



# UNOFFICIAL COPY

**PARCEL 1:**

UNIT 410 IN CONSERVANCY AT NORTH PARK CONDOMINIUM I AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED PREMISES:

THAT PART OF THE EAST 833 FEET OF THE WEST 883 FEET OF THE NORTH 583 FEET OF THE SOUTH 633 FEET OF THE SOUTHWEST 1/4 OF SECTION 2, TOWNSHIP 40 NORTH RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THAT PART OF THE LAND DEDICATED FOR PUBLIC ROADWAY BY DOCUMENT 26700736) DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF SAID TRACT; THENCE EAST ON THE NORTH LINE OF SAID TRACT A DISTANCE OF 833.00 FEET TO THE NORTHEAST CORNER OF SAID TRACT; THENCE SOUTH 0 DEGREES 06 MINUTES 24 SECONDS EAST ON THE EAST LINE OF SAID TRACT A DISTANCE OF 583 FEET TO THE SOUTHEAST CORNER OF SAID TRACT; THENCE WEST ON THE SOUTH LINE OF SAID TRACT A DISTANCE OF 255.38 FEET; THENCE NORTH A DISTANCE OF 120 FEET TO THE POINT OF BEGINNING; THENCE CONTINUING NORTH ON THE LAST DESCRIBED LINE 89.0 FEET; THENCE WEST 78.0 FEET, THENCE NORTH 10.0 FEET, THENCE WEST 48.0 FEET, THENCE SOUTH 20.0 FEET, THENCE WEST 78.0 FEET THENCE SOUTH 89 FEET THENCE EAST 204 FEET TO THE POINT OF BEGINNING IN COOK COUNTY, ILLINOIS WHICH SURVEY IS ATTACHED TO DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 94923282 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS

**PARCEL 2:**

THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE 410 AND STORAGE SPACE 410, LIMITED COMMON ELEMENTS AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT 94923282

**PARCEL 3:**

EASEMENTS FOR INGRESS AND EGRESS OVER COMMON AREAS AS SHOWN IN DECLARATION RECORDED OCTOBER 28, AS DOCUMENT 94923280

**MEDICAL CERTIFICATE OF DEATH**

DECEASED-NAME: **Raymond** FIRST MIDDLE LAST: **E. Ward** SEX: **Male** DATE OF DEATH: **May 5, 2004**

COUNTY OF DEATH: **Cook** BIRTHDAY (MOS. DAYS HOURS MIN.): **99 5a 79 5d** DATE OF BIRTH: **July 11, 1924**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **3900 W. Bryn Mawr #410**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, IL** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married**

SOCIAL SECURITY NUMBER: **338-18-8825** USUAL OCCUPATION: **Executive Vice President**

RESIDENCE (STREET AND NUMBER): **3900 W. Bryn Mawr #410** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**

STATE: **Illinois** ZIP CODE: **60659** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **White**

FATHER-NAME: **Raymond** FIRST MIDDLE LAST: **E. Ward** MOTHER-NAME: **Florence Fleming**

RELATIONSHIP: **Wife** MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP): **3900 W. Bryn Mawr #410, Chicago, IL 60659**

Immediate Cause (Final disease or condition resulting in death): **Renal failure**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **Diabetes mellitus-type 2**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: **5 years**

DATE OF OPERATION, IF ANY: **4/21/04** MAJOR FINDINGS OF OPERATION: **Diabetes mellitus-type 2**

(b) DUE TO, OR AS A CONSEQUENCE OF: **Diabetes mellitus-type 2**

(c) DUE TO, OR AS A CONSEQUENCE OF: **Diabetes mellitus-type 2**

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **NO**

HOUR OF DEATH: **8:40 P.M.**

DATE SIGNED: **5/7/04**

ILLINOIS LICENSE NUMBER: **036107408**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **John W. Talbot, MD, Chicago, IL 60631**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **John W. Talbot, MD, Chicago, IL 60631**

BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial**

CEMETERY OR CREMATORY-NAME: **Calvary Cemetery**

LOCATION: **Evanston, Illinois**

Funeral Home: **Smith-Corcoran Funeral Home**

Funeral Director's Signature: **Tommy**

Funeral Director's Illinois License Number: **034-012032**

Local Registrar's Signature: **John W. Talbot, MD**

Date Filed by Local Registrar: **MAY 10 2004**

Illinois Department of Public Health - Division of Vital Records

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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Local Registrar: **John W. Talbot, MD**

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 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.

**MAY 10 2004**