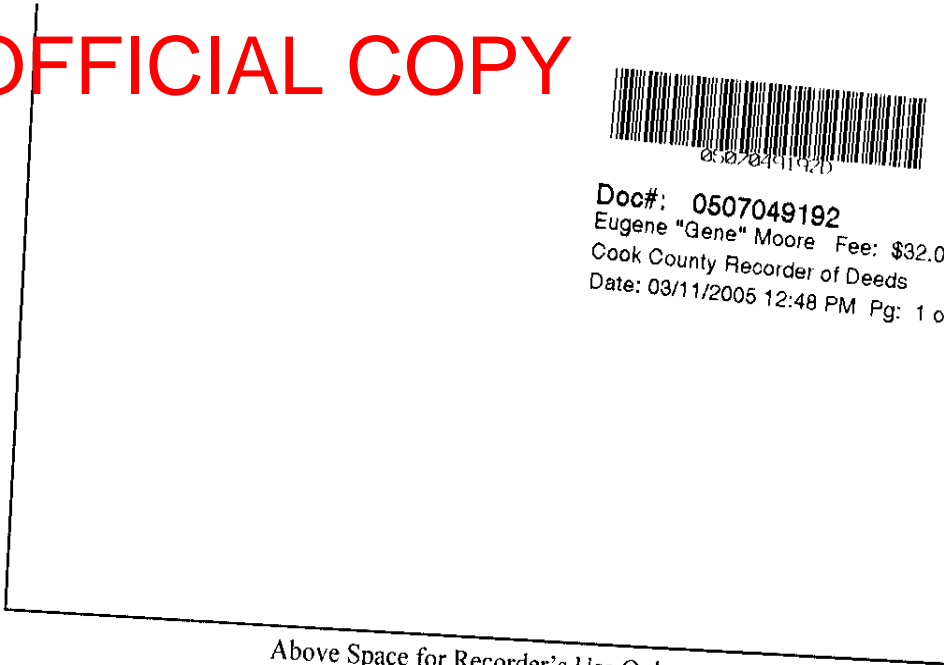


# UNOFFICIAL COPY



**Quit Claim Deed**  
**TENANCY BY THE**  
**ENTIRETY**  
**Statutory (ILLINOIS)**  
**(Individual to Individual)**

Doc#: 0507049192  
Eugene "Gene" Moore Fee: \$32.00  
Cook County Recorder of Deeds  
Date: 03/11/2005 12:48 PM Pg: 1 of 5



Above Space for Recorder's Use Only

**THE GRANTOR ERNEST P. DE LORD, JR. AND JUNE E. DE LORD, HIS WIFE, AND ERNEST P. DE LORD**

of the City of PROSPECT HEIGHTS, County of COOK, State of ILLINOIS for and in consideration of (\$10.00) TEN DOLLARS in hand paid, **CONVEYS** and **QUIT CLAIMS** to **ERNEST P. DE LORD, JR. AND JUNE E. DE LORD, HUSBAND AND WIFE, 686 DUNDEE RD., PALATINE, IL 60074**

husband and wife, as **TENANTS BY THE ENTIRETY**, and not as joint tenants with rights of survivorship, or as tenants in common, of the County of COOK State of Il to wit:

**LOT 7 IN CAPRI VILLAGE, BEING A SUBDIVISION OF PART OF THE SOUTHWEST 1/4 OF SECTION 1, AND PART OF THE SOUTHEAST 1/4 OF SECTION 2, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. **TO HAVE AND TO HOLD SAID PREMISES**, not in tenancy in common, not in joint tenancy but as **TENANTS BY THE ENTIRETY, FOREVER.**

Permanent Index Number (PIN) **02-02-411-011**

Address(es) of Real Estate **686 DUNDEE RD., PALATINE, IL 60074**

Dated this 11 day of July, 2000

PLEASE PRINT OR TYPE NAMES BELOW SIGNATURE(S)	<u>Ernest P. De Lord, Jr.</u> (SEAL)	_____ (SEAL)
	<u>June E. De Lord</u> (SEAL)	_____ (SEAL)

# UNOFFICIAL COPY

*POC*

State of Illinois, County of COOK ss, I, the undersigned, a Notary Public In and for said County, in the State aforesaid, DO HEREBY CERTIFY that \_\_\_\_\_

\_\_\_\_\_ personally known to me to be the same person \_\_\_\_\_ whose name \_\_\_\_\_ subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that \_\_\_\_\_ h \_\_\_\_\_ signed, sealed and delivered the said instrument as \_\_\_\_\_ free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Commission expires \_\_\_\_\_, \_\_\_\_\_  
NOTARY PUBLIC

