

RESIDENTIAL REAL PROPERTY
TRANSFER ON DEATH
INSTRUMENT



Doc# 1818319040 Fee \$40.00

RHSP FEE: \$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 07/02/2018 01:56 PM PG: 1 OF 2

THE OWNER, Brian Krasuski, an unmarried person, of 1134 W. Granville #513, Chicago, Cook County, State of Illinois, REVOKES any prior Residential Real Property Transfer on Death Instrument signed by him and TRANSFERS, effective on the date of his death, all interest to Halina Krasuski, an unmarried woman of 3164 Canyon Oaks Trail, Milford, MI 48380, and Alexander Lech Krasuski, an unmarried man, of 3051 Queen, Dearborn, MI 48124, in shares of equal value, as Joint Tenants with Rights of Survivorship, the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

UNIT 513 AND P-330 AND THE EXCLUSIVE RIGHT TO THE USE OF STORAGE SPACE S-234, A LIMITED COMMON ELEMENT, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN THE GRANVILLE CONDOMINIUMS, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 0831945102, AND AS AMENDED FROM TIME TO TIME IN THE EAST FRACTIONAL HALF OF SECTION 5, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 14-05-204-028-1013 (Unit 513) and
14-05-204-028-1296 (Unit P-330)

Address of Real Estate: 1134 W. Granville #513, Chicago, IL 60660

1. A designated beneficiary shall be deemed to have survived me if the order of my and my beneficiaries' deaths cannot be proved.
2. Provided that if one of the designated beneficiaries predeceases the owner, then per capita to the surviving designated beneficiary(ies) who survive the owner.
3. If all of my beneficiaries predecease me, then to my estate.

Signed on June 5, 2018

Brian Krasuski

STATE OF MICHIGAN
UNOFFICIAL COPY
COUNTY OF OAKLAND
STATE OF MICHIGAN

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
3859476

TYPE/PRINT
IN
PERMANENT
BLACK INK



DECEDENT	1. DECEDENT'S NAME (First, Middle, Last) SLAWOMIR KRASUSKI		2. DATE OF BIRTH (Month, Day, Year) April 27, 1957		3. SEX Male		4. DATE OF DEATH (Month, Day, Year) May 19, 2017			
	5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any) Slawomir Marius Krasuski				6a. AGE - Last Birthday (Year) 60		6b. UNDER 1 YEAR MONTHS 0		6c. UNDER 1 DAY DAYS 19	
DISPOSITION	7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) 3164 Canyon Oaks Trail 48380				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Milford, Village			7c. COUNTY OF DEATH Oakland		
	8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Oakland		8c. LOCALITY (check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE (include annexes) <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE Milford			8d. STREET AND NUMBER (Include Apt. No. if applicable) 3164 Canyon Oaks Trail		
INFORMANT	8e. ZIP CODE 48380		9. BIRTHPLACE (City and State or Country) Debrzno, Poland		10. SOCIAL SECURITY NUMBER [REDACTED]			11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? 2 years college		
	12. RACE - American Indian, White, Black, etc. (If Asian, give nationality, ie. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) White			13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe Polish & German			13b. HISPANIC ORIGIN (Yes or No) No		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No) No	
CERTIFICATION	15. USUAL OCCUPATION during most of working life. Do not use retired. Chef		16. KIND OF BUSINESS OR INDUSTRY Catering		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		18. NAME OF SURVIVING SPOUSE (if wife, give name before first married) Halina Mochol			
	19. FATHER'S NAME (First, Middle, Last) Lech Krasuski				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Renata Leidel					
DISPOSITION	21a. INFORMANT'S NAME (Type/Print) Halina Krasuski		21b. RELATIONSHIP TO DECEDENT Wife		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 3164 Canyon Oaks Trail, Milford, MI 48380					
	22. METHOD OF DISPOSITION Burial		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) St. Hedwig Cemetery			23b. LOCATION - City or Village, State Dearborn Heights, MI				
CERTIFICATION	24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <i>[Signature]</i>		25. LICENSE NUMBER 101014823		26. NAME AND ADDRESS OF FUNERAL FACILITY Stanley Turowski Funeral Home 25509 West Warren, Dearborn Heights, MI 48127					
	27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation on my opinion, death occurred at the time, date, and place stated, and manner stated.		27b. DATE SIGNED (Mo., Day, Year) 5/24/2017		27c. LICENSE NUMBER 101014823		28a. ACTUAL OR PRESUMED TIME OF DEATH 1:41 P M		28b. PRONOUNCED DEAD ON (Mo., Day, Year) May 19, 2017	
CAUSE OF DEATH	29. MEDICAL EXAMINER CONTACTED? (Yes or No) Yes		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) Home		31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify)					
	32. MEDICAL EXAMINER'S CASE NUMBER (if applicable) 17-2835		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [Signature]							
MEDICAL EXAMINER	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) (M.D.) Dawn Schwartzenthal MD 3950 St. Rochester Rd Ste 1000 RH MI 48307									
	35. REGISTRAR'S SIGNATURE <i>[Signature]</i>				35b. DATE FILED (Month, Day, Year) MAY 24 2017					
MEDICAL EXAMINER	36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or entricular fibrillation without showing the etiology. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiopulmonary Failure DUE TO (OR AS A CONSEQUENCE OF) Gastric Cancer IMMEDIATELY PRECEDING CAUSE (Disease or injury that initiated the events resulting in death) [REDACTED] DUE TO (OR AS A CONSEQUENCE OF) [REDACTED]									Approximate Interval Between Inset and Death 1 min
	37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown									38. FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 43 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year
MEDICAL EXAMINER	39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) Natural			40a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)				
	41a. DATE OF INJURY (Mo., Day, Year)		41b. TIME OF INJURY M		41c. DESCRIBE HOW INJURY OCCURRED					
MEDICAL EXAMINER	41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No., City, Village or Twp., State			

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NOT VALID IF PHOTOCOPIED.

MAY 24 2017
DATE

I, LISA BROWN, CLERK AND REGISTER OF DEEDS OF SAID COUNTY OF OAKLAND DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

[Signature]
LISA BROWN
Oakland County Clerk and Register of Deeds
By: *[Signature]* Deputy Clerk

