

UNOFFICIAL COPY

admitted to Probate on.

// Leaving a Last Will and Testament which was filed in the Unproved Will Box of the Probate Division of the Circuit Court of Cook County, Illinois on or about.

That the total value of the estate of the Decedent, including both real and personal property owned by the Decedent either individually or in joint tenancy at the time of the death of the Decedent, does not exceed the sum of \$1,500,000.00.

Affiant makes this Affidavit for the purpose of inducing any title company to issue its title insurance policy, describing the real estate referred to above.

Dated: August 4, 2021

Patricia Kallas
PATRICIA KALLAS

Subscribed and sworn to before me
by the said PATRICIA KALLAS, this 4th
day of August, 2021.

Barry C Bergstrom
Barry C Bergstrom, Notary Public



CERTIFICATION OF DEATH RECORD

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0078611

DATE ISSUED 10/26/2011

DECEDENT'S LEGAL NAME JOHN C STREZO SR		SEX MALE	DATE OF DEATH OCTOBER 21, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH NOVEMBER 18, 1927		
CITY OR TOWN BURBANK		HOSPITAL OR OTHER INSTITUTION NAME 8361 SOUTH MERRIMAC		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 340-20-8631	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BERNADETTE HOFFMANN	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 8361 SOUTH MERRIMAC	APT. NO.	CITY OR TOWN BURBANK	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60459	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANDREW STREZO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNA PES
INFORMANT'S NAME BERNADETTE STREZO		RELATIONSHIP WIFE	MAILING ADDRESS 8361 SOUTH MERRIMAC, BURBANK, IL, 60459	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION OCTOBER 25, 2011	
FUNERAL HOME LAWN FUNERAL HOME LTD, 7909 STATE RD BURBANK, IL, 60459				
FUNERAL DIRECTOR'S NAME DANIEL EDWARD JARKA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031009714	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 25, 2011	
CAUSE OF DEATH	PART I. CONGESTIVE HEART FAILURE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of)		
	b.	Due to (or as a consequence of)		
	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? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE	MANNER OF DEATH 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:11 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 24, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PREM RUPANI MD, 6224 SOUTH ASHLAND AVENUE, CHICAGO, ILLINOIS, 60636			PHYSICIAN'S LICENSE NUMBER 036061662	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC FOLDS AT BOTTOM

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