

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

Meadowbrook Phase 3,4+5  
lot 92  
(29) 4-191-61

TICOR TITLE INSURANCE  
Crown Point, Indiana

REGISTRATION NO. **16.8**  
DISTRICT NO. **935-2929**  
STATE OF ILLINOIS  
STATE FILE NUMBER **4-191-61 (29)**

DECEASED-NAME **FRANK E LOGULLO** SEX **MALE** DATE OF DEATH (MONTH, DAY, YEAR) **FEBRUARY 6, 2003**

COUNTY OF DEATH **COOK** AGE-LAST BIRTHDAY (YRS) **50** MOS. DAYS **50** HOURS **12** MIN. **00** SEC. **00** DATE OF BIRTH (MONTH, DAY, YEAR) **MAY 25, 1937**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **COOK** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **PALOS COMMUNITY HOSPITAL**

8a. PALOS HEIGHTS BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **PALOS COMMUNITY HOSPITAL**  
8b. ANTOINETTE M. OSTROWSKI NAME OF SURVIVING SPOUSE (Maiden Name, if wife)  
8c. INPATIENT WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **NO**

7. CHICAGO, ILLINOIS SOCIAL SECURITY NUMBER **10. 318-28-5491** 11a. FIELD ENGINEER 11b. MACHINERY KIND OF BUSINESS OR INDUSTRY **12. 12** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **13d. LAW**

13a. 533 MEADOWBROOK DRIVE RESIDENCE (STREET AND NUMBER) 13b. LOWELL CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13c. YES** INSIDE CITY (YES/NO) **13d. LAW**

13e. INDIANA STATE ZIP CODE **13f. 46356** 14a. WHITE 14b. XXNO OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **14c. YES**

FATHER-NAME **MICHAEL LOGULLO** MOTHER-NAME **OPAL FALK**  
15. MICHAEL LOGULLO 16. OPAL FALK  
17a. ANTOINETTE LOGULLO 17b. WIFE 17c. MEADOWBROOK DRIVE 17d. INDIANA MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE AND ZIP) **46356**

18. PART I. Immediate Cause (Final disease or condition resulting in death) **Plummary artery hypertrophy**  
18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **hypoxia**

19. DATE OF OPERATION, IF ANY **2-6-2003** 20a. (M/D/Y) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **2-6-2003** 20b. (MONTH, DAY, YEAR)  
21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. **ILLINOIS**

22a. SIGNATURE **Domisic Aloes MD** 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OF PRINT) **12351 SOUTH PALOS HEIGHTS ILLINOIS**  
22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

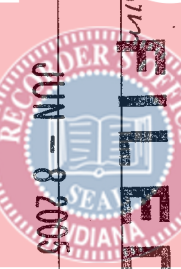
23. 23a. RYAN FUNERAL HOME 18022 DIXIE HIGHWAY HOMEMOOD ILLINOIS 60430  
23b. FUNERAL DIRECTOR'S SIGNATURE  
23c. FUNERAL HOME

24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **COOK COUNTY ILLINOIS**  
24b. BIRTHDAY (YRS) **50** 24c. CALUMET CITY, ILLINOIS CITY OR TOWN  
24d. HOLY CROSS CEMETERY OR CREMATORY-NAME  
24e. CALUMET CITY, ILLINOIS CITY OR TOWN

25a. RYAN FUNERAL HOME 18022 DIXIE HIGHWAY HOMEMOOD ILLINOIS 60430  
25b. FUNERAL DIRECTOR'S SIGNATURE  
25c. FUNERAL HOME

26a. LOCAL REGISTRAR'S SIGNATURE **COOK COUNTY CLERK DAVID ORR**  
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **2-10-03**

26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **2-10-03**  
26d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **2-10-03**



90203

9- ZIP TF