

# UNOFFICIAL COPY

WHEN RECORDED MAIL TO:  
THIS INSTRUMENT PREPARED BY:  
Patricia C. Kraft, Attorney at Law  
131 East Calhoun Street  
Woodstock, IL 60098  
(815) 206-2200



Doc# 1921822076 Fee \$88.00

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

EDWARD H. HOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 08/06/2019 11:57 AM PG: 1 OF 3

Property of Cook County Clerk's Office

## TRANSFER ON DEATH INSTRUMENT

The Grantor, Roman Pawlak, surviving joint tenant, residing at Chicago, IL, transfers to Kathy Teresa Mullen and Mark Roman Pawlak, in equal shares, or their descendants per stirpes, the following described real estate situated in Cook County, Illinois, in fee simple absolute:

LOT 33 IN BLOCK 27 IN SAMUEL S. HAYE'S KELVIN GROVE ADDITION TO CHICAGO A SUBDIVISION OF THE SOUTHWEST 1/4 OF SECTION 27, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

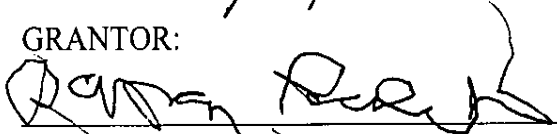
Permanent Real Estate Index Number: 13-27-325-014-0000

Commonly known as 4617 W. Montana St., Chicago, Illinois 60639

**This transfer is not effective until the death of the Grantor(s) and may be revoked at any time prior to the death of the Grantor.**

Dated: 7/22/2019

GRANTOR:

  
Roman Pawlak

S ✓  
P 3  
S 1  
M ✓  
SC ✓  
E ✓  
INT ✓

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## WITNESSES

We attest that on \_\_\_\_\_, the Grantor, Roman Pawlak, executed the foregoing Transfer on Death Instrument in our presence as her own free and voluntary act, and at the time of the execution we believed the Grantor to be of sound mind and memory.

John Kopytko

[printed name and address]

JOHN KOPYTKO  
4852 W. WRIGHTWOOD  
CHGO IL 60639

Mohammed Isa

Mohammed Isa  
4021 W Belmont Ave  
Chicago IL 60614

## ACKNOWLEDGMENT

STATE OF ILLINOIS

COUNTY OF

I certify that the Grantor Roman Pawlak and witnesses John Kopytko and Mohammed Isa appeared before me this day in person, presented evidence satisfactory to me that they were the persons named in the foregoing instrument, and acknowledged that they signed the instrument as their free and voluntary act, for the uses and purposes set forth in the instrument.

