

UNOFFICIAL COPY

93807041

KNOW ALL MEN BY THESE PRESENTS, 93807041

THAT I, James P. BELLANDI, Successor Trustee for John BELLANDI and Emily BELLANDI, His Wife, Both Deceased,

of the County of Cook and State of Illinois, DO HEREBY CERTIFY that a certain Trust Deed dated the 19th day of December 1975 made by James P. BELLANDI, Mortgagor,

to John BELLANDI and Emily BELLANDI, His Wife, as Trustee,

and recorded as document No. 23340726 in Book at page in the office of Recorder of Deeds of Cook County, in the State of Illinois,

Lots 9 and 10 in Block 5 in Grant Locomotive Works Addition to Chicago

a Subdivision of Section 21, Township 39 North, Range 13, East of the

Third Principal Meridian, in Cook County, Illinois.,

commonly known as 5019 West Roosevelt Road, Cicero, Illinois, 60650.

P.I.N. 16-21-203-001 and 16-21-203-002

James P. BELLANDI warrants that no executor or administrator has been or will be appointed in the estates of John BELLANDI and Emily BELLANDI, His Wife, both deceased, and pursuant to Paragraph 17 of the Trust Deed described therein, James P. BELLANDI, hereby executes this Release.

DEPT-01 RECORDING 825.00
T05555 TRAM 2627 10/07/93 15:37:00
93807041
COOK COUNTY RECORDER

is, with the note or notes accompanying it, fully paid, satisfied, released and discharged.

Witness hand and seal this 21st day of September 1993

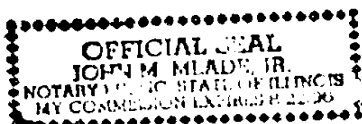
James P. Bellandi (SEAL)
James P. Bellandi (SEAL)

STATE OF ILLINOIS
COUNTY OF COOK

John M. Mlade, Jr.

a notary public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY that James P. Bellandi

personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth



Given under my hand and official seal, this 21st day of September 1993

2556 John M. Mlade, Jr. Notary Public

Commission expires Aug. 22, 1996

This instrument prepared by JOHN M. MLADE, attorney at law, 5744 West Cermak Road, Cicero, Illinois 60650

1353830

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DEPT-01 RECORDING

15555 TRAM 2627 10/07/93 15:37:00
93807041
COOK COUNTY RECORDER

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UNOFFICIAL COPY

33507011

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named 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, stillbirths, and deaths.

DATE: SEP 8 1988 SIGNED: Robert C. Reehous

AT: BERWYN, ILLINOIS OFFICIAL TITLE: DEPUTY REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

MEDICAL CERTIFICATE OF DEATH

SECRETARY'S OFFICE NO. _____ STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. 16-21 REGISTERED NUMBER 887 DEATH NO. 6013

DECLARANT: John Bellandi SEX Male DATE OF BIRTH September 7th, 1983
Race Cook

DATE OF DEATH September 25th, 1988 PLACE OF DEATH Cook
RESIDENCE 2245 HAINSWORTH STREET, N. RIVERSIDE, FORTUNA, CALIFORNIA

DECEASED: PETER BELLANDI SEX Male DATE OF BIRTH September 7th, 1983
Race Cook

CAUSE: Cardiac arrest

CONDITIONS AT TIME OF DEATH: Generally in good health

OPERATION: None

DATE OF OPERATION: None

SIGNATURE OF DECEASED: None

SIGNATURE OF CERTIFIER: Robert C. Reehous

NAME OF ATTENDING PHYSICIAN: Richard A. Reehous

BURIAL: WOODLAWN CEMETERY, FOREST PARK, ILLINOIS

DIRECTORS: KURATKO FUNERAL DIRECTORS, 25th & DESPLAINES AVE., NORTH RIVERSIDE, ILLINOIS 60546

LOCAL REGISTRARS: None

FORM 100 REV. 5/82 ILLINOIS DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

UNOFFICIAL COPY

#066 FEB 89 STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

93-070-11

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO 16-921
REGISTERED NUMBER 200

Type or Print in PERMANENT OR See Coroner's or Funeral Director's Handbook for INSTRUCTIONS

DECEASED NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH	
1 <u>EMILY</u>		<u>FEMALE</u>		<u>FEBRUARY 4, 1989</u>	
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YEAR)	UNDECEASED YEARS	DATE OF BIRTH (MONTH DAY YEAR)	
4 <u>COOK</u>		5a <u>73</u>	5b	5c <u>50 SEPTEMBER 19, 1915</u>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER USE STREET AND NUMBER)		PLACE WHERE DEATH OCCURRED (IF IN HOME OR IN INSTITUTION, SPECIFY)	
6a <u>PROVISO TOWNSHIP</u>		6b <u>FOSTER MCGAW HOSPITAL (LOYOLA)</u>		6c <u>D.O.A.</u>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED REVEY (MARRIED, WIDOWED, DIVORCED, SEPARATED)		NAME OF SURVIVING SPOUSE (MAKER NAME IF WIFE)	
7 <u>CICERO, ILLINOIS</u>		8a <u>WIDOWED</u>		8b	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		INDUSTRY (SEE LIST OF INDUSTRIES)	
10 <u>326-05-3518A</u>		11a <u>HOMEMAKER</u>		11b <u>OWN HOME</u>	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN OR ROAD DISTRICT NUMBER		COURT	
13a <u>2245 S. HAINSWORTH AVE.</u>		13b <u>NORTH RIVERSIDE</u>		13c <u>YES</u> 13d <u>COOK</u>	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, HAWAIIAN, PACIFIC ISLANDER)	
13e <u>ILLINOIS</u>		13f <u>60546</u>		14a <u>WHITE</u>	
FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE LAST		MARRIAGE (DATE AND PLACE)	
15 <u>JACOB KURAS (d)</u>		16 <u>STEPHANIA PAWLAK (d)</u>		17a <u>5736 WESTVIEW LN. LISLE, ILL. 60532</u>	

A
B
C
D
E

17a DECEASED'S NAME (TYPE OR PRINT)		RELATIONSHIP		MARRIAGE (DATE AND PLACE)	
17b <u>JOHN BELLANDI</u>		17c <u>SON</u>		17d <u>5736 WESTVIEW LN. LISLE, ILL. 60532</u>	

N
P
H.O.
RIF
LINK

18. PART I. Enter the disease, injuries, or complications that caused death. Do not enter the name of such as condition of the body or the name of the organ or system.

Immediate Cause (Final disease or condition resulting in death) → HEART DISEASE - CORONARY ARTERY DISEASE

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

(b) HEART DISEASE - CORONARY ARTERY DISEASE

(c) HEART DISEASE - CORONARY ARTERY DISEASE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

19a NATURAL 19b NO 19c NO

20a <u>NATURAL</u>		DATE OF INJURY (MONTH DAY YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II ITEM 18)	
20b		20c		20d	
21a <u>AT HOME</u>		21b <u>25th & DESPLAINES AVE.</u>		21c <u>NO</u>	
21d <u>INDUSTRIAL</u>		21e <u>FOREST PARK, ILLINOIS</u>		21f <u>NO</u>	

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

21a FEBRUARY 4, 1989 21b 10 10 A

22a Ruth J. ... M.D. 22b FEBRUARY 4, 1989

23a ... 23b ...

24a <u>BURIAL</u>		CEMETERY OR CREMATORY NAME		LOCATION	
24b <u>WOODLAWN CEMETERY</u>		24c <u>FOREST PARK, ILLINOIS</u>		24d <u>FEB 7, 1989</u>	
25a <u>KURATKO FUNERAL HOME</u>		25b <u>25th & DESPLAINES AVE. NORTH RIVERSIDE, ILLINOIS 60546</u>		25c <u>31-8122</u>	

26a <u>...</u>		26b <u>...</u>		26c <u>...</u>	
27a <u>...</u>		27b <u>...</u>		27c <u>...</u>	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statute relating to the registration of births, stillbirths and deaths.

DATE FEB 6 1989 SIGNED [Signature]

AT BROADVIEW, ILLINOIS 60153, Illinois. OFFICIAL TITLE Local Registrar of Vital Statistics