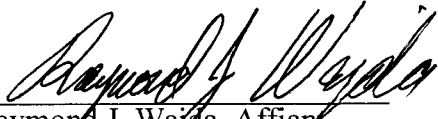


4. That as a result of Patricia Wajda's passing the foregoing parcel of real estate passes to Raymond F. Wajda as her surviving spouse.

Further, affiant sayeth not.


Raymond J. Wajda, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF STARKE)

Subscribed and sworn to before me, a Notary Public in and for Starke County, Indiana on this 4th day of August, 2014.



Nancy L. Jachim, Notary Public
Resident of Starke County, Indiana

My Commission Expires:
February 20, 2020

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Prepared by:
 David A. Brooks
 Brooks Law Office, P.C.
 354 West Street, Suite 2
 Valparaiso, IN 46383
 Telephone (219) 462-9320
 Fax (219) 462-9534

STOP

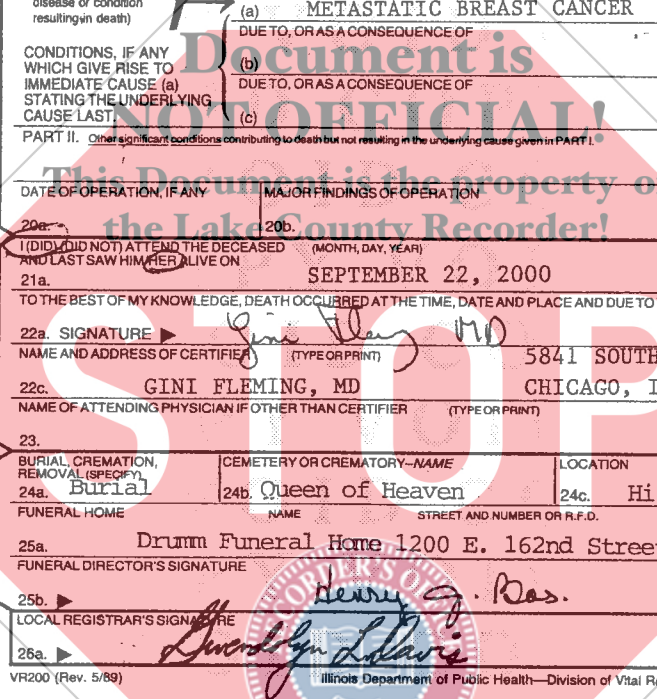


CERTIFICATION OF VITAL RECORD

HARVEY, ILLINOIS
DISTRICT 16.34

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.34	STATE OF ILLINOIS		STATE FILE NUMBER		
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST 1. PATRICIA WAJDA			SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. SEPTEMBER 28, 2000	
	COUNTY OF DEATH 4. Cook		AGE-LAST BIRTHDAY (YRS) 5a. 63	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. September 3, 1937
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Harvey		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Ingalls Hospital		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) 6c. Emer. Room	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Raymond Wajda		9. No
	SOCIAL SECURITY NUMBER 10. [REDACTED]		USUAL OCCUPATION 11a. Clerk	KIND OF BUSINESS OR INDUSTRY 11b. City of Harvey	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 Elementary/Secondary (0-12) College (1-4 or 5+)	
	RESIDENCE (STREET AND NUMBER) 13a. 535 E. 148th Street		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Harvey	INSIDE CITY 13c. Yes	COUNTY 13d. Cook	
	STATE 13e. Illinois		ZIP CODE 13f. 60426	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
	FATHER-NAME FIRST MIDDLE LAST 15. Edwin Enright			MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Viola Mae Buddell		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. Raymond Wajda		RELATIONSHIP 17b. Husband	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 535 E. 148th St. Harvey IL 60426		
	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.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) (a) METASTATIC BREAST CANCER DUE TO, OR AS A CONSEQUENCE OF						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) [REDACTED] DUE TO, OR AS A CONSEQUENCE OF						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. (c) [REDACTED]						
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		AUTOPSY (YES/NO) 19a. NO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
I (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. SEPTEMBER 22, 2000		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes		HOUR OF DEATH 21c. 11:55 P.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						
22a. SIGNATURE <i>Gini Fleming MD</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637		DATE SIGNED (MONTH, DAY, YEAR) 22c. 9-29-00		
22c. GINI FLEMING, MD		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER 22d. 036-075100		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
CEMETERY OR CREMATORY-NAME 24b. Queen of Heaven		LOCATION 24c. Hillside, Illinois	CITY OR TOWN STATE 24d. Oct. 2, 2000	DATE (MONTH, DAY, YEAR)		
DISPOSITION						
FUNERAL HOME 25a. Drum Funeral Home, 1200 E. 162nd Street South Holland Illinois 60473		FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Dewey G. Ros.</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-009979		
LOCAL REGISTRAR'S SIGNATURE 26a. <i>Gwendolyn Loharis</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. OCT 03 2000				

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS



CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the BIRTH record for the child named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS

B4496

DATE ISSUED **OCT 04 2000**

ISSUED AT:
CITY OF HARVEY
15320 SO. BROADWAY AVE.
ILLINOIS 60426

Gwendolyn Loharis
GWENDOLYN
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of

