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1801 LAKEPOINTE DRIVE, STE 111  
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469-322-2500



Doc#: 0423115039  
Eugene "Gene" Moore Fee: \$30.50  
Cook County Recorder of Deeds  
Date: 08/18/2004 11:15 AM Pg: 1 of 4

Prepared by: Linda Brown  
APN: 13-10-117-034-0000

## DEATH CERTIFICATE

Property of Cook County Clerk's Office



S/ P4 SN MY KS

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## AFFIDAVIT

I, the undersigned affiant, being duly sworn and deposed, state:

1. I have personally reviewed the death certificate of MARGARET KOEHN, which was dated 05/06/2004, and the following information was contained on said death certificate:

a. MARGARET KOEHN died in MAY 4, 2004.

b. The last residence of the decedent was,

4550 NORTH MILWAUKEE AVENUE #N  
CHICAGO, IL 60630

c. The social security number of the decedent was 318-09-0129.

d. The name of the certifier physician is,

MEERA A MADAPPALLEL  
1455 E GOY RD  
DENPLAINE, IL 60016

Further affiant sayeth naught.

*Andrew D. Scriven*

Andrew D. Scriven

File: 1657549

State of: Texas

County of: Denton

Sworn to and subscribed to before me on Tuesday, August 03, 2004, by Andrew D. Scriven who is personally known to me, and who did take an oath



*Denisha M. Shaw*

Notary Public for the State of Texas

*Denisha M. Shaw*

(Printed Name)

My Commission Expires 6-10-08

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CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. **16-10**

STATE OF ILLINOIS

STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**MAY 06 2004**

DECEASED-NAME: **MARGARET KOEHN** LAST: **KOEHN** SEX: **2 FEMALE** DATE OF DEATH: **3 MAY 4, 2004**

COUNTY OF DEATH: **COOK** UNDER 1 YEAR: **0** UNDER 1 DAY: **0** UNDER 1 HOUR: **0** UNDER 1 MIN: **0** DATE OF BIRTH: **5d April 11, 1915**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **CHICAGO** HOSPITAL OR OTHER INSTITUTION NAME AND ADDRESS: **OUR LADY OF THE RESURRECTION MEDICAL CENTER**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Maywood, Ill** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. Widowed**

SOCIAL SECURITY NUMBER: **10 318 09 0129** USUAL OCCUPATION: **11a. Homemaker**

RESIDENCE (STREET AND NUMBER): **4550 N. MILWAUKEE AVE** CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **CHICAGO**

STATE: **ILLINOIS** ZIP CODE: **60634** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **14a. White**

FATHER-NAME FIRST MIDDLE LAST: **Lewis Wonderling**

INFORMANT'S NAME (TYPE OR PRINT): **MIRIAM MOCTEZUMA** MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. 5645 W. ADDISON CHICAGO, ILL 60634**

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.

(a) **Cardiomyopathy**  
 (b) **cardiac**  
 (c) **Myrtle**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: **20b.** MAJOR FINDINGS OF OPERATION: **5/3/04**

(10) (11) DID (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **5/3/04** HOUR OF DEATH: **9:53 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: **Meera C. Madappa** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **1455 Oakley RD - Des Plaines, IL 60018**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **John J. May**

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY-NAME: **Mt. Emblem** LOCATION: **Elmhurst, Illinois** CITY OR TOWN: **Elmhurst, Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **May 7, 2004**

25a. FUNERAL HOME: **Funeral Home, 4553 Milwaukee Ave., Chicago, Ill 60630** STREET AND NUMBER OR R.F.D.: **24c.** CITY OR TOWN: **Elmhurst, Illinois** STATE: **Illinois** ZIP: **60630**

FUNERAL DIRECTOR'S SIGNATURE: **John J. May** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-011741**

25b. LOCAL REGISTRAR SIGNATURE: **John J. Wilhelm M.D.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **MAY 06 2004**

26a. LOCAL REGISTRAR SIGNATURE: **John J. Wilhelm M.D.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **MAY 06 2004**

LOCAL REGISTRAR: *John J. Wilhelm, MD*



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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## Exhibit "A"

SITUATED IN THE COUNTY OF COOK AND THE STATE OF ILLINOIS: PARCEL 1: THE SOUTHWESTERLY 21.75 FEET OF THE NORTHEASTERLY 64.0 FEET OF LOT 3 (EXCEPT THE NORTHWESTERLY 45 FEET THEREOF) IN THE SUBDIVISIONS OF THAT PART WEST OF MILWAUKEE AVENUE OF LOT 5 IN SCHOOL TRUSTEE'S SUBDIVISION OF SECTION 16, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE NORTH 1 1/2 RODS AND THE SOUTH 4 RODS THEREOF) PARCEL 2: AN UNDIVIDED 1/15 INTEREST IN THAT PART OF LOT 3 IN THE SUBDIVISION OF THAT PART WEST OF MILWAUKEE AVENUE OF LOT 5 OF THE SCHOOL TRUSTEES SUBDIVISION OF SECTION 16, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE NORTH 1 1/2 RODS OF THE SOUTH 4 RODS THEREOF) ALSO THAT PART OF LOT 1 IN BLOCK 1 IN ROBERTS MILWAUKEE AVENUE SUBDIVISION OF LOTS 5 AND 10 OF THE SUBDIVISION OF THAT PART WEST OF MILWAUKEE AVENUE OF LOT 5 OF THE SCHOOL TRUSTEES SUBDIVISION OF SECTION 16, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE NORTH 1 1/2 RODS OF THE SOUTH 4 RODS THEREOF) DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE NORTHWESTERLY LINE OF SAID LOT 3, 189.25 FEET SOUTHWESTERLY OF THE NORTHEASTERLY CORNER OF SAID LOT 3, THENCE SOUTHEASTERLY ON A LINE PARALLEL WITH THE NORTHEASTERLY LINE OF SAID LOT 3, A DISTANCE OF 45.0 FEET THENCE SOUTHWESTERLY ON A LINE PARALLEL, WITH THE NORTHWESTERLY LINE OF SAID LOT 3, A DISTANCE OF 21.75 FEET THENCE SOUTHEASTERLY ON A LINE PARALLEL, WITH THE NORTHEASTERLY LINE OF SAID LOT 3, TO THE SOUTHEASTERLY LINE OF SAID LOT 3, THENCE SOUTHWESTERLY ON A SOUTHEASTERLY LINE OF SAID LOT 3, TO THE SOUTHWESTERLY CORNER OF SAID LOT 3, THENCE SOUTHEASTERLY ON THE NORTHEASTERLY LINE OF SAID LOT 1, 17.60 FEET TO THE SOUTHEASTERLY CORNER OF LOT 1 THENCE WEST ON THE SOUTHLINE OF SAID LOT 1, 20.00 FEET, THENCE NORTHWESTERLY, TO A POINT ON THE NORTHWESTERLY LINE OF SAID LOT 3, SAID POINT BEING 33.0 FEET NORTHEASTERLY OF THE NORTHWESTERLY CORNER OF SAID LOT 3, THENCE NORTHEASTERLY ALONG THE NORTHWESTERLY LINE OF SAID LOT 3, TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.

APN# 13-16-117-034-0000