

UNOFFICIAL COPY

0010341067

Form LP 202
(Rev. Jan. 1999)

1/81/0049 53 001 Page 1 of 5
2001-04-26 12:00:43
Cook County Recorder 29.00



0010341067

Filing Fee \$25

SUBMIT IN DUPLICATE!

DBR404/12/01:01:2312: 25.00 EX01
SOSIL C007609 FILED 202

Return to: Department of
Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, IL 62756
Telephone: (217) 785-8960
<http://www.sos.state.il.us>

All correspondence regard-
ing this filing will be sent to
the registered agent of the
limited partnership unless a
self-addressed envelope with
pre-paid postage is included.

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)
(Please type or print clearly)

1. Limited partnership's name: FMY Limited Partnership
2. File number assigned by the Secretary of State: C 007609
3. Federal Employer Identification Number (F.E.I.N.): 36-3917245
4. The certificate of limited partnership is amended as follows:
(Check all applicable changes here and specify them in item 5.)
(Address changes, P.O. Box alone and c/o are unacceptable)
 - a) Admission of a new general partner (give name and business address in item 5 on reverse).
 - b) Withdrawal of a general partner (give name in item 5 on reverse).
 - c) Change of registered agent and/or registered agent's office (give new name and address, including county on item 5 on reverse).
 - d) Change in the address of the office at which the records required by Section 201 of the Act are kept (give new address, including county, in item 5 on reverse).
 - e) Change in the general partners name and/or business address (give name and new address in item 5 on reverse).
 - f) Change in the partners' total aggregate contribution amount (give new dollar amount in item 5 on reverse).
 - g) Change in limited partnership's name (give new name in item 5 on reverse).
 - h) Change in date of dissolution (give new date in item 5 on reverse).
 - i) Other (give information in item 5 on reverse).

Box 416
BAM

CPK01
250
202
CBR404/12/01:01:2312:
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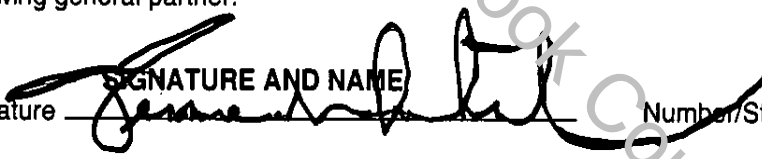
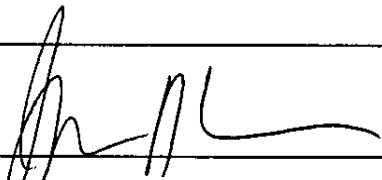
5. Place Item #4 changes here:
See attached

If additional space is needed for item 4, it must be continued in the same format on a plain white 8 1/2 x 11 sheet, which must be stapled to this form.

6. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original certificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

SIGNATURE AND NAME	BUSINESS ADDRESS
1. Signature 	Number/Street <u>203 N. LaSalle St., 18th Floor.</u>
Type or print name and title <u>Ralph R. Mickelson, Dec'd</u> <u>by Jerome H. Mickelson, Independent Executor</u>	City/Town <u>Chicago</u>
Name of General Partner if a corporation or other entity _____	State <u>IL</u> ZIP Code <u>60601</u>
2. Signature 	Number/Street <u>2250 West Ohio Street #206</u>
Type or print name and title <u>Jonathan D. Mickelson</u> <u>GENERAL PARTNER</u>	City/Town <u>Chicago</u>
Name of General Partner if a corporation or other entity _____	State <u>IL</u> ZIP Code <u>60612</u>
3. Signature _____	Number/Street _____
Type or print name and title _____	City/Town _____
Name of General Partner if a corporation or other entity _____	State _____ ZIP Code _____

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

DO NOT SEND CASH!

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25.00 CKN

04/12/01:01:23:12: 202

FILED 202

ATTACHMENT TO FORM LP202 FMY LIMITED PARTNERSHIP

Item 5:

Admission of new general partner, *CAK*

Jonathan D. Mickelson
2250 West Ohio Street #206
Chicago, Illinois 60612

(b) Withdrawal of Ralph R. Mickelson as general partner *CAK*
date of his death.

