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to or adopted by them and no other children were born to nor adopted by either parent:

- A. RONALD J. SZYMIKOWSKI, decedent;
- B. JAMES SZYMIKOWSKI, married, residing at 4226 W. Congress, Chicago, Illinois 60624.

5. Based on the foregoing, decedent left surviving as his only heirs the following, all of whom survived the decedent, and in the absence of an indication to the contrary, are of legal age, are mentally competent, and if children, are natural children:

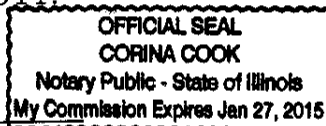
- A. JAMES SZYMIKOWSKI, brother.

6. That all expenses and claims against her estate have been satisfied in full. That there are no claims, legacies and Federal Estate nor State inheritance taxes due nor due in the future; that said LOTTIE SZYMIKOWSKI, at no time received old age assistance benefits from the State of Illinois or from any other State nor any kind from State or Federal Agencies which might in any nature result in a claim or charge against her estate.


JAMES SZYMIKOWSKI

Subscribed and Sworn to before
me this 4 day August of 2011.


NOTARY PUBLIC



PREPARED BY: James J. Kash
6545 West Archer Ave.
Chicago, Illinois 60638

MAIL TO: James J. Kash
6545 West Archer Ave.
Chicago, Illinois 60638

1. DECEASED - NAME **RONALD J. SZYMILOWSKI** FIRST MIDDLE LAST
 2. SEX **MALE**
 3. DATE OF DEATH **JUL 9, 1998** (MONTH, DAY, YEAR)

4. COUNTY OF DEATH **COOK** CITY, TOWN, WP, OR ROAD DISTRICT NUMBER
 5. AGE - LAST BIRTHDAY (YRS) **44** MONTHS **5** DAYS **5** HOURS **12** MIN
 6. DATE OF BIRTH (MONTH, DAY, YEAR) **APR 5, 1954**

7. PLACE OF BIRTH (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO, IL**
 8. SCENE **5105 S MCICKERS**
 9. HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN ITEM 8, GIVE STREET AND NUMBER
 10. DOA YES NO

11. SOCIAL SECURITY NUMBER **7418**
 11a. ESTIMATOR
 11b. BINDERY
 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
 13. COUNTY **COOK**

14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
 15. USUAL OCCUPATION **ESTIMATOR**
 16. NAME OF SURVIVING SPOUSE
 17. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY ORIGIN: MEXICAN, PUERTO RICAN, ETC.)
 18. INSIDE CITY (YES/NO) **YES**

19. ZIP CODE **60638**
 20. RACE - IMPUTE RACE, AMERICAN INDIAN, (SEE INSTRUCTIONS)
 21. WHITE YES NO
 22. MOTHER - NAME (FIRST, MIDDLE, LAST)
 23. SPECIFY: **MALDEN**

24. FATHER - NAME (FIRST, MIDDLE, LAST)
 25. RELATIONSHIP **17b. MED REC**
 26. MAILING ADDRESS (ON R.F.D., CITY, OR TOWN, STATE, ZIP)
 27. **CHICAGO, IL 60612**

28. DECEASED'S NAME (TYPE OR PRINT)
 29. RELATIONSHIP **17c. CHICAGO, IL 60612**
 30. MAILING ADDRESS (ON R.F.D., CITY, OR TOWN, STATE, ZIP)

31. OCCASION OF DEATH (a) **DIABETIC KETOACIDOSIS**
 (b) **DUE TO, OR AS A CONSEQUENCE OF**
 (c) **CHRONIC ALCOHOLISM**

32. DATE OF INJURY (MONTH, DAY, YEAR) HOUR
 33. LOCATION (CITY, VIL, OR TOWN, ST, TW, OR RD, DIST, NO., COUNTY, STATE)
 34. DATE INJURY OCCURRED (MONTH, DAY, YEAR) IN PART I OR PART II, ITEM 1B

35. WHERE ADULTS FOUND AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)
 36. DATE SIGNED (MONTH, DAY, YEAR)
 37. AT (MONTH, DAY, YEAR)

38. MEDICAL EXAMINER'S SIGNATURE
 39. DATE SIGNED (MONTH, DAY, YEAR)
 40. AT (MONTH, DAY, YEAR)

41. MEDICAL EXAMINER'S SIGNATURE
 42. DATE SIGNED (MONTH, DAY, YEAR)
 43. AT (MONTH, DAY, YEAR)

44. RIAL, CREMATION, REMOVAL
 45. CEMETERY OR CREMATOR NAME
 46. LOCATION (CITY, OR TOWN, STATE)

47. BURIAL
 48. RESSURRECTION
 49. JUSTICE, ILLINOIS
 50. DATE (MONTH, DAY, YEAR)

51. ARCHER FUNERAL HOME 6108 S ARCHER CHICAGO, ILLINOIS 60638
 52. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

53. DEBORAH A. SENDZIAK
 54. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 55. **AUG 11 1998**

56. LOCAL REGISTRAR'S SIGNATURE
 57. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

AUG 20 1998

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

SHEILA LYNE, RSM, 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 ORDINANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.