

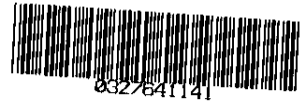


# UNOFFICIAL COPY

## HERITAGE TITLE COMPANY

5849 West Lawrence Avenue • Chicago, Illinois 60630 • Telephone (773) 545-8100 • Fax (773) 545-8298

H51035



0327641141

MAIL DOCUMENTS TO:  
HERITAGE TITLE CO.  
5849 W. Lawrence Ave.  
Chicago, Illinois 60630  
File #

Doc#: 0327641141  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 10/03/2003 02:59 PM Pg: 1 of 3

STATE OF ILLINOIS  
COUNTY OF COOK

DATE: 09/23/03  
COMMITMENT NUMBER: H51035

ALAN PERGANDE, BEING FIRST DULY SWORN, FOR THE PURPOSE OF INDUCING UNITED GENERAL TITLE INSURANCE COMPANY TO ISSUE ITS TITLE INSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT, DEPOSES AND SAYS:

1. THAT HE/SHE RESIDES AT: 4520 N. Delphia, Chicago, IL 60656

2. THAT HE/SHE WAS ACQUAINTED WITH IDA M. PERGANDE WHO DIED ON May 26, 1975, AS EVIDENCED BY THE ATTACHED CERTIFIED COPY OF THE DEATH CERTIFICATE.

3. THAT SAID DECEDENT WAS ONE OF THE OWNERS OF THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT.

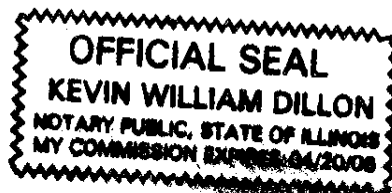
4. THAT SAID DECEDENT DIED:  
 LEAVING NO LAST WILL AND TESTAMENT.  
 LEAVING A LAST WILL AND TESTAMENT, A COPY OF WHICH IS ATTACHED.

5. THAT THE TOTAL VALUE OF SAID DECEDENT'S ESTATE FOR STATE OF ILLINOIS INHERITANCE TAX AND FEDERAL ESTATE PURPOSES DOES NOT EXCEED \$ 1,000.00

Alan Pergande  
AFFIANT'S SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS 23rd DAY OF Sept. 199x2003

Kevin William Dillon  
NOTARY PUBLIC



MAIL TO: Kevin Dillon  
6730 W. HIGGINS  
CHGO IL. 60656

3

UNOFFICIAL COPY

STATE OF ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH  
 613075  
 STATE FILE NUMBER

REGISTRATION NO. 16.10  
 DISTRICT NO.  
 REGISTERED NUMBER  
 DECEASED—NAME  
 FIRST MIDDLE LAST  
 PERGANDE  
 SEX 2 FEMALE  
 DATE OF DEATH (MONTH, DAY, YEAR) 3 MAY 26, 1975  
 PLACE OF DEATH (MONTH, DAY, YEAR) 6 OCTOBER 20, 1896  
 COUNTY Cook

1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) WHITE  
 2. AGE—LAST BIRTHDAY (YEAR, MONTH, DAY) 78  
 3. UNDER 1 DAY UNDER 1 DAY UNDER 1 DAY  
 4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago  
 5. INSIDE CITY (YES/NO) Yes  
 6. HOSPITAL OR OTHER INSTITUTION—NAME Yes  
 7. BETHANY METHODIST HOSPITAL  
 8. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIDOWED)  
 9. UNITED STATES  
 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  
 11. U.S. WAR VETERAN (YES/NO) NO  
 12. WAR OR DATES OF SERVICE

