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WARRANTY DEED

Doc#: 1309835045 Fee: \$64.00
 RHSP Fee: \$10.00 Affidavit Fee:
 Karen A. Yarbrough
 Cook County Recorder of Deeds
 Date: 04/09/2013 11:58 AM Pg: 1 of 3

THE GRANTOR(S): ROMAN KAWKA, A SINGLE PERSON,
 DISTRIBUTEE OF THE GEORGE KAWKA TRUST CREATED
 BY THE LAST WILL OF LUDWIGA KAWKA, COOK
 COUNTY CIRCUIT COURT CASE # 92 P 8319,
 for and in consideration of TEN DOLLARS
 (\$10.00) and other good and valuable
 consideration in hand paid, convey(s)
 and warrant(s) to: MARTHA MALDONADO,
 2217 S. SACRAMENTO, CHI. IL. 60623
 the following described Real Property
 located in Cook County, State of
 Illinois, to wit:

SEE ATTACHED LEGAL DESCRIPTION

Subject to covenants, conditions and restrictions of record; utility easements;
 leases and tenancies, building and zoning ordinances, and general taxes for
 the year 2012 and subsequent years,

PIN # 16-25-103-034-0000

Commonly Known As: 2226 S. Sacramento Av., Chi., Il. 60623, hereby
 releasing and waiving all rights under and by virtue of the Homestead Laws of
 the State of Illinois, to have and to hold said premises forever.

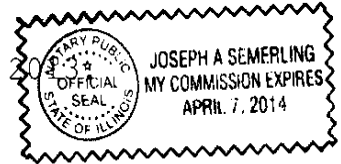
DATED THIS 28TH Day of FEBRUARY, 2013.

Roman B. Kawka
 ROMAN KAWKA, DISTRIBUTEE

STATE OF ILLINOIS)
) SS
 COUNTY OF COOK)

I, the undersigned, a Notary Public in and for said County, in the State
 of Illinois, does hereby certify that ROMAN KAWKA, DISTRIBUTEE, known by 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 set forth, including the release and waiver of
 their right of homestead.

Given under my hand and seal this 28TH DAY OF FEBRUARY,



Notary Public

Instrument prepared by: Jos. A. Semerling 3805 N. Lincoln Av. Chi. Il. 60613
 RETURN TO: MAIL TAX BILLS TO:

REAL ESTATE TRANSFER	03/12/2013
CHICAGO:	\$450.00
CTA:	\$180.00
TOTAL:	\$630.00

16-25-103-034-0000 | 20130201604822 | EYUSWQ

REAL ESTATE TRANSFER	03/12/2013
COOK:	\$30.00
ILLINOIS:	\$60.00
TOTAL:	\$90.00

16-25-103-034-0000 | 20130201604822 | MP7DNS

BOX 334 CT

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CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

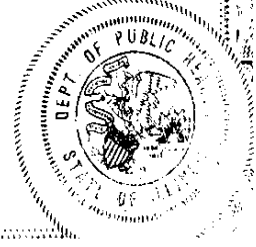
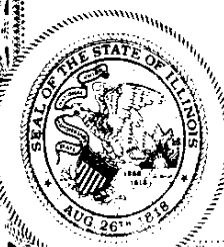
Exhibit A

REGISTRATION DISTRICT NO 16.10
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH 608523

DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		George		Kawka	2 Male	3	May 24, 2000
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH DAY YEAR)	
4 Cook		5a 46		5b	5c	5d May 9, 1954	
CITY, TOWN, TWP OR DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)				IF HOSP OR INST. INDICATE O.D.A. OR EMER. RW. INPATIENT (SPECIFY)	
6a Chicago		6b. Glencrest Nursing & Rehabilitation Ctr				6c Inpatient	
BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7 Chicago, IL		8a Never Married		8b		9 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10		11 Assembler		12		13	
CITY, TOWN, TWP OR ROAD DISTRICT NO.		CITY, TOWN, TWP OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a 2451 W. Touhy		13b Chicago		13c Yes		13d Cook	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)	
13e Illinois		13f 60645		14a White		14b NO YES SPECIFY	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST					
15 Frank Kawka		16 Ludwika Markowski					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP)			
17a Roman Kawka		17b Brother		17c 2604 W. Agatite Chicago, IL 60625			
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) ADENOCARCINOMA STOMACH				6 mo	
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:		ANEMIA, CHRONIC RESPIRATORY FAILURE				19a NO 19b	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c YES NO	
20a		20b		20c		20d	
I (DID) (OR CORONER) ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a 5/20/2000				21b NO		21c 2:40 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		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
22a		22b 5720 N. ASHLAND		22c 03-00-1004			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		CITY OR TOWN		STATE		DATE (MONTH DAY YEAR)	
23		24c Justice, Illinois		24d 5/31/00			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION		DATE (MONTH DAY YEAR)	
24a Burial		24b Resurrection		24c		24d	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a Adinamis Funeral Directors, Ltd. 4700 N. Western Avenue Chicago, Illinois 60625		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR ILLINOIS LICENSE NUMBER			
25b		25c 034-007368					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)					
26a		26b MAY 30 2000					

NG 6254763



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

DATE ISSUED
STEVEN L. PERRY
DEPUTY STATE REGISTRAR

October 10, 2000

30X 334 CTT

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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1412 MG6254263 CN
 STREET ADDRESS: 2226 S. SACRAMENTO AVENUE
 CITY: CHICAGO COUNTY: COOK
 TAX NUMBER: 16-25-103-034-0000

LEGAL DESCRIPTION:

LOT 42 IN KOSCIUSKO'S SUBDIVISION, BEING A SUBDIVISION OF THE EAST 1/2 OF THE
 NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 25, TOWNSHIP
 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
 ILLINOIS

*mail to
 Joe Semerling
 3805 N. Lincoln Ave.
 Chicago, IL 60613*

Property of Cook County Clerk's Office