UNOFFICIAL COPINZO2888

DECEASED JOINT TENANCY
APPIDAVIT

2000-03-23 08:49:48
Cook County Recorder 25.00

COMMIT	MENT NO: 200-1690	
DATE:	3/17/00	00202888
	OF ILLINOIS )  ( b. ( ) SS	
COUNTY	of Cook }	
	BEING FIRST DULY SWORN, FOR OF INDUCING STEWART TITLE INSURANCE COMPANY TO ISSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ONED COMMITMENT DEPOSES AND SAYS:	SUE ITS ABOVE
1. TH	LAT HE/SHE RESIDES AT 1826 /2 13' are Broads	11PW IL 601
WH(	AT HE/SHE WAS ACQUAINTED WITH JOHN HALL.  OPY OF THE DEATH CERTIFICAGE.	HE ATTACHED,
3. TH	IAT SAID DECEDENT WAS ONE OF THE OWNERS OF THE LAND THE ABOVE CAPTIONED COMMITMENT.	DESCRIBED
4. TH	AT SAID DECEDENT DIED:	
	LEAVING NO LAST WILL AND TESTAMENT.  LEAVING A LAST WILL AND TESTAMENT.	
	HAT THE TOTAL VALUE OF SAID DECEDENT'S ESTATE FOR ESTRESSED SOES NOT EXCEED \$ 100,000	TATE TAX
·	AFFIANT'S SIGNATURE	v;BM
SUBSCR 19_100	RIBED AND SWORN TO BEFORE ME THIS DAY OF	<u>(</u>

AMERITITLE, INC. 18220 HARWOOD AVENUE HOMEWOOD, IL 60430

OFFICIAL SEAL SUSAN MIEDEMA NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXP. MAR. 6,2002

Box 64

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## Certific OF GALLEW Precord

MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATION DATE OF DEATH MEDICAL CONTROL OF DEATH M	Degracien and		1 UUZUZ088						• • • • • • • • • • • • • • • • • • • •
PARENTS  PARENTS  MEDICAL CERTIFICATE OF DEATH	DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.92							
DECEASED  DECEASED  DECEASED  10 1692 111 INDIES  10 1692 111 INDI		REGISTERED / 70	MEDICA	L CER	TIFICATI	E OF DE	ATH	HOMOCH	ı
DECEASED    OHN   FAMILY   OHN   STATE   OHN	Type or Print in	DECEASED-NAME F	FIRST MIDD	LE	LAST	SEY	IDATE OF	EDEATH	
DOCATOR CONTROL OF CATALOGUE AND A CONTROL OF CA	See Funeral Directors,	<u>1. '</u>	HN FDANK	u.				_	
DECEASED  DECLASED  DECLA		COUNTY OF DEATH	AGE-LAS	ST UNDE	<del></del>		3.	<b>JECEMBE</b>	r 16, 1998
DECEASED  DECEAS		4. COOK		Y (YAS) MOS.	DAYS HOURS	MIN.			
DECEASED  DECEASED  DECEASED  DESIGNATION OF CONTROL MARKED DESIGNATION  TO DECEASED  TO DECEASE		CITY, TOWN, TWP, OR ROAD DISTRIC	TNUMBER HOSPITA	OR OTHERINS	ITUTION NAME (IEM	5d. 0	TOBER	<u> 26, 19</u>	
DECEASED  BRITTHAND AND AND AND AND AND AND AND AND AND	Α	68. PROVISA TOWNSH	ID Ch	- · · · · · · · · · · · ·			EMUN GNA T	ER) IF HOS OP/EM	IP, OR INST, INDICATE D O A. IER. RM, INPATIENT (SPECIFY)
DECENSION MS SULPHY MUSEUM DUDGE PRETERY DO NOT THE SECOND STRUCK STORY OF		BIRTHPLACE ICITY AND STATE OF	MARRIED, NEVER MARRIE	n TNAM	LOYOLA HOS	SPITAL			
SPARENTS    SOCIAL SECURITY NUMBER   USE   10   10   10   10   10   10   10   1	DECEASED		WIDOWED, DIVORCED (SE	PECIFY)		UUSE (MAIDEN NAME, II	FWIFE)		WAS DECEASED EVER IN
THE ROOM FIRST AND ASSESSMENT AND ASSESSMENT ON THE PROPERTY OF THE ASSESSMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESSME	В	SOCIAL SECURITY NUMBER	USUAL OCCUPATION			None			9. No.
D. RESORGE STREET AND FUNDED THE COUNTY THE	C						ION (SPEC	FY ONLY HIGHES	T GRADE COMPLETED)
E. 132. 1821 SOUTH 13TH AVENUE 138. BROADVIEW 130. FEATURE 130. GOINT STATE OF THE	D	RESIDENCE STREET AND NUMBER	111a. MAINTENAN	CE 11b	Brooketeld	700 12 1	2тн		-n-
PARTIEUS    PARTIEUS   13.   SECOND	E	100(3) 0	7	i _				Y COUN	ITY
PARENTS  136. \$\frac{11.1101}{12.60155}\$  137. \$\frac{15.5}{60155}\$  138. \$\frac{11.11001}{12.60155}\$  139. \$\frac{11.1001}{12.60156}\$  130. \$\frac{11.1001}{12.60156}\$  140. \$\frac{11.1001}{12.60156}\$  150. \$\frac{11.1001}{12.60156}\$  160. \$\frac{11.1001}{12.6000}\$  160. \$\frac{11.1001}{12.6000}\$  160. \$\frac{11.10000}{12.6000}\$  160. \$\frac{11.10000}{12.6000}\$  160. \$\frac{11.10000}{12.6000}\$  160. \$\frac{11.10000}{12.6000}\$  160. \$\frac{11.10000}{12.6000}\$  160. \$\frac{11.10000}{12.6000}\$  160. \$\frac{11.100000}{12.6000}\$  160. \$11.10000000000000000000000000000000000	<u> </u>		STH AVENUE	<u>. [136. BR(</u>	ADVIEW		13c.	YES 13d.	Cook
FATERIAS  FATERIAS  FATERIAS  FOR DOLL  IS CLIETON  HALL  INC.  IN			INDIAN, etc.) (SPI	, BLACK, AMERICAN ECIFY)	OF HISPANK	ORIGIN? (SPECIFY NO	OR YES-IF Y	ES, SPECIFY CUB/	AN, MEXICAN, PUERTO RICAN, 6
CERTIFIER   SIGNATURE   Sign	>	CATION OF THE PARTY OF THE PART			14b. 💋 N	O DYES	SPECIFY	:	
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To NEPHEW   The			HALL		16.	MELTADA	-	C.	NDDON.
To all the part		INFOHMANT'S NAME (TYPE OR PRINT)	Ox	RELATIO	VSHIP MAILIF	NG ADDRESS (STREET	AND NO. OR	R F.D., CITY OR T	Out 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
3	_1			176. N	FPHFW 17c	1826# Sour	ա 13-	n Avenu	60/3
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CAUSE  CAUSE  CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (B)  DUE TO, OR AS A CONSECUENCE OF (B)  DUE TO, OR AS A CONSECUENCE O	3	Immediate Cause (Final	The Transit of Circumy one ca	ause on each line.		. •		iory arrest,	BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY WHICH GIVE RISE TO (B) DUE TO OR AS A CONSECUTIVE OF (C) DUE TO OR AS A CONSECUTIVE OF (C		resulting in death)	CONDWA	ercy M	TEMY.	DIST 81	1		LACU
CERTIFIER    Constitution of the University of Stating of the Court o		DUE	TO, OR AS A CONSECUTION	CE OF			<del></del>	·	
MMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE U.ST.  PARTITI. CREW profesor provision to orthodrigo in the underlying in the underlying dealer by discass of the underlying in the underlying in the underlying dealer by discass.  DATE OF OPERATION, IF ANY  DISCONORMAN AND LAST SAW HIMMER ALIVE ON  AND LAST SAW HIMMER		CONDITIONS, IF ANY WHICH GIVE RISE TO (b)				•			
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DISPOSITION  DATE OF CIPATION CON  N. DATE OF COPERATION, IF ANY  20a. VEN C.  20b. VILLE STANDARD CONTRIBUTION CONCRETE AND PLACE AND DUE TO THE CALL SE(S) STATED.  21c. 6:15 AM. M.  22c. VEN C.  TO THE BEST OF MY KNOWLEDGE. DESTHOCCURRED AT THE TIME. DOTE AND PLACE AND DUE TO THE CALL SE(S) STATED.  22c. SIGNATURE  CERTIFIER  CERTIFIER  CONTRIBUTION  CEMETERY OR CREMATION. CONCRETE AND PLACE AND DUE TO THE CALL SE(S) STATED.  22c. SIGNATURE	4		iting to death but not resulting in the u	inderiving cause live	m.?≜BTJ		1,11700		<u> </u>
DATE OF OPERATION, IF ANY  20a.  **NOTE DOD.**  **PRIME WAS THREE PREGNACY INFAST THREE WORKS THREE WORKS THREE PREGNACY INFAST THREE WORKS TH	5			, , , , , , , , ,	/x.				AUTOPSY FINDINGS AVAILABLE PRIOR! LETION OF CAUSE OF DEATHT (YES NO)
DISPOSITION  202. WTO 20b. WTO	N			LATION		<del></del>		NO 19b.	
CERTIFIER   NO   NO   NO   NO   NO   NO   NO   N	P	1/10v/c 1	NS				ļι. T	FEMALE, WAS TH	HERE A PREGNANCY IN PAST
ANDUAST SAW HIMMERALIVE ON 218.  TO THE BEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CALL SE(S) STATED.  TO THE BEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CALL SE(S) STATED.  TO THE BEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CALL SE(S) STATED.  TO THE BEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CALL SE(S) STATED.  TO THE BEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CALL SE(S) STATED.  TO THE BEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE SIGN THE CO.  TO THE BEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE SE(S) STATED.  TO THE BEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE SE(S) STATED.  TO THE BEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE SE(S) STATED.  TO THE BEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE SE(S) STATED.  TO THE BEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE SE(S) STATED.  TO THE BEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE SE(S) STATED.  TO THE SEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE SE(S) STATED.  TO THE SEST OF MY KNOWLEDGE, DE STHOCCURRED AT THE TIME, DATE SE(S) STATED.  TO THE SEST OF MY COLUMN THE SET OF S	>	I(DID) (DID NOT) ATTEND THE DECEASE	200,	1)		·	12	20c. YES □	NO 🗆
TOTHE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DIE AND PLACE AND DUE TO THE CITY SE(S) STATED.  228. SIGNATURE  NAME AND ADDRESS OF CERTIFIER  (TYPE OR PRINT)  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  (TYPE OR PRINT)  229. MOTE: IF AMBIURY WAS INVOLVED IN THIS CRAFTIFICATE (MONTH CORNER ON MEDICAL EXAMINER PLANTING CORNER PLANTING	4	AND LAST SAW HIM/HER ALIVE ON	DED (MONTH, DAY, YEAR)	01.	100	WAS CORONER OR	MEDICAL OF MESSION	HOUR OF DE	ATH
