

UNOFFICIAL COPY 98715953

Guaranty for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which Wheatland Title Guaranty 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 Mary Holubowicz, the decedent;
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

Mary Holubowicz (SEAL)

_____ (SEAL)

Subscribed and sworn to before me this 11th day of May, 19 99.

Robin L. Caprio
Notary Public



NOTE: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

Property of Cook County Clerk's Office

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.10

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

STATE FILE NUMBER
606540

APR 12 1999

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1. DECEASED-NAME Mary	MIDDLE Holubowicz	LAST Holubowicz	SEX 2 Female	DATE OF DEATH (MONTH, DAY, YEAR) April 11, 1999
2. COUNTY OF DEATH Cook	AGE-LAST BIRTHDAY (YRS) 5a. 72	UNDER 1 DAY HOURS 5b. 72	MIN 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) July 20, 1926
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	6b. 4418 S. Komensky	IF HOSP. OR INST. INDICATE D.O.A. (PREMER, RN, INPATIENT (SPECIFY)) Home-Hospice		
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Poland	8a. Widowed	9. No		
5. SOCIAL SECURITY NUMBER 337-26-0897	8b. None	10. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5)		
6. RESIDENCE (STREET AND NUMBER) 4418 S. Komensky	11a. Packer	11b. Food Company	11c. Yes	12. 8
7. STATE Illinois	13a. White	13b. Chicago	13c. Yes	13d. Cook
8. FATHER-NAME Joseph	MIDDLE Sikon	14a. White	14b. No	14c. Yes
9. INFORMANT'S NAME (TYPE OR PRINT) Michael Holubowicz	RELATIONSHIP 17b. Son	15. Ludwika	16. (N/A)	17c. Chicago, IL 60632
10. IMMEDIATE CAUSE (Fetal disease or condition resulting in death) CACHEXIA	18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (a) CARCINOMA OF THE PANCREAS DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
11. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. CACHEXIA			
12. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION			
13. (DID NOT) ATTEND THE DECEASED LAST SAW HIM/HER ALIVE ON	20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
14. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	21c. 8:45 A.M.			
15. SIGNATURE	22b. April 12, 1999			
16. NAME AND ADDRESS OF CERTIFIER John Bylewski, M.D., 4900 S. Archer Ave., Chicago, IL 60632	22c. 036-070127			
17. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	22d. ILLINOIS LICENSE NUMBER			
18. BUREAU OF CREMATION, REMOVAL (SPECIFY)	23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
19. BURIAL	24a. Resurrection Cemetery			
20. FUNERAL HOME	24b. Szykowny Funeral Home Ltd., 4901 S. Archer Ave., Chicago, Illinois 60632			
21. LOCAL REGISTRAR'S SIGNATURE Sheila Lyne, RSM	25a. #011163			
22. LOCAL REGISTRAR'S SIGNATURE	25b. Jonathan F. Siedlecki			
23. LOCAL REGISTRAR'S SIGNATURE	26a. APR 12 1999			

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LEGAL DESCRIPTION

THE SOUTH 21 FEET OF THE NORTH 56 FEET OF THE SOUTH 83 FEET OF LOT 70 IN F. H. BARTLETT'S 47TH STREET SUBDIVISION OF LOT C IN CIRCUIT COURT PARTITION OF THE THE SOUTH HALF OF SECTION 3, AND THAT PART OF THE NORTH WEST QUARTER LYING SOUTH OF ILLINOIS AND MICHIGAN CANAL OF SECTION 3, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT TAX NUMBER: 19-03-409-025-0000