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CITY OF CHICAGO OFFICE OF VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

31177

STATE FILE NUMBER 2009 0057098

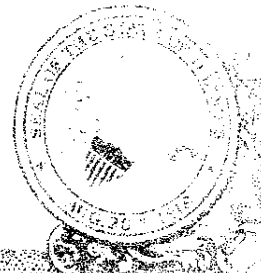
DATE ISSUED 08/12/2009

DECEDENT'S LEGAL NAME COLLEEN PIENTA			SEX FEMALE	DATE OF DEATH AUGUST 08, 2009	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 45 YEARS	DATE OF BIRTH AUGUST 19, 1963		
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME SEASONS HOSPICE AT HOLY CROSS HOSPITAL		
PLACE OF DEATH HOSPICE FACILITY					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME PETER PIENTA		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2519 SOUTH ELEANOR STREET		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60608	FATHER'S NAME JAMES J REGOVIC		MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANN M BURNS
INFORMANT'S NAME PETER PIENTA		RELATIONSHIP HUSBAND	MAILING ADDRESS 2519 SOUTH ELEANOR STREET, CHICAGO, IL, 60608		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION TILSONS CREMATORY	LOCATION - CITY OR TOWN AND STATE LOMBARD, IL	DATE OF DISPOSITION AUGUST 11, 2009	
FUNERAL HOME DALCAMO FUNERAL HOME, 470 WEST 26TH STREET, CHICAGO, IL, 60616					
FUNERAL DIRECTOR'S NAME BERNARD M DALCAMO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010588		
LOCAL REGISTRAR'S NAME TERRY MASON MD			DATE FILED WITH LOCAL REGISTRAR AUGUST 11, 2009		
CAUSE OF DEATH PART I. METASTATIC; ADENOCARCINOMA, PRIMARY UNKNOWN					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):		
		b.	Due to (or as a consequence of):		
		c.	Due to (or as a consequence of):		
			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? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN		FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR		MANNER OF DEATH NATURAL	
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 03:00 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED AUGUST 10, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PREM RUPANI, 2701 WEST 68TH STREET, CHICAGO, ILLINOIS, 60629					PHYSICIAN'S LICENSE NUMBER 036061662

This is to certify that this is a true and correct abstract from the official records filed with the Chicago Department of Public Health.



*Terry Mason MD*  
Terry Mason, M.D.  
Local Registrar



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ATTORNEYS' TITLE GUARANTY FUND, INC.

**LEGAL DESCRIPTION**

**Permanent Index Number:**

Property ID: 17-29-307-063-0000

**Property Address:**

2516 S. Throop Street  
Chicago, IL 60608

**Legal Description:**

THE NORTH 1/2 OF LOT 4 IN MANIERRE AND AIKEN'S SUBDIVISION OF LOTS 6 AND 7 IN BLOCKS 5 AND 6 IN THE CANAL TRUSTEES' SUBDIVISION OF THE SOUTH FRACTIONAL 1/2 OF SECTION 29, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office