This instrument was prepared by DANIEL A. MACAHON, 115 E. COMMERCIAL STREET, WOOD DALE, ILLINOIS 60191

**MAIL TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEND SUBSEQUENT TAX BILLS TO:

ERNEST P. DE LORD, JR. AND JUNE E. DE LORD,  
686 DUNDEE RD.  
PALATINE, IL 60074

**OR**

Recorder's Office Box No. \_\_\_\_\_

Property of Cook County Clerk's Office



UNOFFICIAL COPY

EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES  
COOK COUNTY, ILLINOIS

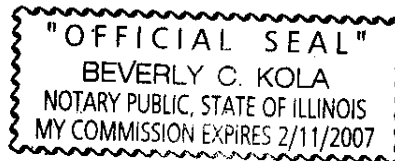
GRANTOR/GRANTEE STATEMENT

The Grantor or his Agent affirms that, to the best of his knowledge, the name of the Grantor shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 10, 2005

Signature: June E DeFord  
Ernest P DeFord Jr  
Grantor or Agent

Subscribed and sworn to before me  
By the said  
This 10 day of MARCH, 2005  
Notary Public [Signature]

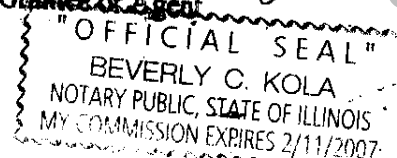


The Grantee or his Agent affirms and verifies that the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated 3-10, 2005

Signature: June E DeFord  
Ernest P DeFord Jr  
Grantee or Agent

Subscribed and sworn to before me  
By the said  
This 10th day of MARCH, 2005  
Notary Public [Signature]



NOTE: Any person who knowingly submits a false statement concerning the identity of a Grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to Deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE: MARCH 5, 2002

SIGNED: *Margrit Valshaw*

at Cook County Department of Public Health Official Title, Chief Deputy Registrar

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0

STATE FILE NUMBER

1. DECEASED-NAME HELEN		FIRST		MIDDLE L.		LAST DEJORD		SEX 2 FEMALE		DATE OF DEATH (MONTH, DAY, YEAR) 3 MARCH 3, 2002	
4. COUNTY OF DEATH COOK		CITY, TOWN, TWP OR ROAD DISTRICT NUMBER 6a. GLENVIEW		AGE-LAST BIRTHDAY (YRS, MOS, DAYS) 5a. 70		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN THESE, GIVE STREET AND NUMBER) 6b. 2348 MOHAWK LANE		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. APRIL 19, 1925		EDUCATION (SCHOOL HIGHEST GRADE COMPLETED) 12	
7. AKRON, CO		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 6a. GLENVIEW		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED		NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE) 8b.		DATE OF DEATH (MONTH, DAY, YEAR) 3 MARCH 3, 2002		EDUCATION (SCHOOL HIGHEST GRADE COMPLETED) 12	
10. 572-24-2197		SOCIAL SECURITY NUMBER		USUAL OCCUPATION 11a. HOME-MAKER		KIND OF BUSINESS OR INDUSTRY 11b. AT HOME		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. APRIL 19, 1925		EDUCATION (SCHOOL HIGHEST GRADE COMPLETED) 12	
13a. 2348 MOHAWK LANE		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP OR ROAD DISTRICT NO. 13b. GLENVIEW		INSIDE CITY 13c. YES		COUNTY 13d. COOK		EDUCATION (SCHOOL HIGHEST GRADE COMPLETED) 12	
13e. ILLINOIS		STATE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)) 14a. WHITE		HISPANIC ORIGIN? (SPECIFY) 14b. NO		SPECIES: 16. MOTHER-NAME (FIRST, MIDDLE, LAST) DOROTHY		EDUCATION (SCHOOL HIGHEST GRADE COMPLETED) 12	
15. CLARENCE		FATHER-NAME (FIRST, MIDDLE, LAST)		MOTHER-NAME (FIRST, MIDDLE, LAST) DOROTHY		RELATIONSHIP 17a. MRS. MARSHA PASSANANTE		MOTHER-NAME (FIRST, MIDDLE, LAST) DOROTHY		EDUCATION (SCHOOL HIGHEST GRADE COMPLETED) 12	
17a. MRS. MARSHA PASSANANTE		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP 17b. DAUGHTER		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 1403 E. SUFFIELD DR. ARLINGTON HTS., IL		MOTHER-NAME (FIRST, MIDDLE, LAST) DOROTHY		EDUCATION (SCHOOL HIGHEST GRADE COMPLETED) 12	
18. PART I		17b. DAUGHTER		MOTHER-NAME (FIRST, MIDDLE, LAST) DOROTHY		RELATIONSHIP 17c. DAUGHTER		MOTHER-NAME (FIRST, MIDDLE, LAST) DOROTHY		EDUCATION (SCHOOL HIGHEST GRADE COMPLETED) 12	
19. CLARENCE		FATHER-NAME (FIRST, MIDDLE, LAST)		MOTHER-NAME (FIRST, MIDDLE, LAST) DOROTHY		RELATIONSHIP 17d. DAUGHTER		MOTHER-NAME (FIRST, MIDDLE, LAST) DOROTHY		EDUCATION (SCHOOL HIGHEST GRADE COMPLETED) 12	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION:		20c. AUTOPSY (YES/NO) 19a. NO		20d. WERE AUTOPSY FINDINGS AVAILABLE FOR PUBLIC VIEW? 19b. NO		20e. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20f. HOUR OF DEATH 11:40 P.M.	
21a. TO THE BEST OF MY KNOWLEDGE, I BELIEVE THE DECEASED WAS LAST SEEN ALIVE ON 2/19/02		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES		21c. DATE SIGNED MARCH 4, 2002		21d. HOUR OF DEATH 11:40 P.M.		21e. DATE OF DEATH MARCH 3, 2002		21f. HOUR OF DEATH 11:40 P.M.	
22a. SIGNATURE <i>Margrit Valshaw</i>		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) MARGRIT VALSHAW 1775 BULLARD PARK DRIVE LI 60088		22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) FRED R. CORDAN, JR. MOUNT PROSPECT, ILLINOIS		22d. ILLINOIS LICENSE NUMBER 036-090185		22e. DATE SIGNED MARCH 4, 2002		22f. HOUR OF DEATH 11:40 P.M.	
23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) AKRON, CO		23a. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) FRED R. CORDAN, JR.		23b. ILLINOIS LICENSE NUMBER 036-090185		23c. DATE SIGNED MARCH 4, 2002		23d. HOUR OF DEATH 11:40 P.M.		23e. DATE OF DEATH MARCH 3, 2002	
24a. ALL SAINTS MAUSOLEUM		24b. CEMETERY OR CREMATORY-NAME		24c. LOCATION CITY OR TOWN MOUNT PROSPECT, ILLINOIS		24d. DATE MARCH 6, 2002		24e. HOUR OF DEATH 11:40 P.M.		24f. DATE OF DEATH MARCH 3, 2002	
25a. MATZ FUNERAL HOME		25b. FUNERAL DIRECTOR'S SIGNATURE <i>Fred R. Coridan, Jr.</i>		25c. NAME FRED R. CORDAN, JR.		25d. ADDRESS MOUNT PROSPECT, ILLINOIS		25e. PHONE NUMBER 60056		25f. DATE OF DEATH MARCH 3, 2002	
26a. REGISTRAR <i>Margrit Valshaw</i>		26b. DATE MARCH 5, 2002		26c. SIGNATURE <i>Margrit Valshaw</i>		26d. ADDRESS MOUNT PROSPECT, ILLINOIS		26e. PHONE NUMBER 60056		26f. DATE OF DEATH MARCH 3, 2002	

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

(a) ACCIDENTAL DEATH  
(b) HEART DISEASE  
(c) ENDOCARDITIS

DUETO OR AS A CONSEQUENCE OF  
MOTHER-NAME (FIRST, MIDDLE, LAST)  
DOROTHY

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)  
21b. YES

DATE OF DEATH  
MARCH 3, 2002

HOUR OF DEATH  
11:40 P.M.