(c) Change of registered agent and registered office

from: Ralph R. Mickelson
203 N. LaSalle Street, 18th Floor
Chicago, Cook County, Illinois 60601

to: Jonathan D. Mickelson
2250 West Ohio Street #206
Chicago, Cook County, Illinois 60612

(d) Change in the address of the office at which the records required by Section 201
of the Act are kept:

New address: c/o Jonathan D. Mickelson
2250 West Ohio Street #206
Chicago, Cook County, Illinois 60612

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STATE OF FLORIDA
OFFICE of VITAL STATISTICS

0010341067

CERTIFIED COPY

25.00 FKO
CER404/12/01:01:2312
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TYPE OR PRINT IN PERMANENT BLACK INK

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. 0082

1. DECEDENT'S NAME FIRST: Ralph MIDDLE: R. LAST: Mickelson			2. SEX Male		
3. DATE OF DEATH (Month, Day, Year) January 5, 2001		4. SOCIAL SECURITY NUMBER 330-22-4780		5a. AGE-Last Birthday (years) 73	
6. DATE OF BIRTH (Month, Day, Year) August 15, 1927		7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No	
9a. PLACE OF DEATH (Check only one - see instructions on other side)					
9b. HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: Nursing Home Residence: Fort Myers Other (Specify): No				9c. INSIDE CITY LIMITS? (Yes or No) No	
9d. FACILITY NAME (if not institution, give street and number) Lee Memorial Health System-H.P.			9e. CITY, TOWN, OR LOCATION OF DEATH Fort Myers		
10. GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. (DO NOT USE RETIRED)		10a. DECEDENT'S USUAL OCCUPATION Attorney		10b. KIND OF BUSINESS/INDUSTRY Law	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SURVIVING SPOUSE (If info. give maiden name) Shirley Pomerantz			
13a. RESIDENCE - STATE Illinois		13b. COUNTY Cook		13c. CITY, TOWN, OR LOCATION Chicago	
13d. STREET AND NUMBER 10 E. Ontario #5102		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - if yes, specify Mexican, Cuban, Mexican Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE - American Indian, Black, White, etc. Specify: White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) (0-12) 5+		17. FATHER'S NAME (First, Middle, Last) Harry Mickelson			
18. MOTHER'S NAME (First, Middle, Maiden Surname) Fannie Holleb		19a. INFORMANT'S NAME (Type, Print) Jerry Mickelson			
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1300 N. Lake Shore Drive Chicago Illinois 60610		20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):			
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Shalom Memorial Park		20c. LOCATION - City or Town, State Arlington Heights Illinois			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON MAKING AS SUCH <i>William H. ...</i>		21b. LICENSE NUMBER (of Licensee) 2135		21c. NAME AND ADDRESS OF FACILITY Fort Myers Memorial Gardens Funeral Home 1589 Colonial Blvd. Fort Myers, Florida 33907	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) <i>Larry Kline M.D.</i>		22b. DATE SIGNED (Mo., Day, Yr.) January 9, 2001		22c. HOUR OF DEATH 8:50 P.	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. DATE SIGNED (Mo., Day, Yr.)		22f. HOUR OF DEATH	
22g. MEDICAL EXAMINER'S CASE #		23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Larry Kline M.D. 708 Del Prado Blvd., Cape Coral, Florida 33990			
24. SUBREGISTRAR - SIGNATURE AND DATE <i>Jana D. Welles</i> 1-10-01		25. LOCAL REGISTRAR SIGNATURE <i>Kurtis ...</i> 1-10-01		26. DATE REGISTERED Jan. 10, 2001	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as suffocation or respiratory arrest, shock or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Coronary Artery Disease					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					
27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)		27c. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) Yes	
28. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? No		29. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED		30. DATE OF SURGERY (Mo., Day, Yr.)	
31. PROBABLE MANNER OF DEATH (Specify): Natural, accident, suicide, homicide, or undetermined.		32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY	
32c. INJURY AT WORK? (Yes or No)		32d. DESCRIBE HOW INJURY OCCURRED			
32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *Mary Lou Holley* January 12, 2001 State Registrar

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.
11911531 THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DOH FORM 1664 (10/96)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

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LETTERS OF OFFICE - DECEDENT'S ESTATE

(Rev. 9-99 CCP-415)(PC.- Gen.)

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

County Department, Probate Division

ESTATE OF
Ralph R. Mickelson
FILED
585 ILCS 00760
202
CER404/12/01 11:23:12

RALPH R. MICKELSON

No. 2001 P 992

Docket 078

Page 9

Deceased

LETTERS OF OFFICE - DECEDENT'S ESTATE

JEROME H. MICKELSON

has been appointed

Independent

Executor

of the estate of

RALPH R. MICKELSON

, deceased,

who died January 05, 2001 and is authorized to take possession of and collect the estate
the decedent and to do all acts required by law.

LS

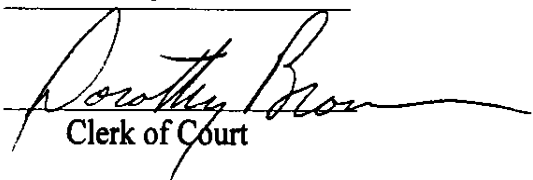
Witness, February 09, 2001

Dorothy Brown
Clerk of Court

CERTIFICATE

I certify that this is a copy of the letters of office now in force in the estate.

Witness, February 14, 2001


Clerk of Court

DB

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS