# **UNOFFICIAL COP**



PAPROCKI, DANUTA I(We), previously widowed, now remarried, of the City of Elk Grove Village, State of Illinois, the surviving tenant(s) of the tenancy created by the deed with the document number 0405514067do

hereby declare under oath that the tenant, MARIAN PAPROCKI, died on February 21, 2015 as evidenced by the attached certified copy of his/her death certificate. We also declare that the aforementioned tenant was an owner of the property with the following details:

Doc# 1832513020 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 11/21/2018 02:54 PM PG: 1 OF 2

### PROPERTY DESCAPTION

UNIT NUMBER 930-101 IN THE TWELVE OAKS CONDOMINIUM AT ELK CROVE, DELINEATED ON A PLAT OF SUPVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND;

PART OF THE SOUTH % OF THE WEST % OF THE EAST 1/2 OF THE NORTHWEST 1/4 AND PART OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 27, TOWNSHIP 41 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN;

Dated this 67H day of NOVEMBER, 2018.

WHICH PLAT OF SURVEY IS ATTACHED AS EXHIBIT "C" TO THE DECLARATION OF CONDOMINIUM RECORDED NOVEMBER 24, 2003 AS DOCUMENT NUMBER 0332819177; UNDIVIDED ITS WITH TOGETHER PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS.

Property Address: 930 Perrie Drive, Unit #101, Elk Grove Village, Illinois 60007

PIN: 08-27-102-125-1062

The foregoing instrument was acknowledged before me on this MOVEM PAPROCKI.

2018, by DANUTA

ANNA LYNN

NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 04/24/2021

PREPARED BY

Alexander Lacherbauer-Lynn KOWENIA Law Office of Alexander Lacherbauer-3045 North Milwaukee Avenue Chicago, Illinois 60618 **2** 773-252-2581

SEND TO

DANUTA PAPROCKI 930 Perrie Drive, Unit #101, Elk Grove Village, Illinois 60007 1832513020 Page: 2 of 2

### CERTIFICATION OF DEATH RECORD

## KANE COUNT EXTERN REGISTRAR

MEDICAL CERTIFICATE OF DEATH				
	WIEDICAL CENTIFICATION OF THE PROPERTY OF THE			
STATE FILE NUMBER 2015 0016656				DATE ISSUED 2/27/2015
DECEDENTS LEGAL NAME		0.18.1.5 ** 20.37 20.10 ###		DEATH RUARY 21 2015
COUNTY OF DEATH C	AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIR MARCH	17, 1936	
HOSPITAL OR OTHER INSTITUTION NAME  ADVOCATE SHERMAN HOSPITAL				
TPLACE OF DEATH'S				
POLAND SOCIAL SECURI	TY NUMBER STATUS AT TIME OF DEATH	SURVIVING SPOUSE	ACTVIL UNION PARTNER'S MAIDE JDZIK	NHAME EVER IN U.S. ARMED FORCES? NO
RESIDENCE &	APT. NO	NO. CITY OR TOWN		INSIDE CITY LIMITS?
COUNTY STATE ZIP CODE	FATHERICO PARENTS NAME PRIOR TO FIRS	T MARRIAGE/CIVIL UNION		RIOR TO FIRST MARRIAGE/CIVIL UNION /
ECOOK 60007	RELATIONSHIP	MAILING ADDRES	MAILING ADDRESS	
The state of the s	CE OF DISPOSITION	LOCATION - CITY	OR TOWN AND STATE	DATE OF DISPOSITION
SECREMATION.	MIN PINES CREMATORY	EAST DUNDE	E, IL	FEBRUARY 27, 2015
LAIRD FÜNERAL HOME PC, 120 S.TH	IIRC CT., WEST DUNDEE, IL, 60		FUNERAL DIRECTOR'S ILL	INOIS LICENSE NUMBER
COREY M SHORT			034014867  DATE FILED WITH LOCAL REGISTRAR	
			FEBRUARY 27, 20	
CAUSE OF DEATH PART I MULTIORGA	N SYSTEM FAILUAG			, , , , , , , , , , , , , , , , , , ,
Final disease of condition	Due-to-(c as a consecu	ence of):	COXIMA	D D D D D D D D D D D D D D D D D D D
	Due to (o/, 85/8 consequ	The state of the s	APPL	4 DAYS
S c			40000 00000 00000 00000 00000 00000 00000	
	Clue to (or as a consequ		Land of the state of	NO.
LPART II: Enter other significent conditions contributing to death but not resulting in the underlying ca		ng cause gwen are	WERE AUTOP	PSY PERFORMED? NO
FEMALE PREGNANCY STATUS			MANNER OF C	EATH
EDATE OF INJURY	TIME OF INJURY PLACE OF	- INCURY	AVATURAL	INJURY AT WORK?
RLOCATION OF INJURY		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
DESCRIBE HOW INJURY OCCURRED			IF TR	O' ATION INJURY, SPECIFY.
TEST TO THE TOTAL		70. 70. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1		
FEBRUARY	and the property of the contract of the contra	OR DATE PE	ONOUNCED	HTASE C DEATH
CERTIFIER C SPHYSICIAN		1000 VI. 1		CERTIFIED: BRUARY 26, 2015
NAME ADDRESS AND ZIP CODE OF PERSON COM	PLETING CAUSE OF DEATH L. R.D. STE 210, ELGIN, ILLINOIS	5,60123	PI	HYSICIAN'S LICENSE NUMBER .036076786

158016

THE COUNT

ORGANIZED

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.

John A. Cunningham Kane County Clerk and Registrar

