

UNOFFICIAL COPY

The affiant makes this affidavit to induce any future title company involved with this property to issue its policy of title insurance on the above-described property.

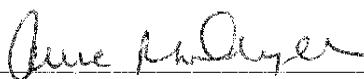
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect defend and hold said title company harmless and to reimburse them for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that they may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

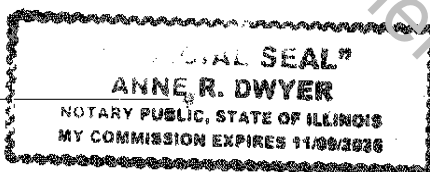
1. Claims against the estate of DEBORAH ANNE FRANTISAK, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the Estate of said decedent;
3. Legacies, if any, created by the will of said decedent; and
4. Rights of contribution.


CHRISTOPHER N. FRANTISAK

Subscribed and sworn to before me this

5 day of April, 2023


Notary Public



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to the title company for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:
Thomas J. Dwyer, Attorney at Law
400 Lathrop Avenue
River Forest, IL 60305

Return recorded document to:
Thomas J. Dwyer, Attorney at Law
400 Lathrop Avenue
River Forest, IL 60305

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EXHIBIT A

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

STATE FILE NUMBER 2022 0116410

DATE ISSUED 1/6/2023

DECEDENT'S LEGAL NAME DEBORAH ANNE FRANTISAK			SEX FEMALE	DATE OF DEATH DECEMBER 27, 2022
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 47 YEARS	DATE OF BIRTH DECEMBER 06, 1975		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE NORWALK, CT	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CHRISTOPHER FRANTISAK	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 743 NORTH ELMWOOD AVENUE	APT. NO.	CITY OR TOWN OAK PARK	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60302	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BARTHOLOMEW TWOMEY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION YVONNE CAVE
INFORMANT'S NAME CHRISTOPHER FRANTISAK		RELATIONSHIP HUSBAND	MAILING ADDRESS 743 NORTH ELMWOOD AVENUE, OAK PARK, IL, 60302	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MORGAN CREMATION SERVICES	LOCATION - CITY OR TOWN AND STATE NORTHLAKE, IL	DATE OF DISPOSITION DECEMBER 30, 2022	
FUNERAL HOME PETERSON-BASSI CHAPELS, 6938 WEST NORTH AVENUE, CHICAGO, IL, 60707				
FUNERAL DIRECTOR'S NAME JOHN G BASSI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014204	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR DECEMBER 30, 2022	
CAUSE OF DEATH PART I: METASTATIC BREAST CANCER				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Due to (or as a consequence of):		Due to (or as a consequence of):		
Due to (or as a consequence of):		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	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY			INJURY AT WORK?	
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 09:59 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 28, 2022	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DOCTOR MARLEN ORTEGA-CRUZ, 710 SOUTH PAULINA STREET, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036157660	

2428540



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
 Cook County Clerk

