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the death of the deceased, did not exceed \$2,000,000 and no Federal Estate Tax or Illinois Inheritance Tax was due by reason of the death of the deceased;

Estate

Further Affiant sayeth not.

Lee-Ann Meredith
Lee-Ann Meredith

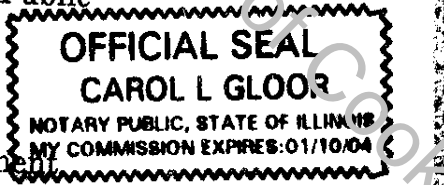
Dated: 9/13/2003

Subscribed and sworn to before me by Lee-Ann Meredith, this 13th day of September, 2003.

Carol L Gloor
Notary Public

Notary Public

(SEAL)



Attachment

meredith deceased jt aff

After recording return to:

Carol L. Gloor

Attorney at Law

6635 N. Glenwood #3

Chicago, IL 60626

County Clerk's Office

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CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

162161

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

DECEASED-NAME Mark B. Meredith		MIDDLE		LAST		SEX		DATE OF DEATH	
1. COUNTY OF DEATH Cook		2. Male		3. February 13, 2003		4. Cook		5. February 13, 2003	
6. Chicago		7. Vincennes, Indiana		8. Lee-Ann Schutz		9. Computer		10. 314-56-8709	
11a. Sales		11b. Chicago		11c. Yes		11d. Cook		11e. Chicago	
12. Illinois		13a. 4224 N. Avers		13b. Chicago		13c. Yes		13d. Cook	
14. White		14a. XX NO		14b. Joyce		14c. Lindsay		14d. Chicago, Illinois	
15. Thomas Meredith		15a. H. Meredith		15b. Wife		15c. 4224 N. Avers		15d. Chicago, Illinois	
16. Immediate Cause (Final disease or condition resulting in death) (a) ADENOCARCINOMA OF COLON/RECTUM		17. DUE TO, OR AS A CONSEQUENCE OF (b)		18. DUE TO, OR AS A CONSEQUENCE OF (c)		19. DUE TO, OR AS A CONSEQUENCE OF		20. DUE TO, OR AS A CONSEQUENCE OF	
21. DATE OF OPERATION, IF ANY		21a. MAJOR FINDINGS OF OPERATION		21b. DATE OF DEATH		21c. HOURS		21d. AM	
22. SIGNATURE		22a. NAME AND ADDRESS OF CERTIFIER		22b. ILLINOIS LICENSE NUMBER		22c. DATE SIGNED		22d. HOURS	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		23a. HOLLERBACH		23b. 4022-36 N. ELSTON		23c. CHICAGO		23d. ILLINOIS	
24. CREMATION		24a. SEMETERY OR CREMATORY-NAME		24b. CITY OR TOWN		24c. STATE		24d. DATE	
25. LOCAL REGISTRAR'S SIGNATURE		25a. HOLLERBACH		25b. 4022-36 N. ELSTON		25c. CHICAGO		25d. ILLINOIS	
26. LOCAL REGISTRAR'S SIGNATURE		26a. JOHN L. WILHELM		26b. 4224 N. AVERS		26c. CHICAGO		26d. ILLINOIS	

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR, CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, MD.
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.