CERTIFIER  22a. SIGNATURE  NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  22c. N. M. DUTTO W. 344 SHERWED CONT. ILLINOISLICENSE NUMBER  22c. N. M. DUTTO W. 344 SHERWED CONT. ILLINOISLICENSE NUMBER  22c. N. M. DUTTO W. 344 SHERWED CONT. ILLINOISLICENSE NUMBER  22d. 36-5-10-32  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)  23.  BURIAL CREMATION. CEMETERY OR CREMATORY-NAME  24a. CHEMATON. CEMETERY OR CREMATORY-NAME  1000 AKRIDGE ABBEY  24a. HILLSIDE; IL  24a. CHEMATON. STATE  24a. CHEMATON. STATE  24a. CHEMATON. STATE  24b. OAKRIDGE ABBEY  24c. HILLSIDE; IL  24d. 12-2-98  FUNERAL DIRECTOR'S SIGNATURE  25b. W. MAME  25b. D. W. M. STATE  25c. 34-9351  100 ATE PLAD BY LOCAL REGISTRAN SIGNATURE  25c. 34-9351  100 ATE PLAD BY LOCAL REGISTRAN SIGNATURE  26a. D. M. M. STATE  26b. D. M. M. STATE  27b. Broadview, Illinois 60153. M.			ATTI OCCUPATE ATTI	7/17/	90	14.46	A / / (	21c. 6:	15 AM M
DISPOSITION  NAME AND ADDRESS OF CERTIFIER (TYPE CAPRINT)  22C. P. MOUTON 349 SHERWAD COURT ILLINOIS LICENSE NUMBER  22C. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)  23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  1. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  22C. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  1. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  1. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  1. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  1. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  1. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  1. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  2. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  2. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  2. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  2. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  2. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  2. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  2. NOTE: IF AN INJURY WAS INVOLVED IN THIS  2. NOTE: IF AN INJURY WAS INVOLVED IN THIS  2. NOTE: IF AN INJURY WAS INVOLVED IN THIS  2. NOTE: IF AN INJURY WAS INVOLVED IN THIS  2. NOTE: IF AN INJURY WAS INVOLVED IN THIS  2. NOTE: IF AN INJURY WAS INVOLVED IN THIS  2. NOTE: IF AN INJURY WAS INVOLVED IN THE  2. NOTE: IF AN INJURY WAS INVOLVED IN THE  2. NOTE: IF AN INJURY WAS INJU		ADV	A 4	/ A //.		ECAU SE(S) STATED.		DATE SIGNED	) (MONTH, DAY, YEAR)
DISPOSITION  DISPO			which we	seron				22b. /	2116/95
NAME OF ATTENDING PHYSICIAN IF OTHER THANCERTIFIER (TYPE OR PRINT)  23.  BURIAL CREMATION.   CEMETERY OR CREMATORY-NAME   LOCATION   CITYORTOWN   STATE   DATE   MONTH, DAY, YEAR!  24d.   CHEMATORY   24b.   OAKRIDGE   ABBEY   24c.   HILLSIDE.   IL     STATE   21p    25a.   WALLACE   FUNERAL HOME   2020   W.   ROOSEVELT   RD.   BROADVIEW, IL   GOTTOWN   STATE   21p    25b.   WALLACE   FUNERAL HOME   2020   W.   ROOSEVELT   RD.   BROADVIEW, IL   GOTTOWN   STATE   21p    25b.   WALLACE   FUNERAL HOME   2020   W.   ROOSEVELT   RD.   BROADVIEW, IL   GOTTOWN   STATE   21p    25c.   34-951   DATE   FUNERAL DIRECTOR SIGNATURE   25c.   34-951    10CAL REGISTRANS SIGNATURE   DATE FALDBY LOCAL REGISTRAN (MONTH, DAY, YEAR)    26a.   WRITE   DATE FALDBY LOCAL REGISTRAN (MONTH, DAY, YEAR)    26b.   WRITE   STATE   DATE FALDBY LOCAL REGISTRAN (MONTH, DAY, YEAR)    26c.   WRITE   STATE   DATE FALDBY LOCAL REGISTRAN (MONTH, DAY, YEAR)    26d.   WRITE   STATE   DATE FALDBY LOCAL REGISTRAN (MONTH, DAY, YEAR)    26d.   WRITE   WRITE   STANDARD CERTIFICATE    26d.   WRITE   ST		D D MA	· _	D.,	CHURCH	THE PIC			NSENUMBER
