QUITCLAIM DEED BOOK 8979 PAGE 831

ADDRESS NEW OWNER	**SEND TAX BILLS TO:**	**MAP PARCEL**
Mr. Gerald Murawski 272 Cedarcreek Drive Nashville, TN 37211	Mr. Gerald Murawski 272 Cedarcreek Drive Nashville, TN 37211	173-1 8 5DU-42623

Prepared By:
James E. Gorman
10644 S. Western Ave.
Chicago, Illinois 60643

STATE OF ILLINOIS)
COUNTY OF COOK)

6728 06/14 0101 03CHECK 8.00

The actual consideration for this transfer is NONE.

Sandra Kalis
Affiant

Subscribed and Sworn to before me, this 14 day of May 1993.

"OFFICIAL SEAL"
DIANA M. MUCKER
Notary Public, State of Illinois
My Commission Expires 10/31/95

Diana Mucker
Notary Public
My Commission Expires: 10/31/95

WHEREAS, Sandra Kalis, The Grantor herein acquired title to the property hereinafter described in May of 1988;

WHEREAS, at the time of transfer she took subject to the unpaid balance of a promissory note payable to Western Pacific Financial Corporation secured by a first mortgage deed of trust against said property of record in Book 5316, page 518, Register's Office for Davidson County Tennessee;

WHEREAS, Sandra Kalis, is surviving joint tenant due to the death of Stella Murawski on March 27, 1991 and as such, she desires to transfer all her interest to her brother, Gerald Murawski.

WHEREAS, Gerald Murawski, has made all payments including funds into escrow since his mother's death and he intends to continue making the remaining payments until said mortgage is paid in full;

NOW THEREFORE, for and in consideration of Ten ($10.00) Dollars and other good and value consideration including the payments made and to be made and the continuing payments by the Grantee herein of the unpaid balance of the promissory note payable to Western Pacific Mutual Corporation secured by said deed of trust of record in Book 5316, page 518 said Register's Office, Grantor, Sandra Kalis, does hereby quitclaim unto Gerald W. Murawski as the following described tract of land located in Davidson County, Tennessee, to wit: her interest

Being Lot No. 88 Plat of Cedarwood Estates, Section 2, as of record in Book 4860, page 58, Register's Office for said county, to which plan reference is here made for a more complete and accurate legal description.

Being the same property conveyed to Stella Murawski and Sandra Kalis by deed from Gerald W. Murawski of record in Deed Book 7545, page 135, said Register's Office of Davidson County Tennessee.

This is improved property known as 272 Cedarcreek Drive, Nashville, Tennessee 37211.

IN WITNESS WHEREOF, the undersigned as Grantor has set her hand this 11th day of May, 1993.

Sandra Kalis

MAIL ENV. 8 37 AM '93 DAVIDSON COUNTY, TN IDENTIFICATION REFERENCE 2 9 5 9 1

STATE OF ILLINOIS)
)
COUNTY OF C O O K)

Personally appeared before me, Sandra Kalis, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand at office, this 11th day of May, 1993

"OFFICIAL SEAL"
DIANA M. MUCKER
Notary Public, State of Illinois
My Commission Expires 10/31/95

Diana Mucker
Notary Public

My commission expires: 10/31/95

NO. REGISTRATION DISTRICT NO. 16:10

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 606155

MEDICAL CERTIFICATE OF DEATH

DECEASED–NAME FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Stella		Murawski	Female	3. March 27, 1991

COUNTY OF DEATH	AGE–LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. / DAYS	UNDER 1 DAY HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. Cook	5a. 77	5b.	5c.	5d. August 27, 1913

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	IF HOSP, OR INST, INDICATE D.O.A., OP/EMER, RM, INPATIENT (SPECIFY)
6a. Chicago	6b. Mercy Medical Center	6c. DOA

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7 Chicago	8a. Widowed	8b. None	9. NO

SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12)	College (1-4 or 5+)
10. 322-01-2242	11a. Homemaker	11b. Own Home	12. 12	

RESIDENCE (STREET AND NUMBER)	CITY, TOWN, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
13a. 3203 S. Racine Ave.	13b. Chicago	13c. Yes	13d. Cook

STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Illinois	13f. 60608	14a. White	14b. ☒ NO ☐ YES SPECIFY:

FATHER–NAME FIRST	MIDDLE	LAST	MOTHER–NAME FIRST	MIDDLE	LAST
15. Adam		Oleksak	16.		

INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Sandra Kalis	17b. Daughter	17c. 3203 S. May St. Chicago, IL. 60608

18. PART I. Enter the diseases, injuries, 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) CANCER OF Cervix	4 years.
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	DUE TO, OR AS A CONSEQUENCE OF (b)	
	DUE TO, OR AS A CONSEQUENCE OF (c)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

D. Gates Meeleter and Myhertension

AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. No	19b.

DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a.	20b.	20c. YES ☐ NO ☒

I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH
21a. 1-19-91	21b. Yes	21c. 10:07 A M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶ Mohammad Jamil	DATE SIGNED (MONTH, DAY, YEAR)
	22b. March 28, 1991

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER
22c. Mohammad j. Jamil 2837 S. Halsted St. Chicago, Il.	22d. 36-42060

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.	

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY–NAME	LOCATION CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. Burial	24b. Bethania	24c. Justice,	Illinois	24d. Mar. 30, 199

FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a. Robert's Funeral Home	2819 S. Archer Ave.	Chicago,	Illinois	60608

FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. ▶ Thomas E. Moore	25c. 7402

LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. ▶ Virginia L. Parker, M.P.A.	26b. MAR 2 9 1991

APR 1 1991

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.P.A. ACTING 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DEPARTMENT OF HEALTH – CITY OF CHICAGO

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RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED