

UNOFFICIAL COPY

Prepared by:
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PIN# : 13-33-101-013-0000

Common Address: 2337 North Long Avenue, Chicago, Illinois 60639

Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

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LEGAL DESCRIPTION

Lot 14 in Block 2 in Dickey and Baker's Subdivision of that part of the West Half of the East Half of the North West Quarter of Section 33, Township 40 North, Range 13 East of the Third Principal Meridian, lying North of the Center Line of Grand Avenue, in Cook County, Illinois.

P.I.N. #: 13-33-101-013-0000

Commonly know as: 2337 North Long Avenue, Chicago, Illinois 60639

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MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS STATE FILE NUMBER

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

SEP 04 2002

JOHN L. WILHELM, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

REGISTRATION DISTRICT NO. REGISTERED NUMBER DECEASED NAME FIRST MIDDLE LAST SEX DATE OF BIRTH DATE OF DEATH

CITY/TOWN/TWP OR ROAD DISTRICT NUMBER AGE LAST BIRTHDAY (M/D/Y) UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

SOCIAL SECURITY NUMBER USUAL OCCUPATION NAME OF SURVIVING SPOUSE (MARRIENNAME, IF WIFE)

RESIDENCE (STREET AND NUMBER) CITY/TOWN/TWP OR ROAD DISTRICT NO. KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

STATE ZIP CODE FACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)) OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST

15. INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 16. BARNICE PATRIK 170. WIFE 171. 2337 N. LONG AVE., CHICAGO, IL 60639

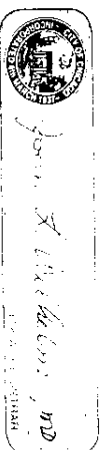
18. PART I Immediate Cause (Final disease or condition resulting in death) Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Stroke, or heart failure. List only one cause on each line. (a) CORONARY INSUFFICIENCY DUE TO OR AS A CONSEQUENCE OF (b) HYPERTENSION DUE TO OR AS A CONSEQUENCE OF (c) COPD

19. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I PNEUMONIA MAJOR FINDINGS OF OPERATION DATE OF OPERATION IF ANY

20a. (1) DID (1) ATTEND THE DECEASED AND (2) LAST SAW HIM HER ALIVE ON (MONTH, DAY, YEAR) 8-31-2002 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, PLACE AND DUE TO THE CAUSE(S) STATED. 21b. HOUR OF DEATH 6:50 A.M. DATE SIGNED (MONTH, DAY, YEAR) 9-3-2002 ILLINOIS LICENSE NUMBER 22a. SIGNATURE (TYPE OR PRINT) Joseph Puddlo, M.D. 22b. 22c. JOSEPH PUDDLO, MD 4211 N. CIRCLE, CHICAGO, ILLINOIS 60641

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 24a. Burial CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24b. Fairview Memorial Park 24c. North Lake, IL 24d. Sept. 5, 2002 25a. Poterek Funeral Home 5735 W. Fullerton Ave., Chicago, IL 60639 25b. Ralph J. Paseor 25c. 031-008889



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.