

UNOFFICIAL COPY

Affidavit

3512822

County Name - Dec. 24 39778  
S-6-PL

Geroldine Morton and Frances D. Allison,  
being first duly sworn, on their oath  
depose and state that they are the sole  
title holders of the property described  
below, and that Stella Nowosielski, holder of  
the life estate, is deceased, having died on  
October 8, 1976. A certified copy of her death  
certificate is attached hereto.

Geroldine Morton

Frances D. Allison

Subscribed and sworn to  
before me this 5th  
day of May, 1976.

Hyman Abram

Notary Public  
my comm. Exp. 3/13/89

Legal description:

3512822

Property of Cook County Clerk's Office

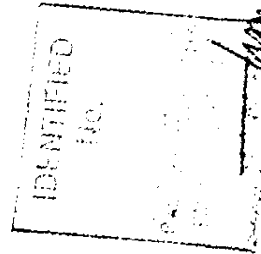
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MAY 6 1 46 PM '86

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REGISTRY OF DEEDS



Property of Cook County Clerk's Office

107911  
116601  
107911  
116601  
3512422

3

Ready, all  
Barr

UNOFFICIAL COPY

October 12, 1976

STATE OF ILLINOIS }  
COUNTY OF COOK } SS  
CITY OF CHICAGO }

I, Murray C. Brown, M.D. 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 of 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 as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID  
Only When Original BLUE  
SEAL AND BLUE SIGNATURE  
Are Affixed.

*Murray C. Brown*

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

DECEASED - NAME STELLA NOWOSIELSKI

AGE - LAST BIRTHDAY (YRS.) 50. 78

SEX 2. FEMALE

DATE OF BIRTH (MONTH, DAY, YEAR) 08, 1926

DATE OF DEATH (MONTH, DAY, YEAR) 08, 1976

CITY OF BIRTH (MONTH, DAY, YEAR) PLACE OF DEATH COOK

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago

7b. PLACE (STATE OR FOREIGN COUNTRY) POLAND

7c. CITIZEN OF WHAT COUNTRY POLAND

8. SOCIAL SECURITY NUMBER 322 05 9086

12. USUAL OCCUPATION WAITRESS

13a. KIND OF BUSINESS OR INDUSTRY FOOD SERVICE

13b. U.S. WAR VETERAN (YES/NO) NO

13c. VEAR OR DATES OF SERVICE NONE

13d. NONE

14a. ILLINOIS RESIDENCE CHICAGO

14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO

14c. INSIDE CITY (YES/NO) YES

14d. STREET AND NUMBER 1488323 MACKINAW

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST

15. INFORMANT'S SIGNATURE *Not Available*

16. RELATIONSHIP ADM. CLK. 17b. RECORDS. 17c. MAILING ADDRESS 17d. STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP 17e. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 17f. INSIDE CITY (YES/NO) 17g. YES 17h. STREET AND NUMBER 17i. CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO IL 60617

18. DEATH WAS CAUSED BY IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) CARDIO RESPIRATORY FAILURE

(b) ARTERIO-SCLEROTIC HEART DISEASE

(c) CEREBRAL VASCULAR ACCIDENT

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20. I ATTENDED THE DECEASED FROM 20a. (MONTH, DAY, YEAR) 20b. (MONTH, DAY, YEAR) 20c. (MONTH, DAY, YEAR)

21a. OCT. 31, 1976 21b. OCT. 8, 1976 21c. OCT. 8, 1976

21d. HOUR OF DEATH 1:00 PM

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

SIGNATURE DATE SIGNED (MONTH, DAY, YEAR) ILLINOIS LICENSE NUMBER

22a. SIGNATURE 22b. OCT. 9, 1976 22c. 49064

MAILING ADDRESS - CERTIFIER STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

23. DR. O. LEOPANDO, 80 RIVER WALKS DRIVE, CALUMET CITY, ILLINOIS 60409

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY NAME CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. Buried Holy Cross 24b. Holy Cross 24c. Calumet City Ill. 24d. Oct 12-1976

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

25a. Holy Cross Funeral Home 25b. 3175 E 83rd St Chicago 25c. 5137

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25d. *Frank J. Pugliese* 25e. 5137

LOCAL REGISTRAR'S SIGNATURE CHICAGO BOARD OF HEALTH DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. *Murray C. Brown* Chicago Civic Center, Room 105 CONCOURSE LEVEL, Chicago 60602-26b. OCT 9 1976

26c. ILLINOIS DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS (BASED ON 1963 U.S. STANDARD CERTIFICATE VR-200 (1972))

146  
602  
167  
233  
26  
21