# UNOFFICIAL

1242532M



ADMINISTRATOR'S DEED

Doc#: 1232631032 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds

Date: 11/21/2012 11:48 AM Pg: 1 of 3

Mail to: HERITAGE TITLE COMPANY 4405 Three Oaks Road Crystal Lake, IL 60014

Grantor, Bruno Zawacki, Independent Administrator of The Estate of Lawrence J. Zawacki, of Niles, County of Cook, State of Illinois, for and in consideration of one hundred thirty thousand Dollars (\$130,000) and other good and valuable consideration in hand paid, conveys and warrants to the Grantee

IW Real Estate, Inc. of 4021 N. walnut Avenue, Arlight, IL 60004

subject to covenants, conditions and restrictions of record and general taxes for 2012 and subsequent years, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of The State of Illinois, the following described real estate:

LOT TWENTY TWO -----(22)

In Block Eight (8), in Niles Terrace, First Addition, being a Subdivision of part of the East Half (4) of the Northeast Quarter (4) of Section 24, Township 41 North, Range 12, East of the Third Principal Meridian, according to Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, on March 9,4936, as Document Number 1655892.

Address of Real Estate: 7213 W. Greenleaf Street, Niles, IL 60714

Permanent Index Number: 09-24-209-022-0000

Date: October 29, 2012

Bruno Zawacki, Independent Administrator

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## **UNOFFICIAL COPY**

STATE OF ILLINOIS	) ) SS	
COUNTY OF COOK	)	

I, the undersigned Notary Public, certify that Bruno Zawacki, Independent Administrator, personally known to me to be the same person who subscribed the above and foregoing document, appeared before me this day and acknowledged said signature to be true and genuine and to have been given freely and voluntarily for the uses and purposes therein set forth, including the release and waiver of homestead.

Given under my hand and notary seal this October 21, 2012.

Notary Public

OFFICIAL SEAL
PAUL J DAVIES
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/15

Prepared By:

Paul J. Davies 639 Braeburn Road Inverness, IL 60067 847-991-1516

Send Tax Bills To:

JW Real Estate, Inc. 4021 N. WALNUT AVENUE ARLINGTON HOME, IZ 60004

**Return To:** 

1RA M. KANN
640 N. LASAlle Street, Suito 285
Chicago, Illinois 60654

| COOK | \$65.00 | ILLINOIS: \$130.00 | TOTAL: \$195.00

09-24-209-022-0000 | 20121001603149 | HBCTJ4

1232631032 Page: 3 of 3

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#### CERTIFICATION OF DEATH RECORD

## CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

TATE FILE NUMBER 2009 001	77931				ATE ISSUED 10/28/2009
DECEDENTS LEGAL NAME LAWRENCE J ZAWACKI				MALE OF DE	ER 25, 2009
COUNTY OF DEATH	AGE AT L	the first and the first that the first that the	127345	23, 1924	
CITY OR TOWN NILES		T 1 10 10 1 10 10 10 10 10 10 10 10 10 10	R OTHER INSTITUTION GREENLEAF	NAME	
PLACE OF DEATH  DECEDENT'S HOME:					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME (	OF DEATH   SURVIVING	SPOUSE'S NAME	EVER IN U.S. ARMED
RESIDENCE 7213 W GREENLEAF		APT, NÖ	EITY OR TOWN NILES		INSIDE CITY LIMITS? YES:
COUNTY STA		HER'S NAME MARION ZAWACKI		MOTHER SNAME PRIOR TO I	erstwarriage T
INFORMANT'S NAME BRUNO, ZAWACKI		ATIONSHIP ON		EENLEAF, NILES, IL, 60	
METHOD OF DISPOSITION  CREMATION	PLACE OF DISPO	SITION CREMATORY	LOCATION CIT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E OF DISPOSITION TOBER 28, 2009
FUNERAL HOME COLONIAE-WOJCIECHO	WSKI FH, 8025 W. GCL	F RCAD, NILES, 1C, 607	/14		
FUNERAL DIRECTOR'S NAME KARENI C BRULLI				FUNERAL DIRECTOR'S ILLINO 0340 15746	
LOCAL REGISTRAR'S NAME DAVID ORR				OCTOBER 28, 2009	IBTRÅR
CAUSE OF DEATH FARTE	CARDIAC ARRYTHMIA			10000000000000000000000000000000000000	1-30 MINUTES
(Final disease or condition resulting in death)	ANOREXIA FAILURE TO	THRIVE	DS DI		2007-10
		Ogs to (or sat a consequence	DB 083	9 4 II	2-3 MONTHS
*	CANCER LARYNGEAL				7 YEARS
PART II. Enter other eignificent conc	ditions contributing to destr b	Dubits (or see a compliquent in the runderlying).		WAS AN AUTOPS	PERFORMEDY NO
				WERE AUTOPSY P	
DID TOBACCO USE CONTRIBUTE T		EGNANCY STATUS PLICABLE		MA IN ER OF DEAT	Н
DATE OF INJURY	TIME OF INJ	URY PLACE OF IN	IJURY .		NJURY AT WORK?
LOCATION OF WAILEY					
DESCRIBE HOW INJURY OCCURRE	ED:			IF TRANS	PORTALY N INJURY, SPECIFY:
	ATE LAST SEENALIVE SEPTEMBER 05, 2009	WAS MEDICAL EXAMINER OF		RONOUNCED	TIME OF DEATH 11:00 AM
CERTIFIER PHYSICIAN				DATE CE OCT	ATIFIED 3BER 27, 2009
NAME, ADDRESS AND ZIP CODE OF			NOIS: 60681		ICIAN'S LICENSE NUMBER 6-116432
The state of the s	100 March 100 Ma	ार्थक हर । जनसङ्ख्या । अस्त सामित समिति । जनसङ्ख्या	and the control of th	TOTAL COMMENTS OF THE PROPERTY.	A CONTRACT TO STATE OF THE STAT



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



