  
COUNTY OF COOK

42931025

KATHERINE F. GNAPP, of legal age, being first duly sworn, deposes and says: THAT LAWRENCE J. GNAPP, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as LAWRENCE J. GNAPP, named as one of the parties in that certain deed, executed BY 3447 N. CLAREMONT, LLC, recorded IN DEED DOCUMENT 0603955089 on FEBRUARY 8, 2006, of Cook County, Illinois, Official Records.

LOT 5 IN BLOCK 7 IN C. I. YERKES SUBDIVISION OF BLOCKS 33 TO 36 INCLUSIVE AND BLOCKS 41 TO 44 INCLUSIVE IN THE SUBDIVISION OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4, THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 AND THE EAST 1/2 OF THE SOUTHEAST 1/4 THEREOF) OF COOK COUNTY, ILLINOIS.

  
Affiant - KATHERINE F. GNAPP

State of ILLINOIS

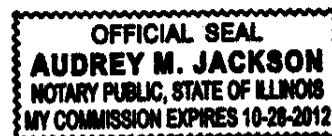
County of Cook

Subscribed and sworn to (or affirmed) before me on this 23<sup>rd</sup> day of November, 2010, by KATHERINE F. GNAPP personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
Notary Public

My Commission Expires: 10/28/2012

WHEN RECORDED, RETURN TO:  
FIRST AMERICAN MORTGAGE SERVICES  
1160 SUPERIOR AVENUE, SUITE 200  
CLEVELAND, OHIO 44114  
NATIONAL RECORDING



S ✓  
P ✓  
S ✓  
M ✓  
SC yes  
E yes  
INT ✓

# UNOFFICIAL COPY

## CERTIFICATION OF DEATH RECORD

### CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0025807

DATE ISSUED 04/08/2010

DECEDENT'S LEGAL NAME <b>LAWRENCE J GNAPP</b>		SEX <b>MALE</b>	DATE OF DEATH <b>APRIL 06, 2010</b>	
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>55 YEARS</b>	DATE OF BIRTH <b>APRIL 13, 1954</b>		
CITY OR TOWN <b>CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>3447 N CLAREMONT AVE</b>		
PLACE OF DEATH <b>DECEDENT'S HOME</b>				
BIRTHPLACE <b>CHICAGO, IL</b>	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH <b>MARRIED</b>	SURVIVING SPOUSE'S NAME <b>KATHERINE FLYNN</b>	EVER IN U.S. ARMED FORCES? <b>NO</b>
RESIDENCE <b>3447 N CLAREMONT AVE</b>		APT. NO.	CITY OR TOWN <b>CHICAGO</b>	INSIDE CITY LIMITS? <b>YES</b>
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60618</b>	FATHER'S NAME <b>EDWARD GNAPP</b>	MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>ELSIE MUELLER</b>
INFORMANT'S NAME <b>KATHERINE GNAPP</b>		RELATIONSHIP <b>WIFE</b>	MAILING ADDRESS <b>3447 N CLAREMONT AVE, CHICAGO, IL, 60618</b>	
METHOD OF DISPOSITION <b>CREMATION</b>		PLACE OF DISPOSITION <b>CHICAGO HEIGHTS CREMATORY</b>	LOCATION - CITY OR TOWN AND STATE <b>CHICAGO HEIGHTS, IL</b>	DATE OF DISPOSITION <b>APRIL 12, 2010</b>
FUNERAL HOME <b>HERDEGEN-BRIESKE FUNERAL HOME 1356 W WELLINGTON AVE, CHICAGO, IL, 60657</b>				
FUNERAL DIRECTOR'S NAME <b>JOSEPH MICHAEL HERDEGEN</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034014227</b>	
LOCAL REGISTRAR'S NAME <b>DAVID ORR</b>			DATE FILED WITH LOCAL REGISTRAR <b>APRIL 8, 2010</b>	
<b>CAUSE OF DEATH</b> PART I. <b>CARDIAC ARREST</b>				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		<b>13 YEARS</b>
		b. <b>VENTRICULAR TACKY CARDIA</b> Due to (or as a consequence of):		
		c. _____ Due to (or as a consequence of):		
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? <b>NO</b>
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>		MANNER OF DEATH <b>NATURAL</b>	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? <b>YES</b>	DATE LAST SEEN ALIVE <b>FEBRUARY 01, 2010</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>YES</b>	DATE PRONOUNCED	TIME OF DEATH <b>11:15 PM</b>
CERTIFIER <b>PHYSICIAN</b>			DATE CERTIFIED <b>APRIL 07, 2010</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>ANNE LOCATELLI, 1913 W NORTH AVE, CHICAGO, ILLINOIS, 60622</b>				PHYSICIAN'S LICENSE NUMBER <b>036104418</b>



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

*David Orr*  
David Orr  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE