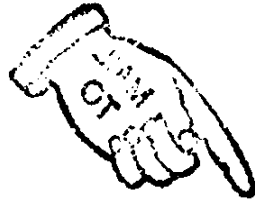


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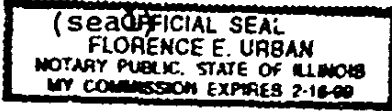
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homestead.

Given under my hand and notary seal, this 5th day of

June _____, 1995.

Florence E. Urban Notary Public



My commission expires February 16, 1999

COUNTY - ILLINOIS TRANSFER STAMPS

Exempt Under Provision of
Paragraph _____ Section 4,
Real Estate Transfer Act
Date: _____

Prepared By:
LESTER N. ARNOLD
1409 WRIGHT BLVD.
SCHAUMBURG, IL 60193

Signature: _____

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MAPPING SYSTEM

COPY

60217

Change of Information

Scannable document - read the following rules

1. Changes must be kept within the space brackets shown.
2. Do not use punctuation.
3. Print in CAPITAL letters with black pen only.
4. Do Not Xerox form.
5. Allow only one space between names, numbers, and addresses.

SPECIAL NOTE:

- If a TRUST number is involved, it must be put with the NAME, leave one space before the name and number.
- If you don't have enough room for your full name, just your last name will be adequate.
- Property Index numbers (PINs) must be included on every form.

PIN NUMBER: 04 - 34 - 406 - 002 - 0000

NAME/TRUST#: KRISTEN M. JASINSKI

MAILING ADDRESS: 2141 DEWES ST

CITY: GLENVIEW STATE: IL

ZIP CODE: 60025-

PROPERTY ADDRESS: 2141 DEWES ST

CITY: GLENVIEW STATE: IL

ZIP CODE: 60025-

PROPERTY OF COOK County Clerk's Office

95401312

JUN 07 1995
COOK COUNTY TREASURER

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DECEDENT'S BIRTH NO	REGISTRATION DISTRICT NO 1600	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH	
Type or Print in PERMANENT INK See Registrar's Director's Hospital or Physicians Handbook for INSTRUCTIONS	DECEASED NAME FIRST MIDDLE LAST SEX	DATE OF DEATH MONTH DAY YEAR	
	1 LILLIAN C. KOSTNER	2 FEMALE	3 MARCH 18, 1994
	COUNTY OF DEATH	AGE - LAST BIRTHDAY (MM/DD)	DATE OF BIRTH (MM/DD/YY)
	4 Cook	5a 82	5b September 13, 1911
	CITY/TOWN/TWP. OR ROAD/DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION (NAME IF NOT WHETHER CARE STREET AND NUMBER)	
	6a Glenview	6b Glenbrook Hospital & Inpatient	
A DECEASED	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MARRIAGE # IF ANY)
	7 Chicago, IL	8 Never Married	9 No
B	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY
	10 19-03-9307	11a Clerk	11b Telephone
C	EDUCATION (SPECIFY HIGHEST GRADE ATTAINED)	RESIDENCE (STREET AND NUMBER)	
	12 9+	13a 2141 Dewes Street	
D	CITY/TOWN/TWP. OR ROAD/DISTRICT NO	INSURE CITY (YES/NO)	COUNTY
	13b Glenview	13c Yes	13d Cook
E	STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY)
	14 Illinois	15 60025	16a White
	FATHER - NAME FIRST MIDDLE LAST	MOTHER - NAME FIRST MIDDLE LAST	OF HISPANIC ORIGIN? SPECIFY (YES/NO) YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.
PARENTS	17 Ludwig Kostner	18 Anna Prucha	14b NO YES SPECIFY
	PREDECESSOR(S) (NAME AND RELATIONSHIP)		MAILING ADDRESS (STREET AND NO. AND CITY/TOWN/STATE/ZIP)
	19 Sylvia Rechteris Sister		17c 2141 Dewes Street, Glenview, IL 60025
	18 PART I: IMMEDIATE CAUSE - Final disease or condition resulting in death		20a AUTOPSY (YES/NO) 19a NO
CAUSE	(a) BREAST CANCER		20b HIGHEST GRADE OF DEATH RESULT (1-4) 19b H-3
	(b) STROKE		21a DATE OF OPERATION (MM/YY) 20d 3-18-94
	(c) DUE TO OR AS A CONSEQUENCE OF		21b MAJOR FINDINGS OF OPERATION 20d
	CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (2) STATING THE UNDERLYING CAUSE LAST		21c HOURS OF DEATH 21c 11:20 AM
	PART II: Other significant conditions contributing to or complicating the death		21d TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
	22a SIGNATURE		22b SIGNATURE
CERTIFIER	22c 64 000 ORCHARD CT. #20 Skokie, IL 60077		22c 036-081697
	22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d 036-081697
	23 BIRTHAL CREMATION REMOVAL (SPECIFY)		23a Burial
DISPOSITION	23b Bohemian National		23c Chicago, Illinois
	23d N.H. Scott & Hebblethwaite, 1240 Waukegan Rd., Glenview, IL 60025		23e March 21, 1994
	24b FUNERAL DIRECTOR'S SIGNATURE		24c FUNERAL DIRECTOR'S LICENSE NUMBER
	24b Karen L. Scott, M.D.		24c 034-010554
	25a REGISTRAR		25b DATE FILED IN REGISTRY (MM/DD/YY)
	25a Kevin Brown		25b 3/21/94

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE MARCH 21, 1994 SIGNED *Kevin Brown*

AT EVANSTON Illinois OFFICIAL TITLE LOCAL REGISTRAR

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

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