



# UNOFFICIAL COPY

## LEGAL DESCRIPTION

LOT 1 IN BLOCK 17 IN KINSEY'S HIGGINS ROAD SUBDIVISION OF THE PART OF SECTION 1 AND 12, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Permanent Index Number: 12-12-120-015

Address of Real Estate: 7701 W. Berwyn Ave., Chicago, IL 60656

Property of Cook County Clerk's Office

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## COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 0006493

DATE ISSUED 1/27/2016

|   |                                       |  |  |   |   |
|---|---------------------------------------|--|--|---|---|
| DECEDENT'S LEGAL NAME<br>PAUL WILLIAM WREZEL  |                                       |  | SEX<br>MALE  | DATE OF DEATH<br>JANUARY 24, 2016                                   |   |
| COUNTY OF DEATH<br>COOK   |                                       | AGE AT LAST BIRTHDAY<br>57 YEARS                       | DATE OF BIRTH<br>NOVEMBER 20, 1958   |   |   |
| CITY OR TOWN<br>PARK RIDGE  |                                       | HOSPITAL OR OTHER INSTITUTION NAME<br>115 N CLIFTON ST |  |   |   |
| PLACE OF DEATH<br>DECEDENT'S HOME   |                                       |  |  |   |   |
| BIRTHPLACE<br>CHICAGO, IL   | SOCIAL SECURITY NUMBER<br>334-60-8796 | STATUS AT TIME OF DEATH<br>MARRIED                     |  | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME<br>LISA SPRAGIA  | EVER IN U.S. ARMED FORCES?<br>NO  |
| RESIDENCE<br>115 N CLIFTON ST   |                                       | APT. NO.<br>202  | CITY OR TOWN<br>PARK RIDGE   |   | INSIDE CITY LIMITS?<br>YES  |
| COUNTY<br>COOK  | STATE<br>IL                           | ZIP CODE<br>60068                                      | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION<br>EUGENE WREZEL |   | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION<br>CHARLOTTE PASS |
| INFORMANT'S NAME<br>LISA SPRAGIA  |                                       | RELATIONSHIP<br>WIFE                                   |  | MAILING ADDRESS<br>115 N CLIFTON ST UNIT 202, PARK RIDGE, IL, 60068 |   |
| METHOD OF DISPOSITION<br>BURIAL   |                                       | PLACE OF DISPOSITION<br>ALL SAINTS CATHOLIC CEMETERY   |  | LOCATION - CITY OR TOWN AND STATE<br>DES PLAINES, IL                | DATE OF DISPOSITION<br>JANUARY 28, 2016                                       |
| FUNERAL HOME<br>SKAJA TERRACE FUNERAL HOME, 7812 N. MILWAUKEE AVENUE, NILES, IL, 60714  |                                       |  |  |   |   |
| FUNERAL DIRECTOR'S NAME<br>GORDON J WOJDA   |                                       |  |  | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br>034011503             |   |
| LOCAL REGISTRAR'S NAME<br>DAVID ORR   |                                       |  |  | DATE FILED WITH LOCAL REGISTRAR<br>JANUARY 27, 2016                 |   |
| <b>CAUSE OF DEATH</b> PART I. PANCREATIC CANCER   |                                       |  |  |   |   |
| IMMEDIATE CAUSE<br>(Final disease or condition resulting in death)  |                                       | a.   | YEARS  |   |   |
|   |                                       | 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 <b>significant conditions contributing to death</b> 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          |   |
| FEMALE PREGNANCY STATUS<br>NOT APPLICABLE   |                                       |  |  | MANNER OF DEATH<br>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?<br>NO  | DATE LAST SEEN ALIVE<br>UNKNOWN       | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO          |  | DATE PRONOUNCED   | TIME OF DEATH<br>03:45 PM   |
| CERTIFIER<br>PHYSICIAN  |                                       |  |  | DATE CERTIFIED<br>JANUARY 25, 2016                                  |   |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH<br>TIMOTHY MCCURRY, 7447 W TALCOTT AVE, CHICAGO, ILLINOIS, 60631     |                                       |  |  | PHYSICIAN'S LICENSE NUMBER<br>036071081                             |   |



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

*David Orr*  
David Orr  
Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**