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Property of Cook County, Illinois

UNIT A203 as described in survey delineated on and attached to and a part of a Declaration of Condominium Ownership registered on the 23rd day of May, 19 74 as Document Number 2754082 TOGETHER WITH A PERCENTAGE OF THE COMMON ELEMENTS APPURTENANT TO SAID UNIT AS SET FORTH IN SAID DECLARATION, AND AS AMENDED FROM TIME TO TIME.

IN AND TO THE FOLLOWING DESCRIBED PREMISES:

A parcel of land in the South Half (1/2) of the Southeast Quarter (1/4) of Section 32, Township 42 North, Range 12 East of the Third Principal Meridian in Cook County, Illinois, and more particularly described as follows:- Commencing at the intersection of the North line of the South Half (1/2) of the Southeast Quarter (1/4) of said Section 32 with the Southwesterly Right of Way line of Milwaukee Avenue as established by Document No. 2492593; thence along the North line of the South Half (1/2) of the Southeast Quarter (1/4) of said Section 32, South 89 degrees 58 minutes 14 seconds West 208.74 feet; thence South 0 degrees 01 minutes 46 seconds East 2.98 feet to the point of beginning; thence South 40 degrees 39 minutes 32 seconds East 121.34 feet; thence South 49 degrees 20 minutes 08 seconds West 138.49 feet; thence North 40 degrees 37 seconds 41 minutes West 121.35 feet; thence North 49 degrees 22 minutes 19 seconds East 138.58 feet to the point of beginning.

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MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.085**
 REGISTERED NUMBER

DECEASED-NAME **MYER** FIRST MIDDLE LAST **LEVIN** SEX **MALE** DATE OF BIRTH (MONTH DAY YEAR) **MAY 7, 1999** DATE OF DEATH (MONTH DAY YEAR) **MAY 30, 1916**

1. COUNTY OF DEATH **COOK** 2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO, IL** 3. AGE-LAST BIRTHDAY (YRS) **82** 4. UNDER 1 YEAR (MONTHS) **0** 5. UNDER 1 DAY (HOURS) **0** 6. DATE OF BIRTH (MONTH DAY YEAR) **DECEMBER 30, 1916**

7. BARR RIDGE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) **MARRIED** 9. LUTHERAN GENERAL HOSPITAL 10. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) **LENORE COHN** 11. USUAL OCCUPATION **SALES** 12. KIND OF BUSINESS OR INDUSTRY **INSURANCE** 13. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12 YEARS**

13a. RESIDENCE (STREET AND NUMBER) **4000 TRIUMVERA #203** 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **GLENVIEW, ILLINOIS** 13c. INSIDE CITY (YES/NO) **YES** 13d. COUNTY **COOK**

14. FATHER-NAME **CHARLES LEVIN** 15. MOTHER-NAME **SARAH SOLOMON** 16. MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) **1775 W. DEMPESTER PARK RIDGE, ILLINOIS**

17. AURIE TOMASZKIEWICZ REGISTRAR 18. PART I. Enter the diseases, or complications, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only the cause on each line. **Acute Coronary Arteriosclerosis**

Immediate Cause (Final disease or condition resulting in death) **Acute Coronary Arteriosclerosis**
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **DUETO OR AS A CONSEQUENCE OF**
 STATING THE UNDERLYING CAUSE LAST. (b)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **Myocardial Infarction, Coronary Disease**
 DATE OF OPERATION, IF AN MAJOR FINDINGS OF OPERATION

20a. (M) (DD) (YY) AND (M) (DD) (YY) DECEASED (MONTH, DAY, YEAR) **MAY 7, 1999** 20b. (M) (DD) (YY) AND (M) (DD) (YY) LAST SAW HIM (WHEN ALIVE) **MAY 2, 1999** 21. I DID **NO** TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22. SIGNATURE OF CERTIFIER (TYPE OR PRINT) **Joshua M. Weil** 22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Joshua M. Weil, 9301 Gold Park Lane, Westlawn Cemetery, Chicago, IL 60677** 22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **WESTLAWN CEMETERY** 24. CEMETERY OR CREMATORY-NAME **WESTLAWN CEMETERY** 24a. LOCATION **WESTLAWN CEMETERY, ILLINOIS** 24b. CITY OR TOWN **WESTLAWN CEMETERY, ILLINOIS** 24c. NORRIDGE, ILLINOIS 24d. DATE (MONTH, DAY YEAR) **MAY 10, 1999**

25. FUNERAL HOME **THE PISER CHAPEL 9200 N. SKOKIE BLVD., SKOKIE, ILLINOIS** 25a. STREET AND NUMBER OR R.F.D. **9200 N. SKOKIE BLVD.** 25b. CITY OR TOWN **SKOKIE, ILLINOIS** 25c. STATE **ILLINOIS** 25d. ZIP **60077**

26. FUNERAL DIRECTOR'S SIGNATURE **Joshua M. Weil** 26a. NAME **JOSHUA M. WEIL** 26b. ADDRESS **9301 Gold Park Lane, Westlawn Cemetery, Chicago, IL 60677** 26c. CITY OR TOWN **WESTLAWN CEMETERY, ILLINOIS** 26d. STATE **ILLINOIS** 26e. ZIP **60077**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date **OCT 02 2002** Signed **Madric McCurry** Official Title Deputy Registrar At Cook County Department of Public Health 1010 Lake Street, Suite 200 Oak Park, Illinois 60301

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