

STATE OF ILLINOIS
County of Cook)

DAVID ORR, County Clerk

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.

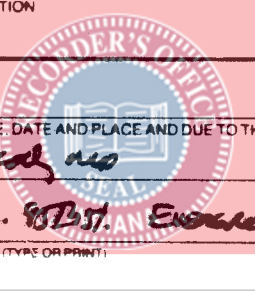
David Orr

COUNTY CLERK

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		
1 DECEASED-NAME FIRST MIDDLE LAST		2 SEX	3 DATE OF DEATH (MONTH DAY YEAR)	
1 GEORGANN MARIE STEPANSKY		2 FEMALE	3 DECEMBER 9, 2000	
4 COUNTY OF DEATH		5a AGE-LAST BIRTHDAY (YRS.)	5b UNDER 1 YEAR	5c UNDER 1 DAY
4 COOK		5a 63	5b	5c
6a CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		6b HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		6c IF HOSP. OR INST. INDICATE D.O.A. MEMBER, P.M. INPATIENT (SPECIFY)
6a BURBANK		6b INTERGRATED HEALTH SERVICES		6c INPATIENT
7 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		8a MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	8b NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7 CHICAGO		8a MARRIED	8b LOUIS STEPANSKY	
10 SOCIAL SECURITY NUMBER		11a USUAL OCCUPATION	11b KIND OF BUSINESS OR INDUSTRY	12 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10 [REDACTED]-4807		11a ACCOUNTANT	11b BANKING	12 12
13a RESIDENCE (STREET AND NUMBER)		13b CITY, TOWN, TWP. OR ROAD DISTRICT NO.		13c INSIDE CITY (YES/NO)
13a 15101 W 97th St		13b Dyer		13c YES
13c STATE		14a RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	14b OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13c INDIANA		14a WHITE	14b NO	
15 FATHER-NAME FIRST MIDDLE LAST		16 MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST		
15 GEORGE FATOURAS		16 VERA RABUSISKI		
17a INFORMANT'S NAME (TYPE OR PRINT)		17b RELATIONSHIP	17c MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a LOUIS STEPANSKY		17b HUSBAND	17c 15101 W 97th St Dyer IN 46311	
18 PART I		19 Enter the disease, or complications that caused the death. Do not enter the cause of death such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		
Immediate Cause (Final disease or condition resulting in death)		(a) SEPTICEMIA		
DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) PNEUMONIA		
		DUE TO, OR AS A CONSEQUENCE OF		
		(c)		
PART II: Other significant conditions contributing to death but not resulting in the underlying cause of death		18a AUTOPSY (YES/NO)		
		18a NO		
		18b WERE AUTOPSY FINDINGS A MAJOR FACTOR IN COMPLETION OF CAUSE OF DEATH (YES/NO)		
		18b NO		
20 DATE OF OPERATION, IF ANY		20b MAJOR FINDINGS OF OPERATION		20c IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES/NO
20		20b		20c YES/NO
21 DID (OR NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		21b TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		21c HOUR OF DEATH
21 12-7-00		21b		21c 12:45 PM
22a SIGNATURE		22b NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c ILLINOIS LICENSE NUMBER
22a <i>Evans McLeod</i>		22b EVANS G. McLEOD, MD 2800 W. 95th St. Emerson Ave, IL 60425		22c 036-057437
23 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED		
23				
24a BURIAL, CREMATION REMOVAL (SPECIFY)		24b CEMETERY OR CREMATORY-NAME	24c LOCATION CITY OR TOWN STATE	24d DATE (MONTH DAY YEAR)
24a BURIAL		24b CHAPEL LAWN CEMETERY	24c SCHERERVILLE IN	24d 12/13/2000
25a FUNERAL HOME NAME		25b STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		
25a MICHAEL ORRICO AGENT FOR		25b 637 LENOX ST NEW LENOX IL 60451		
25c FUNERAL DIRECTOR'S SIGNATURE		25d FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25c <i>Michael S. Orrico</i>		25d 034 014710		
26a LOCAL REGISTRAR SIGNATURE		26b DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)		
26a KAREN L. SCOTT, M.D. REGISTRAR		26b DEC 13 2000		

17-11-17223

HOLD



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FILED
DEC 12 2006
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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