



UNOFFICIAL COPY

**COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

Exhibit A

STATE FILE NUMBER 2020 0073165

DATE ISSUED 8/12/2020

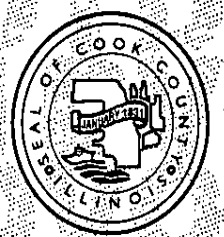
DECEDENT'S LEGAL NAME <b>KENNETH M SYE</b>		SEX <b>MALE</b>	DATE OF DEATH <b>JULY 26, 2020</b>																		
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>69 YEARS</b>	DATE OF BIRTH <b>DECEMBER 17, 1950</b>																			
CITY OR TOWN <b>OAK LAWN</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>ADVOCATE CHRIST MEDICAL CENTER</b>																			
PLACE OF DEATH / <b>EMERGENCY ROOM / OUTPATIENT</b>																					
BIRTHPLACE <b>CHICAGO, IL</b>	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH <b>DIVORCED FROM MARRIAGE</b>	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? <b>YES</b>																	
RESIDENCE <b>5418 S LOREL</b>	APT. NO.	CITY OR TOWN <b>CHICAGO</b>	INSIDE CITY LIMITS? <b>YES</b>																		
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60638</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>EDWARD A SYE</b>	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>BERNICE H BOLECHOWSKI</b>																	
INFORMANT'S NAME <b>DONALD E NOWAK</b>		RELATIONSHIP <b>COUSIN</b>	MAILING ADDRESS <b>9041 S TROY, EVERGREEN PARK, IL, 60805</b>																		
METHOD OF DISPOSITION <b>CREMATION</b>	PLACE OF DISPOSITION <b>MORGAN CREMATION SERVICES</b>	LOCATION - CITY OR TOWN AND STATE <b>NORTHLAKE, IL</b>	DATE OF DISPOSITION <b>AUGUST 08, 2020</b>																		
FUNERAL HOME <b>PARKSIDE CHAPELS &amp; CREMATION SERVICES, 5948 ARCHER AVENUE, CHICAGO, IL, 60638</b>																					
FUNERAL DIRECTOR'S NAME <b>JEFFREY WOLOWIEC</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034012263</b>																		
LOCAL REGISTRAR'S NAME <b>KAREN A YARBROUGH</b>			DATE FILED WITH LOCAL REGISTRAR <b>AUGUST 7, 2020</b>																		
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">CAUSE OF DEATH</td> <td style="width: 10%;">PART I</td> <td style="width: 50%;">ACUTE RESPIRATORY FAILURE</td> <td rowspan="4" style="width: 15%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td style="width: 10%;"></td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a.</td> <td style="text-align: center;">: Due to (or as a consequence of)</td> <td></td> </tr> <tr> <td></td> <td>b.</td> <td>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</td> <td></td> </tr> <tr> <td></td> <td>c.</td> <td style="text-align: center;">: Due to (or as a consequence of)</td> <td></td> </tr> </table>					CAUSE OF DEATH	PART I	ACUTE RESPIRATORY FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	: Due to (or as a consequence of)			b.	CHRONIC OBSTRUCTIVE PULMONARY DISEASE			c.	: Due to (or as a consequence of)	
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	c.	: Due to (or as a consequence of)																			
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? <b>NO</b>																		
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>																		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	MANNER OF DEATH <b>NATURAL</b>																		
LOCATION OF INJURY																					
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY																		
ATTEND THE DECEASED? <b>YES</b>	DATE LAST SEEN ALIVE <b>JULY 20, 2020</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>YES</b>	DATE PRONOUNCED	TIME OF DEATH <b>12:45 PM</b>																	
CERTIFIER <b>PHYSICIAN</b>			DATE CERTIFIED <b>AUGUST 03, 2020</b>																		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>SUNITA SINGH, 2701 WEST 68TH STREET, CHICAGO, ILLINOIS, 60629</b>			PHYSICIAN'S LICENSE NUMBER <b>036112536</b>																		

1461953



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



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: MEMBERSHIP STATE AND COUNTY NUMBERS ARE AT BOTTOM

I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the death record for the decedent in ITEM 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, deaths and fetal deaths

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CHAMPAIGN, IL DATE February 3, 1997 SIGNED Dale O. Fellam OFFICIAL TITLE - LOCAL REGISTRAR

Exhibit B

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE OF ILLINOIS STATE FILE NUMBER

REGISTRATION DISTRICT NO. 10.0
REGISTERED NUMBER 1339

DECEASED-NAME Allen, E. FIRST MIDDLE LAST SEX 2 Male DATE OF DEATH 3. December 6, 1996

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4. Champaign 5a. 48 5b. 5c. 5d. March 16, 1948

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 6a. Savoy 6b. 1603 B Lyndhurst 6c. 1603 B Lyndhurst

SOCIAL SECURITY NUMBER 7. Chicago, IL 8a. Never Married 8b. 8c. 8d. 8e. 8f. 8g. 8h. 8i. 8j. 8k. 8l. 8m. 8n. 8o. 8p. 8q. 8r. 8s. 8t. 8u. 8v. 8w. 8x. 8y. 8z.

RESIDENCE (STREET AND NUMBER) 10. 11a. Chauffeur 11b. Univ. of Ill. 11c. 11d. Champaign

STATE 13a. 1603 B Lyndhurst 13b. Savoy 13c. 13d. Champaign

FATHER-NAME 13e. Illinois 13f. 61874 13g. White 13h. White 13i. 13j. 13k. 13l. 13m. 13n. 13o. 13p. 13q. 13r. 13s. 13t. 13u. 13v. 13w. 13x. 13y. 13z.

15. Edward 16. Bernice H. Sze 17a. Bernice H. Sze 17b. Mother 17c. 5418 S. Lorel, Chicago, IL. 60638

18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (a) Cardiac Dysrhythmia (b) Coronary Artery Atherosclerosis (c) Hypertensive and Atherosclerotic Cardiovascular Disease

18. PART II. Other significant conditions contributing to death but not resulting in the "death" or cause given in PART I: Diabetes Mellitus; Fatty Infiltration of Liver; Acute & Chronic Alcoholism

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) Natural 19a. Yes 19b. Yes 19c. Yes

INJURY AT WORK 20a. 20b. 20c. 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z.

21a. AND DUE TO THE CAUSE(S) STATED, AND THAT... 21b. December 6, 1996 21c. 2:53 P. M.

22a. I CERTIFY THAT IN MY OPINION... 22b. January 27, 1997 22c. 23a. 23b.

23a. BURIAL, CREMATION, REMOVAL, (SPECIFY) 23b. Kelley Crematory 23c. Urbana, Illinois 23d. Dec. 9, 1996

24a. Cremation 24b. Kelley Crematory 24c. Urbana, Illinois 24d. Dec. 9, 1996

25a. MMH agent for Parkside Chapels 5948 Archer Ave., Chicago, Illinois 60638-2839 25b. S/ Aaron C. Hinds 25c. 034-014492

26a. Dale O. Fellam 26b. January 28, 1997

Illinois Department of Public Health - Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE) (Rev. 5/89)

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## LEGAL DESCRIPTION

LOT 7 IN HETZEL'S ARCHER AVENUE ADDITION SUBDIVISION, A SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address commonly known as:

5418 S. Lorel Ave

Chicago, IL 60638

PIN#: 19-09-328-022-0000

Property of Cook County Clerk's Office