DISPOSITION  DATE (MONTH DAY, VEAR)  24c. HILLSIDE, IL (MONTH DAY, VEAR)  24d. 12-22-98  24d. 12-22-98  24d. 12-22-98  25d. DATE (MONTH DAY, VEAR)  25a. WALLACE FUNERAL HOME 2020 W. ROOSEVELT RD. BROADVIEW, IL 60153  FUNERAL DIRECTOR'S GIGNATURE  25b. DISPOSITION  DATE FUNERAL DIRECTOR'S GIGNATURE  25c. 34-9351  DATE ADDITIONAL REGISTRARS SIGNATURE  26a. DISPOSITION  DATE FUNERAL DIRECTOR'S GIGNATURE  26a. DISPOSITION  DATE FUNERAL DIRECTOR'S GIGNATURE  25c. 34-9351  DATE FUNERAL DIRECTOR'S GIGNATURE  25c. 34-9351  DATE FUNERAL DIRECTOR'S GIGNATURE (BASEDON'S GIGNATURE)  25d. BROADVIEW, Illinois 60153  DATE FUNERAL DIRECTOR'S GIGNATURE (BASEDON'S GIGNATURE)  25d. BROADVIEW, Illinois 60153  DATE FUNERAL DIRECTOR'S GIGNATURE (BASEDON'S GIGNATURE)  25d. BROADVIEW, Illinois 60153  DATE FUNERAL DIRECTOR'S GIGNATURE (BASEDON'S GIGNATURE)  25d. BROADVIEW, Illinois 60153  DATE FUNERAL DIRECTOR'S GIGNATURE (BASEDON'S GIGNATURE)  25d. BROADVIEW, Illinois 60153  DATE FUNERAL DIRECTOR'S GIGNATURE (BASEDON'S GIGNATURE)  25d. BROADVIEW, Illinois 60153  DATE FUNERAL DIRECTOR'S GIGNATURE (BASEDON'S GIGNATURE)  25d. BROADVIEW, Illinois 60153  DATE FARMATION.  DATE FUNERAL DIRECTOR'S GIGNATURE (BASEDON'S GIGNATURE)  DATE FARMATION.  DATE FUNERAL DIRECTOR'S GIGNATURE (BASEDON'S GIGNATURE)  DATE FARMATION.  DATE FARMATIO	-	22c. 1 / WELVIINL		UHBRW.	TED COUNT	一旦	125	22d 36	-21033
DISPOSITION  DATE (MONTH, DAY, YEAR)  246. HILLSIDE, IL (MONTH, DAY, YEAR)  247. HILLSIDE, IL (MONTH, DAY, YEAR)  258. WALLACE FUNERAL HOME 2020 W. ROOSEVELT RD. BROADVIEW, IL 60153  FUNERAL DIRECTOR SIGNATURE  259. DATE (ALL DECEMBER)  DATE (MONTH, DAY, YEAR)  DATE (MONTH, DAY, YEAR)  DATE (MONTH, DAY, YEAR)  1 HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Uem 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.  DEC 17 1990  SIGNED	•	NAME OF ATTENDING PHYSICIAN IF O	THER THAN CERTIFIER	(TYPE OR PRINT)					JRY WAS INVOLVED IN THIS
DISPOSITION  248. CHEMATTON 24b. OAKRIDGE ABBEY 24c. HILLSIDE, IL 24d. 12-72-98  PUNERAL HOME STREET AND NUMBER OR A.F.D. CITY OR TOWN STATE ZIP  25a. WALLACE FUNERAL HOME 2020 W. ROOSEVELT RD. BROADVIEW, IL 60153  FUNERAL DIRECTOR'S SIGNATURE  25b. LOCAL REGISTRAN'S SIGNATURE  26a. LOCAL REGISTRAN'S SIGNATURE  26b. LOCAL REGISTRAN'S SIGNATURE  26c. 34-9351  DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  18 HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at them 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.  27 DATE  28 WALLACE FUNERAL HOME  29 DATE SIGNATURE  25 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  25 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  26 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  26 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  27 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  26 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  26 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  26 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  27 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  28 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  29 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  29 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  20 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  29 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  20 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)  21 DATE FLEDBYLOCAL REGISTRANGMONTH, DAY, YEAR)	~							DEATH THE COR	IONER OR MEDICAL EXAMINER
DISPOSITION  248. CHEMATORN 24b. OAKRIDGE ABBEY 24c. HILLSIDE, IL 24d. 12-72-98  FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  258. WALLACE FUNERAL HOME 2020 W. ROOSEVELT RD. BROADVIEW, IL 60153  FUNERAL DIRECTOR'S SIGNATURE  25b. LOCAL REGISTRAR'S SIGNATURE  25c. 34-9351  DATE FLEDBYLOCAL REGISTRAR (MONTH, DAY, YEAR)  VR200 (Rev. 5/89)*  Illinois Department of Public Health—Division of Vital Records  I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at them 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.  DEC. 17 1930  SIGNED			TERY OR CREMATORY-NAM	ME	LOCATION	CITY OR TOWN -	STATE	DA'	TE (MONTH DAY, YEAR)
DISPOSITION  25a. WALLACE FUNERAL HOME 2020 W. ROOSEVELT RD. BROADVIEW, IL 60153  FUNERAL DIRECTOR'S SIGNATURE  25b. LUCY LUCIOLUS LUCIOLU		248. CHENATION 24b.	OAKRIDGE ABB	EY	24c HILL	SIDE, IL		24	a 12-22-98
FUNERAL DIRECTOR'S SIGNATURE  25b.	DISPOSITION	_	319		OR A.F.D.				<del></del>
FUNERAL DIRECTOR SIGNATURE  25b.	_	25a WALLACE FUNERAL	<u>Home</u> 2020 W	<ul> <li>Roosev</li> </ul>	ELT RD. E	ROADVIEW.	TI	60157	ζ -
LOCAL REGISTRANS SIGNA) URE  26a. Broadview, Illinois 60153. Broadview, Illinois 60153. Broadview (BASEDON 1989 U.S. STANDARD CERTIFICATE)  I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Uem 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.  DEC 171350 SIGNED	, ,	FUNERAL DIRECTOR'S SIGNATURE	0 / 22				AL DIRECTO		
DATE THEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at them 1, and that this record was established and filed in my office in accordance with the provisions of the Illingia Vital Records Act.  DEC 171330 SIGNED			wallac	<u>چ</u>		}	_		
VR200 (Rev. 5/89)  Illinois Department of Public Health—Division of Vital Records  I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at them 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.  DEC 17 1990  SIGNED	Į	LOCAL REGISTRAR'S SIGNA JURE	1015		·				104VI DAY 115 15
Illinois Department of Public Health—Division of Vital Records  I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at tiem 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.  DEC 17 1350  SIGNED		26a / leche	W_ \ \L	01	it waiviaw II		10	4 /	IONTH, DAY, YEAR)
I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at tiem 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.  DEC 17 1350 SIGNED	v	R200 (Rev. 5/89)*	filinois Department	of Public Health-	Division of Vital Reco	HILLIS OUT 300".	· vace	renue	412, 1778
DATE DEC 17 1330 SIGNED SIGNED		والمراكبة الخالوه الأخالية				.,	•		
DATE DEC 17 1990 SIGNED Dill Sillis									em 1, and that this
	recora was establ	isnea ana jilea in my offici	e in accordance will	n ine provii	ions of the Illi	non y tial Keci	orai A ĉi	··· //.	000
	2.4.7.	DEC 17 1998		**		Lucia	IJ.	منك	Clip
BROADVIEW ILLINOIS 60153 Minote OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS	DATE	nEP i i iggo	<del></del>	SIGN	ED			<del></del>	
	ATBROAI	OVIEW, ILLINOIS 60	153 <u></u> mu	nois OFFI	CIAL TITLE	LOCAL REGIS	STRAR	OF VITA	AL STATISTIC

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated,

## **UNOFFICIAL COPY**

LOT 34 IN BLOCK 1 IN WESTERN ADDITION, SECTION 15, TOWNSHIP 39 NORTH, RANGE 12. EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. P.I.N. #15-15-403-036 Property of Cook County Clerk's Office