RECORDING COVERS FEW OFFICIAL COMPANS 30 001 Page 1 of

2002-05-24 09:41:42

Cook County Recorder

23.50

The document(s) attached pertain to real estate located in Cook County, Illinois and described below;



(above space for Recorder's use only)

LEGAL DESCRIPTION

Unit Number 1400-1W is the Greenwood Inn Condominium, as delineated on a survey of the following described real estate: Lots 7, 8 and 9 in Block 31 in the Village of Evanston, a Subdivision of parts of Section 13, Township 41 North, Range 13 and Sections 7, 18 and 19, Township 41 North, Range 14 East of the Third Principal Mendica, in Cook County, Illinois, which survey is attached as Exhibit "A" to the Desigration of Condominium recorded as Document 26804864 together with its undivided percentage interest in the common elements.

PIN: 11-18-414-022-1005

ADDRESS OF REAL ESTATE: 1400 Hinman - 1W, Evanston, Illinois 60201

Prepared by and MAIL TO:

William A. Pomerantz, 55 East Monroe Street, Suite 3910, Chicago, Ilinois 60603

DISTRICT NO. NUMBER **205**93598 REGISTERED NUMBER Type or Print in PERMANENT INK DATE OF DEATH (MONTH, DAY, YEAR) DECEASED-NAME MIDDLE 2. Male <sub>3</sub> January 3, 2002 Leo Seren See Funeral Directors COUNTY OF DEATH Hospital, or Physicians UNDER 1 YEAR DATE OF BIRTH (MONTH, DAY, YEAR) AGE-LAST UNDER 1 DAY BIRTHDAY (YRS) Handbook for INSTRUCTIONS Cook 5a. 83 MAY 9, 1918 5b. Sc. 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) 6c Emer. Room <sub>бь.</sub> Evanston Hospital Evanston A . . . . . . . . . . . . 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) **DECEASED** NO 7.MELROSE, ILLINOIS DIVORCED 9. 8a KIND OF BUSINESS OF INDUSTRY NUCLEAR, SOLAR 11b. PHYSICS USUAL OCCUPATION SOCIAL SECURITY NUMBER EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) PHYSICS 11a. RESEARCHER 12. -1203 CITY, TOWN, TWP, OR ROAD DISTRICT NO COUNTY INSIDE CITY RESIDENCE (STREET AND NUMBER) (YES/NO) 13c. YES COOK 1400 HINMAN-AVE **EVANSTON** 13b. 13d OF HISPANIC ORIGIN? (SPECIFY NOOR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) ZIP CODE RACE (WHITE, BLACK, AMERICAN STATE ILLINOIS 13f. 60201 WHITE Ø NO ☐ YES SPECIFY: 13e. (MAIDEN) LAST FATHER-ME MIDDI F LAST MOTHER-NAME FIRST MIDDLE **PARENTS** MALICHOVSKY MURRIS SEREN 16 REBA INFORMANT'S N/ ME TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1400 HINMAN AVE, EVANSTON, ILLINO 18201 <sub>17b.</sub>Friend 17a. MARIANKA FOUSEK ter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahr a, or heart failure. List only one cause on each line. 18 PARTI APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Immediate Cause (Final andre congest we disease or condition 2000 resulting in death) DUE TO OF AS A CONSEQUENCE OF CONDITIONS, IF ANY Amploidosis econdan WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS / CONSEQUENCE OF CAUSE STATING THE UNDERLYING CAUSE LAST. PARTII. Other significant conditions of AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) Bilateral Mecurrent A Just Mal ETOT CULICAS Nd 19b. 19a MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? DATE OF OPERATION, IF ANY YES | NO | 20b 20a I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YESNO) 21b. Yes HOUR OF DEATH (MONTH, DAY, YEAR) 2001 8:41p <sub>M.</sub> December 11 21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE A ID DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR) 22bJanuary 4, 2002 22a. SIGNATURE > CERTIFIER ILLINOIS LICENSE NUMBER NAME AND ADDRESS OF CERTIFIER (TYPE OR PHINT) 60160 Sinte 214 22d. 336-042240 W. Nerst Nuc NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a, BURIAL (MONTH, DAY, YEAR) CEMETERY OR CREMATORY-NAME LOCATION CITY OH TE WN 24dJAN. 6,2002 LLINOIS 24c. CHICAGO 24b WESTLAWN CEMETERY CITY OR TOWN STATE ZIP FUNERAL HOME STREET AND NUMBER OF R.F.D. DISPOSITION WILMETTE **ULINOIS** 60091 WEINSTEIN FAMILY SERVICES 111 SKOKIE BLVD. FUNERAL DIRF LTO'T'S ILLINOIS LICENSE NUMBER FUNERAL DIRECTOR'S SIGNATURE 015 25b. DATE FILED BY LOCAL I EG. 7 / RAFI (MONTH, DAY, YEAR) LOCAL REGISTRAR'S SIGNATURE 26b 26a. (BASED ON 1989 U.S. STANDARD CERTIFICATE) of Vital Records VR200 (Rev. 5/89) I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinoje Vital Records Act. JANUARY 7, 2002 SIGNED DATE . LOCAL REGISTRAR EVANSTON Illinois OFFICIAL TITLE AT. The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County

STATE OF ILLINOIS

STATE FILE

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 in all courts and places of the facts therein stated.

DECEDENT'S BIRTH NO.

REGISTRATION