Dated: 7/22/2019

My commission expires \_\_\_\_\_

Patricia C. Kraft  
Notary Public



# CERTIFICATE OF DEATH RECORD

## UNOFFICIAL COPY

|  |   |  |   |  |   |                                       |
|--|---|--|---|--|---|---------------------------------------|
| DECEASED'S BIRTH NO.   |   | REGISTRATION DISTRICT NO. <b>16.10</b>   | STATE OF ILLINOIS   |  | STATE FILE NUMBER <b>609935</b>                                 |                                       |
| REGISTERED NUMBER  |   | MEDICAL CERTIFICATE OF DEATH   |   |  |   |                                       |
| Type of Print in PERMANENT SET See Funeral Directors, Hospital, or Physicians Manual for INSTRUCTIONS        | DECEASED-NAME FIRST MIDDLE LAST             |  | SEX   | DATE OF DEATH (MONTH DAY YEAR)   |   |                                       |
|  | 1. TERESA M. PAWLAK                         |  | 2. FEMALE   | 3. JULY 12, 2005   |   |                                       |
|  | COUNTY OF DEATH                             |  | AGE- LAST BIRTHDAY (MM/DD)  | UNDER 1 YEAR   | UNDER 1 DAY   | DATE OF BIRTH (MONTH DAY YEAR)        |
|  | 4. COOK                                     |  | 5a. 54  | 5b. 30   | 5c. 00  | 5d. JULY 17, 1950                     |
|  | CITY, TOWN, TWP. OR ROAD (DISTRICT NUMBER)  |  | HOSPITAL OR OTHER INSTITUTION- NAME (IF NOT INST. OR ST. STREET AND NUMBER) |  | IF HOSP. OR INST. INDICATE DD OF OP. OR DR. TREATMENT (SPECIFY) |                                       |
|  | 6a. CHICAGO                                 |  | 6b. RESURRECTION MEDICAL CENTER   |  | 6c. INPATIENT   |                                       |
|  | BIRTHPLACE (CITY, STATE OR FOREIGN COUNTRY) |  | MARRIED, RE-MARRIED, WIDOWED, DIVORCED (SPECIFY)                            | NAME OF SURVIVING SPOUSE (WHEN NAME, IF WIFE)  |   | WAS DECEASED EVER MARRIED (YES OR NO) |
|  | 7. POLAND                                   |  | 8a. MARRIED   | 8b. ROMAN PAWLAK   |   | 8. NO                                 |
|  | SOCIAL SECURITY NUMBER                      |  | USUAL OCCUPATION  | KIND OF BUSINESS OR INDUSTRY   | EDUCATIONAL LEVEL (SEE INSTRUCTIONS AND COMPLETION)             |                                       |
|  | 10.   |  | 11a. CLERK  | 11b. GROCERY STORE   | 12. 12 yrs.   |                                       |
| RESIDENCE (STREET AND NUMBER)  |   | CITY, TOWN, TWP. OR ROAD DISTRICT NO.  | INSIDE CITY (YES/NO)  | COUNTY   |   |                                       |
| 13a. 4617 W. MONTANA   |   | 13b. CHICAGO   | 13c. YES  | 13d. COOK  |   |                                       |
| STATE  |   | ZIP CODE   | RACE (WHITE, BLACK, AMERICAN INDIAN (INCLUDE ANCESTRY))                     | OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PORTORICAN)           |   |                                       |
| 13e. ILLINOIS  |   | 13f. 60639   | 14a. WHITE  | 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY               |   |                                       |
| FATHER- FIRST MIDDLE LAST  |   | MOTHER- NAME FIRST MIDDLE LAST   |   |  |   |                                       |
| 15. MIECZYSLAW KOWYNIA   |   | 16. KATARZYNA (UNAVAILABLE)  |   |  |   |                                       |
| INFORMANT'S NAME (TYPE OR PRINT)   |   | RELATIONSHIP   | MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)         |  |   |                                       |
| 17a. KATHY MULLEN  |   | 17b. DAUGHTER  | 17c. 3817 ASHLEY CRT. ROLLING MEADOWS, IL                                   |  |   |                                       |
| 18 PART I  |   | For the disease, or combination that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or liver failure. List only one cause on each line. |   |  | 18c. SPECIFY PERIOD OF ILLNESS (MONTHS)                         |                                       |
| Immediate Cause (Time, Date, or condition resulting in death)  |   | 18b. LIVER FAILURE   |   |  | 6 MONTHS  |                                       |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST                  |   | (b) SEPSIS   |   |  | 2 WEEKS   |                                       |
| PART II (Do not report what is contributing to death but not resulting in a fatal condition given in PART I) |   |  |   |  |   |                                       |
| DATE OF OPERATION, IF ANY  |   | MAJOR FINDINGS OF OPERATION  | AUTOPSY (YES/NO)  |  | IF FEMALE, WAS THIS A PREGNANCY OR IN THE THREE MONTHS          |                                       |
| 20a.   |   | 20b.   | 19a. NO   |  | 19b. YES ( ) NO (X)   |                                       |
| (1) DID ( ) DID NOT ATTEND TO DECEASED (MONTH DAY YEAR)  |   | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)   | HOUR OF DEATH   |  |   |                                       |
| 21a. JULY 12, 2005   |   | 21b. NO  | 21c. 3:04 P   |  |   |                                       |
| TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED        |   | SIGNATURE  |   | DATE SIGNED (MONTH DAY YEAR)   |   |                                       |
| 22a. <i>Beata S. Bednarska</i>   |   | 22b. JULY 13, 2005   |   | 22c. 036-096069  |   |                                       |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  |   | ILLINOIS LICENSE NUMBER  |   | NOTE: IF AN INQUIRY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED |   |                                       |
| 22c. DR. BEATA BEDNARSKA 7447 W. TALCOTT CHICAGO, IL 60631   |   | 22d. 036-096069  |   | 23.  |   |                                       |
| NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT)  |   | BURNING, CREMATION, REMOVAL (SPECIFY)  |   | CEMETERY OR CREMATORY- NAME  |   |                                       |
| 23.  |   | 24a. BURIAL  |   | 24b. ST. ADALBERT  |   |                                       |
| 24c. NILES ILLINOIS  |   | 24d. JULY 16, 2005   |   | LOCATION CITY OR TOWN STATE ZIP  |   |                                       |
| FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP   |   | 25a. CASEY-LASKOWSKI & SONS 4540-50 W. DIVERSEY CHICAGO ILLINOIS 60631   |   | 25b. <i>Brian G. Korkin</i>  |   |                                       |
| 25a.   |   | 25b.   |   | 25c. 034-03255   |   |                                       |
| FUNERAL DIRECTOR'S SIGNATURE   |   | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER   |   | DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)   |   |                                       |
| 25c.   |   | 25d.   |   | 26a. <i>John A. Wilhelms</i>   |   |                                       |
| LOCAL REGISTRAR'S SIGNATURE  |   | 26b. JUL 14 2005   |   | 26c.   |   |                                       |
| 26a.   |   | 26b.   |   | 26c.   |   |                                       |

July 24, 2019

1049226

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.

*Karen A. Yarbrough*  
Karen A. Yarbrough  
Cook County Clerk

