

UNOFFICIAL COPY

Legal Description

LOT 313 (EXCEPT THE NORTH 18 FEET THEREOF) AND THE NORTH 28 FEET OF LOT 314 IN F.J. LEWIS' SOUTH EASTERN, DEVELOPMENT, BEING A SUBDIVISION IN THE WEST $\frac{1}{2}$ AND IN THE NORTHEAST $\frac{1}{4}$ OF SECTION 17, AND THE SOUTHEAST $\frac{1}{4}$ OF SECTION 18, ALL INTOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): **26-17-309-041-0000**

Property Address: **11112 S. Avenue M, Chicago, IL 60617**

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD**UNOFFICIAL COPY**

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0051954

DATE ISSUED 07/16/2012

DECEDENT'S LEGAL NAME JOSEPH M CRNJAK			SEX MALE	DATE OF DEATH JULY 13, 2012	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 54 YEARS	DATE OF BIRTH AUGUST 03, 1957		
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER		
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 335-54-1618	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LINDA JANCZAK		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 11112 SOUTH AVENUE M		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN CRNJAK		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION IRENE RASCHKE
INFORMANT'S NAME LINDA CRNJAK		RELATIONSHIP WIFE	MAILING ADDRESS 11112 SOUTH AVENUE M, CHICAGO, IL, 60617		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION ELMWOOD CHAPEL AND CREMATORY	LOCATION - CITY OR TOWN AND STATE CEDAR LAKE, IN	DATE OF DISPOSITION JULY 17, 2012	
FUNERAL HOME ELMWOOD CHAPEL, 11200 S. EWING AVE, CHICAGO, IL, 60617					
FUNERAL DIRECTOR'S NAME JAMES F BETKOWSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012040		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 16, 2012		
CAUSE OF DEATH PART I: RESPIRATORY FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. PNEUMONIA Due to (or as a consequence of):			
		c. _____ Due to (or as a consequence of):			
PART II: Enter other <i>significant conditions contributing to death</i> 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? YES	DATE LAST SEEN ALIVE JULY 12, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:58 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED JULY 13, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. KRISTEN PETTIT, 5841 SOUTH MARYLAND, CHICAGO, ILLINOIS, 60637				PHYSICIAN'S LICENSE NUMBER 125-057926	

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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC FOLDS AT BOTTOM