7b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ILLINOIS  
 8. SOCIAL SECURITY NUMBER 12320-01-6715  
 9. USUAL OCCUPATION 13a. HOME MAKER  
 10. KIND OF BUSINESS OR INDUSTRY 13b. OWN HOME  
 11. U.S. WAR VETERAN (YES/NO) NO  
 12. WAR OR DATES OF SERVICE  
 13. RESIDENCE ILLINOIS  
 13a. HOME MAKER  
 13b. OWN HOME  
 13c. U.S. WAR VETERAN (YES/NO) NO  
 13d. WAR OR DATES OF SERVICE  
 14. ILLINOIS  
 14a. CHICAGO  
 14b. COOK  
 14c. CHICAGO  
 14d. CHICAGO  
 14e. CHICAGO  
 14f. CHICAGO  
 14g. CHICAGO  
 14h. CHICAGO  
 14i. CHICAGO  
 14j. CHICAGO  
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 14m. CHICAGO  
 14n. CHICAGO  
 14o. CHICAGO  
 14p. CHICAGO  
 14q. CHICAGO  
 14r. CHICAGO  
 14s. CHICAGO  
 14t. CHICAGO  
 14u. CHICAGO  
 14v. CHICAGO  
 14w. CHICAGO  
 14x. CHICAGO  
 14y. CHICAGO  
 14z. CHICAGO

14. FATHER—NAME WILLIAM HITZKE  
 15. MOTHER—MAIDEN NAME IDA SROCK  
 16. MAINTENANCE ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 5025 N. PAULINA CHICAGO, ILLINOIS 60640  
 17. MAINTENANCE ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 5025 N. PAULINA CHICAGO, ILLINOIS 60640  
 18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]  
 IMMEDIATE CAUSE (a) CARCINOMA OF RECTUM—METASTASES  
 DUE TO OR AS A CONSEQUENCE OF? (b)  
 DUE TO OR AS A CONSEQUENCE OF? (c)

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)  
 DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION  
 20a. ATTENDED THE DECEASED FROM May 14, 1975 TO May 26, 1975  
 20b. LAST EXAM (M) HER NAME (M) May 25, 1975  
 HOUR OF DEATH 21d. 10:20 A.M.  
 AUTOPSY (YES/NO) NO  
 YES—NEED PHYSICIAN CONSENT IN CERTAIN CASES  
 IF SPOKED IN PRESENCE OF DEATH 19b.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED  
 SIGNATURE DR. J. J. HOLMES  
 MAILING ADDRESS—CERTIFIER 5015 N. Paulina Chicago Illinois 60640  
 STREET AND NUMBER, R. F. D. CITY OR TOWN STATE ZIP  
 22b. DATE SIGNED May 26, 1975  
 ILLINOIS LICENSE NUMBER 22c. 228717

23. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ILLINOIS  
 24. SOCIAL SECURITY NUMBER 12320-01-6715  
 25. USUAL OCCUPATION 13a. HOME MAKER  
 26. KIND OF BUSINESS OR INDUSTRY 13b. OWN HOME  
 27. U.S. WAR VETERAN (YES/NO) NO  
 28. WAR OR DATES OF SERVICE

29. FATHER—NAME WILLIAM HITZKE  
 30. MOTHER—MAIDEN NAME IDA SROCK  
 31. MAINTENANCE ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 5025 N. PAULINA CHICAGO, ILLINOIS 60640  
 32. MAINTENANCE ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 5025 N. PAULINA CHICAGO, ILLINOIS 60640  
 33. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]  
 IMMEDIATE CAUSE (a) CARCINOMA OF RECTUM—METASTASES  
 DUE TO OR AS A CONSEQUENCE OF? (b)  
 DUE TO OR AS A CONSEQUENCE OF? (c)

34. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION  
 35. ATTENDED THE DECEASED FROM May 14, 1975 TO May 26, 1975  
 36. LAST EXAM (M) HER NAME (M) May 25, 1975  
 HOUR OF DEATH 21d. 10:20 A.M.  
 AUTOPSY (YES/NO) NO  
 YES—NEED PHYSICIAN CONSENT IN CERTAIN CASES  
 IF SPOKED IN PRESENCE OF DEATH 19b.

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 26. KIND OF BUSINESS OR INDUSTRY 13b. OWN HOME  
 27. U.S. WAR VETERAN (YES/NO) NO  
 28. WAR OR DATES OF SERVICE

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO  
 SS  
 I, Murray C. Brown, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago and 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 as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID  
 Only When Original BLUE  
 SEAL AND BLUE SIGNATURE  
 Are Affixed.

CHICAGO BOARD OF HEALTH  
 Chicago Civic Center, Room 105  
 Concourse Level, Chicago 60602-265  
 DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAY 28 1975  
 LOCAL REGISTRAR HENRY C. BROWN

CHICAGO BOARD OF HEALTH  
 Chicago Civic Center, Room 105  
 Concourse Level, Chicago 60602-265  
 DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAY 28 1975  
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CHICAGO BOARD OF HEALTH  
 Chicago Civic Center, Room 105  
 Concourse Level, Chicago 60602-265  
 DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAY 28 1975  
 LOCAL REGISTRAR HENRY C. BROWN

UNOFFICIAL COPY

BIRTH NO. \_\_\_\_\_

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS

**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER **610614**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

DECEASED-NAME **GUINEVERE** FIRST MIDDLE LAST **PERGANDE** SEX **FEMALE** DATE OF DEATH (MONTH, DAY, YEAR) **JULY 28, 2003**

COUNTY OF DEATH **COOK** AGE-LAST BIRTHDAY (YRS) **75** UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) **OCTOBER 23, 1927**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **OUR LADY OF RESURRECTION HOSP.** IF HOSP. OR INST. INDICATE D.O.A. (DECEASED AT INSTITUTION) (YES/NO) **INPATIENT**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO, IL.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, **NEVER MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **NEVER MARRIED**

SOCIAL SECURITY NUMBER **361-12-8183** USUAL OCCUPATION **CLERK** KIND OF BUSINESS OR INDUSTRY **MONTGOMERY MONTGOMERY** EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) **12** ELEMENTARY/SECONDARY (0-12) **12** COLLEGE (1-4 OR +)

RESIDENCE (STREET AND NUMBER) **1713 N. MOBILE** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO, CHICAGO** INSIDE CITY (YES/NO) **YES** COUNTY **COOK**

STATE **IL.** ZIP CODE **60639** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) **WHITE** OF HISPANIC ORIGIN? (SPECIFY OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **NO**

FATHER-NAME FIRST MIDDLE LAST **FRANK PERGANDE** MOTHER-NAME FIRST MIDDLE LAST **IDA HITZKE**

INFORMANT'S NAME (TYPE OR PRINT) **MARIA MATIAS** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **5645 W. ADDISON CHICAGO, IL.**

18. PART I. Immediate Cause (Final disease or condition resulting in death) **END STAGE DILATED CARDIOMYOPATHY**

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 one cause on each line.

(a) DUE TO, OR AS A CONSEQUENCE OF

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

DATE OF OPERATION, IF ANY **20b.** MAJOR FINDINGS OF OPERATION

20a. (I) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **JULY 27, 2003** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO** HOUR OF DEATH **8:45 A.M.**

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE **Shirish Shah** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **SHIRISH SHAH, M.D. 5600 W. ADDISON CHICAGO, IL., 60634**

22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) **R. NAGARAJU M.D.**

23. BURNAL, CREMATION, REMOVAL, etc. **24b. CONCORDIA CEM.** CEMETERY OR CREMATORY-NAME **FOREST PARK, IL.** LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) **JULY 31, 2003**

24a. **BURIAL** FUNERAL HOME NAME **FRANK REDA & SON** STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) **JULY 31, 2003**

25a. **FRANK REDA & SON** STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) **1857 N. HARLEM AVE., CHICAGO, IL., 60707**

25b. **FRANK REDA & SON** STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) **1857 N. HARLEM AVE., CHICAGO, IL., 60707**

25c. **034-9128** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25d. **AUG 04 2003** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. **John L. Wilhelm** LOCAL REGISTRAR'S SIGNATURE

26b. **AUG 04 2003** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26c. **John L. Wilhelm, MD** LOCAL REGISTRAR

26d. **AUG 04 2003** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26e. **034-9128** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

26f. **AUG 04 2003** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

**AUG 04 2003**

I, 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.

**John L. Wilhelm, MD**  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH