

Gregory V Payne

886 Russet Drive
Sunnyvale, CA 94087

Dana Point Condominium Association

PO Box 4346

Carol Stream, IL 60197-4346

Re: Kathryn M Mark

1405 E Central RD Unit 418C

Arlington Heights, IL 600026

May 23, 2012

Dear Sirs

Enclosed is check for \$323.49 for the June HOA fees and a copy of the death certificate of my Aunt, Kathryn M Mark who passed away on 5/2/12. It is the estate's intention to sell this property immediately. In the meantime, please direct any future correspondence to me.

My phone number during the day is 408/431-6659

Thanks for your help



Gregory V Payne

Estate Administrator of Kathryn M Mark

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

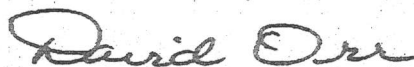
STATE FILE NUMBER 2012 0035031

DATE ISSUED 05/10/20

DECEDENT'S LEGAL NAME KATHRYN F MARK				SEX FEMALE	DATE OF DEATH MAY 02, 2012														
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 83 YEARS		DATE OF BIRTH JANUARY 01, 1929															
CITY OR TOWN ARLINGTON HEIGHTS			HOSPITAL OR OTHER INSTITUTION NAME 1405 E CENTRAL ROAD																
PLACE OF DEATH DECEDENT'S HOME																			
BIRTHPLACE PONTIAC, IL	SOCIAL SECURITY NUMBER 330-24-1235	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO															
RESIDENCE 1405 E CENTRAL ROAD		APT. NO. 418C	CITY OR TOWN ARLINGTON HEIGHTS		INSIDE CITY LIMITS? YES														
COUNTY COOK	STATE IL	ZIP CODE 60005	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES F FOGARTY		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY FARLEY														
INFORMANT'S NAME RITA SPAAK		RELATIONSHIP SISTER		MAILING ADDRESS 2300 W TALCOTT, PARK RIDGE, IL, 60068															
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION WOODLAWN CEMETERY		LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION MAY 10, 2012														
FUNERAL HOME LAUTERBURG & OEHLER FUNERAL HOME, 2000 EAST NORTHWEST HIGHWAY, ARLINGTON HEIGHTS, IL, 60004																			
FUNERAL DIRECTOR'S NAME RONALD C ROTH				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014517															
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR MAY 10, 2012															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> CAUSE OF DEATH PART I. GASTRIC CANCER STAGE IV </td> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">3 MONTHS</td> </tr> <tr> <td colspan="3"> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> </tr> <tr> <td colspan="3"> Due to (or as a consequence of): </td> </tr> <tr> <td colspan="3"> Due to (or as a consequence of): </td> </tr> </table>						CAUSE OF DEATH PART I. GASTRIC CANCER STAGE IV			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	3 MONTHS	IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>			Due to (or as a consequence of):			Due to (or as a consequence of):		
CAUSE OF DEATH PART I. GASTRIC CANCER STAGE IV			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	3 MONTHS															
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>																			
Due to (or as a consequence of):																			
Due to (or as a consequence of):																			
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A															
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL															
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY			INJURY AT WORK?														
LOCATION OF INJURY																			
DESCRIBE HOW INJURY OCCURRED:					IF TRANSPORTATION INJURY, SPECIFY														
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE APRIL 27, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 01:30 PM															
CERTIFIER PHYSICIAN				DATE CERTIFIED MAY 09, 2012															
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BASSAM MATAR, ILLINOIS					PHYSICIAN'S LICENSE NUMBER 036095552														

THE WORD VOID APPEARS WHEN PHOTOCOPIED

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.


David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE