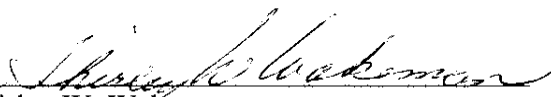


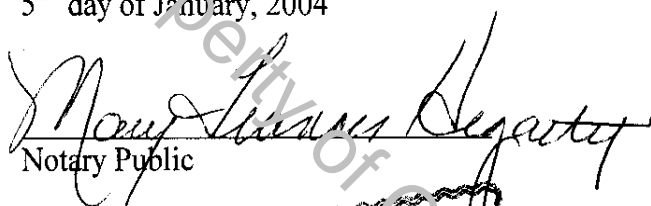
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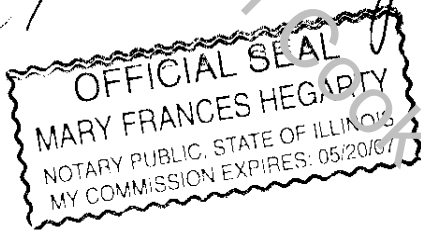
suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of HOWARD WAKEMAN, the decedent.
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.


Shirley W. Wakeman

Signed and sworn to before me this
5th day of January, 2004


Notary Public



County Clerk's Office

UNOFFICIAL COPY

EXHIBIT A LEGAL DESCRIPTION

PARCEL 1:

Unit No. 327 as delineated on survey of the following described parcel of real estate (hereinafter referred to as "Parcel"):

That part of Lots 2, 3 and 4 in Ann Murphy Estate Division of land in Section 27, and Section 28, Township 41 North, Range 12, East of the Third Principal Meridian, described as follows:

Commencing at the intersection of the South Line of the North $\frac{1}{2}$ of that part of Lot 4 lying East of the Center Line of Algonquin Road and the West Line of the East 840.00 feet of Lots 3 and 4 aforesaid (said intersection point and point of commencement being assigned coordinates of 2000.00 North and 2000.00 East; and the South Line of the North $\frac{1}{2}$ of that part of Lot 4 lying East of the Center Line of Algonquin Road aforesaid being assigned a bearing of South 90 degrees 00 minutes 00 seconds West); thence South 90 degrees 00 minutes 00 seconds West along said South Line 124.00 feet; thence North 00 degrees 00 minutes 00 seconds West (at right angles thereto) 116.00 feet to a point having coordinates 2116.00 North and 1876.00 East, said point being the point of beginning of land herein described; thence continue North 00 degrees 00 minutes 00 seconds West 361.00 feet to coordinates 2477.00 North and 1876.00 East; thence North 65 degrees 46 minutes 20 seconds West 65.80 feet to coordinates 2504.00 North and 1816.00 East; thence North 00 degrees 00 minutes 00 seconds West 4.00 feet; thence North 90 degrees 00 minutes 00 seconds West 67.00 feet; thence South 00 degrees 00 minutes 00 seconds West 186.00 feet; thence South 90 degrees 00 minutes 00 seconds West 85.00 feet; thence North 00 degrees 00 minutes 00 seconds West 127.00 feet; thence North 90 degrees 00 minutes 00 seconds West 115.00 feet; thence South 00 degrees 00 minutes 00 seconds West 141.00 feet; thence South 90 degrees 00 minutes 00 seconds West 140.00 feet; thence South 00 degrees 00 minutes 00 seconds East 122.00 feet; thence South 90 degrees 00 minutes 00 seconds East 347.00 feet; thence South 00 degrees 00 minutes 00 seconds East 70.00 feet; thence South 90 degrees 00 minutes 00 seconds East 120.00 feet to the point of beginning, in Cook County, Illinois, which survey is attached as Exhibit "A" to Declaration made by LaSalle National Bank, as Trustee under Trust No. 44427, recorded in the Office of the Recorder of Cook County, Illinois, as Document No. 22996722, as amended; together with an undivided percentage interest in said Parcel (excepting from said Parcel all the property and space comprising all the units as defined and set forth in said Declaration and Survey), in Cook County, Illinois.

PARCEL 2:

Easements for ingress and egress for the benefit of Parcel 1 as set forth and defined in the Declaration recorded as Document Number 22996721, in Cook County, Illinois

Property Address: 44 Park Lane, Unit #327, Park Ridge, IL 60068
P.I.N.: 09-27-306-145-1087

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

OCT 29 2003

UNOFFICIAL COPY

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. HOWARD L. WAKEMAN		2. MALE	3. OCTOBER 28, 2003		
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. COOK		5a. 81	5b. 81	5c. 81	5d. JANUARY 12, 1922
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
	6a. PARK RIDGE		6b. RESURRECTION NURSING PAVILION		6c. INPATIENT	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	7. OMAHA, NB		8a. MARRIED	8b. SHIRLEY WALSCH		9. YES
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 340-18-1771		11a. C.P.A.	11b. UNIVERSAL OIL PRODUCTS	12. 4	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY	
13a. 44 PARK LANE, #327		13b. PARK RIDGE		13c. YES	13d. COOK	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY))	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. ILLINOIS		13f. 60068	14a. WHITE	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
PARENTS		FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST		
15. CLYDE WAKEMAN		16. ELNORA EATON				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. MRS. SHIRLEY WAKEMAN		17b. WIFE	17c. 44 PARK LANE, #327, PARK RIDGE, IL 60068			
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 one cause on each line.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) CHRONIC OBSTRUCTIVE PULMONARY DISEASE			YEARS	
		DUE TO, OR AS A CONSEQUENCE OF				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF				
		(c)				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
19. CERVICAL FRACTURE, PARKINSONISM		19a. NO		19b.		
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a.		20b.		20c. <input type="checkbox"/> YES <input type="checkbox"/> NO		
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH		
21a. SEPTEMBER 30, 2003		21b. NO		21c. 9:30 P. M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)				
22a. SIGNATURE <i>Richard N. Clark</i>		22b. OCTOBER 29, 2003				
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER				
22c. RICHARD N. CLARK MD 7447 W. TALCOTT CHICAGO IL, 60631		22d. 036-069277				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
23.						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	
24a. CREMATION		24b. CREMATION SERVICE INC.	24c. SCHILLER PARK, ILLINOIS	24d. 10/30/2003		
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.	CITY OR TOWN	
25a. RYAN-PARKE FUNERAL HOME		120 S. NORTHWEST HWY.		PARK RIDGE, ILLINOIS	60068	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <i>Michael C. Ryan</i>		25c. 034-015012				
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. <i>David Orr</i>		26b. OCT 29 2003				