

This document prepared by  
and mail to:

2847/0089 26 001 Page 1 of 3  
2002-10-30 15:02:41  
Cook County Recorder 28.50

Gregory P. Melnyk  
1111 South Boulevard  
Oak Park, IL 60302



AFFIDAVIT

WILLIAM C. ADAMS, being duly sworn states that he resides at  
1033 W. Ontario, Unit 1FS, Oak Park, Illinois 60302;

That he was acquainted with RICHARD D. FILES, deceased, who,  
at the time of his death, was one of the owners of the land in Cook  
County, Illinois, described as:

UNIT 1FS TOGETHER WITH AN UNDIVIDED 3.5415 PERCENT INTEREST IN THE  
COMMON ELEMENTS IN THE SANCTUARY OF OAK PARK CONDOMINIUM AS  
DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO.  
25992313, IN THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 39 NORTH,  
RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,  
ILLINOIS.

Permanent Real Estate Index Number: 16-07-120-032-1028

Address of Real Estate: 1033 W. Ontario, Unit #1FS, Oak Park,  
Illinois 60302

That the deceased died on August 14, 1995 in Boyes Hot Springs,  
California.

*William C. Adams*  
WILLIAM C. ADAMS

Subscribed and sworn to  
before me this 10 day of  
October, 2002.

*Gregory P. Melnyk*  
NOTARY PUBLIC



UNOFFICIAL COPY

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3-1995-49-002540

Form with fields for decedent personal data, usual residence, informant, spouse and parent information, dispositions, funeral director and local registrar, place of death, cause of death, physician's certification, coroner's use only, and state registrar.

113887

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA )
COUNTY OF SONOMA ) SS
DATE ISSUED 10/09/1995
This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sonoma County Recorder.



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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0021199212

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Property of Cook County Clerk's Office

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COUNTY OF SONOMA  
SANTA ROSA, CALIFORNIA

AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH

3-1995-49-002540

STATE FILE NUMBER		USE BLACK INK ONLY—NO ERASURES, WHITEOUT, OR ALTERATIONS		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
STATE/LOCAL REGISTRAR USE ONLY	1	2	3			
TYPE OR PRINT IN BLACK INK ONLY						
PART I INFORMATION TO LOCATE RECORD	1. NAME—FIRST (GIVEN) RICHARD		2. MIDDLE DONALD		3. LAST (FAMILY) FILES	
	4. SEX M		5. DATE OF EVENT—MM/DD/CCYY 08/14/1995 FND		6. CITY OF OCCURRENCE BOYES HOT SPRINGS	
		7. COUNTY OF OCCURRENCE SONOMA				
PART II INFORMATION AS IT APPEARS ON RECORD	107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 95-1120	
	IMMEDIATE CAUSE (A)	INVESTIGATION PENDING				109. BOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	(B)	2 of 2				110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	(C)					111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DUE TO (D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE.						
119. MANNER OF DEATH		120. INJURY AT WORK	121. INJURY DATE—MM / DD / CCYY	122. HOUR	123. PLACE OF INJURY	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)						
PART III INFORMATION AS IT SHOULD APPEAR	107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 95-1120	
	IMMEDIATE CAUSE (A)	CARDIAC DYSRHYTHMIA			IMM	109. BOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	(B)	CONGENITAL CARDIAC ABNORMALITIES W/CARDIOMEGALY			YRS	110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	(C)	-				111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DUE TO (D)	-				
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE.						
119. MANNER OF DEATH		120. INJURY AT WORK	121. INJURY DATE—MM / DD / CCYY	122. HOUR	123. PLACE OF INJURY	
<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)						
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					
	8. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER		9. DATE SIGNED—MM/DD/CCYY		10. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER	
	<i>[Signature]</i>		10/6/1995		Det. Sgt. Stephen W. Rapp, Dep. Cor.	
	11. ADDRESS—STREET AND NUMBER		12. CITY		13. STATE	
3336 Chanate Road		Santa Rosa		CA		
		14. ZIP CODE		95404		
STATE/LOCAL REGISTRAR USE ONLY	15. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR			16. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY		
113914	<i>[Signature]</i>			10/09/1995		

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS-24 R (1/94) 93 24457

CERTIFIED COPY OF VITAL RECORDS

10/09/1995

DATE ISSUED

*[Signature]*

LOCAL REGISTRAR  
SONOMA COUNTY, CALIFORNIA

STATE OF CALIFORNIA )  
COUNTY OF SONOMA ) SS

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