**UNOFFICIAL COPY**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE: AUGUST 4, 2000

SIGNED: Mary Ann Rizzo  
 Official Title, Chief Deputy Registrar

at Cook County Department of Public Health

Official Title, Chief Deputy Registrar

REGISTERED NUMBER  
 1000

**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER

1. DECEASED-NAME <b>ERNEST P. DELORD</b>		FIRST MIDDLE LAST		SEX <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>AUGUST 2, 2000</b>
2. COUNTY OF DEATH <b>COOK</b>		AGE-LAST BIRTHDAY (YRS) <b>5a. 80</b>		UNDER 1 YEAR MOS.   DAYS   HOURS   MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) <b>3. JUNE 1, 1920</b>
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>GLENVIEW</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>GLENBROOK HOSPITAL</b>		5d. <b>JUNE 1, 1920</b>	
6a. GLENVIEW		6b. GLENBROOK		6c. <b>EMER. ROOM</b>	
7. CHICAGO, IL		8a. MARRIED		8b. <b>HELEN HAYES</b>	
8. SOCIAL SECURITY NUMBER <b>10. 351-10-1799</b>		9. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a. MARRIED</b>		9. <b>YES</b>	
10. 351-10-1799		11a. PRESIDENT		11b. SHEET METAL	
13a. 2348 MOHAWK LANE		13b. GLENVIEW		13c. <b>COOK</b>	
13e. ILLINOIS		13f. 60025		13g. YES	
15. MAURICE		16. OLIVIA		17. <b>MARTIN</b>	
17a. MRS. MARSHA PASSANANTE		17b. DAUGHTER		17c. 403 SUFFIELD DR. ARLINGTON HTS., IL	
18. PART I		19. <b>MYOCARDIAL INFARCTION</b>		20. <b>Acute</b>	
19. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>MYOCARDIAL INFARCTION</b>		(a) DUE TO, OR AS A CONSEQUENCE OF		(b) DUE TO, OR AS A CONSEQUENCE OF	
20. DATE OF OPERATION, IF ANY		21. MAJOR FINDINGS OF OPERATION <b>ALZHEIMER'S DEMENTIA</b>		22. AUTOPSY (YES/NO) <b>19a. NO</b>	
21. <b>7-29-2000</b>		23. <b>ALZHEIMER'S DEMENTIA</b>		24. <b>NO</b>	
22. SIGNATURE <b>W. R. HAYES, DO</b>		23. <b>ALZHEIMER'S DEMENTIA</b>		24. <b>NO</b>	
23. NAME AND ADDRESS OF CERTIFIER <b>W. R. HAYES, DO 1775 BURNED PEAK RIDGE, IL</b>		24. <b>ALZHEIMER'S DEMENTIA</b>		25. <b>NO</b>	
24. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)		25. <b>ALZHEIMER'S DEMENTIA</b>		26. <b>NO</b>	
25. MATZ FUNERAL HOME		26. <b>ALZHEIMER'S DEMENTIA</b>		27. <b>NO</b>	
26. <b>ALZHEIMER'S DEMENTIA</b>		27. <b>NO</b>		28. <b>NO</b>	
27. <b>ALZHEIMER'S DEMENTIA</b>		28. <b>NO</b>		29. <b>NO</b>	
28. <b>ALZHEIMER'S DEMENTIA</b>		29. <b>NO</b>		30. <b>NO</b>	
29. <b>ALZHEIMER'S DEMENTIA</b>		30. <b>NO</b>		31. <b>NO</b>	
30. <b>ALZHEIMER'S DEMENTIA</b>		31. <b>NO</b>		32. <b>NO</b>	
31. <b>ALZHEIMER'S DEMENTIA</b>		32. <b>NO</b>		33. <b>NO</b>	
32. <b>ALZHEIMER'S DEMENTIA</b>		33. <b>NO</b>		34. <b>NO</b>	
33. <b>ALZHEIMER'S DEMENTIA</b>		34. <b>NO</b>		35. <b>NO</b>	
34. <b>ALZHEIMER'S DEMENTIA</b>		35. <b>NO</b>		36. <b>NO</b>	
35. <b>ALZHEIMER'S DEMENTIA</b>		36. <b>NO</b>		37. <b>NO</b>	
36. <b>ALZHEIMER'S DEMENTIA</b>		37. <b>NO</b>		38. <b>NO</b>	
37. <b>ALZHEIMER'S DEMENTIA</b>		38. <b>NO</b>		39. <b>NO</b>	
38. <b>ALZHEIMER'S DEMENTIA</b>		39. <b>NO</b>		40. <b>NO</b>	
39. <b>ALZHEIMER'S DEMENTIA</b>		40. <b>NO</b>		41. <b>NO</b>	
40. <b>ALZHEIMER'S DEMENTIA</b>		41. <b>NO</b>		42. <b>NO</b>	
41. <b>ALZHEIMER'S DEMENTIA</b>		42. <b>NO</b>		43. <b>NO</b>	
42. <b>ALZHEIMER'S DEMENTIA</b>		43. <b>NO</b>		44. <b>NO</b>	
43. <b>ALZHEIMER'S DEMENTIA</b>		44. <b>NO</b>		45. <b>NO</b>	
44. <b>ALZHEIMER'S DEMENTIA</b>		45. <b>NO</b>		46. <b>NO</b>	
45. <b>ALZHEIMER'S DEMENTIA</b>		46. <b>NO</b>		47. <b>NO</b>	
46. <b>ALZHEIMER'S DEMENTIA</b>		47. <b>NO</b>		48. <b>NO</b>	
47. <b>ALZHEIMER'S DEMENTIA</b>		48. <b>NO</b>		49. <b>NO</b>	
48. <b>ALZHEIMER'S DEMENTIA</b>		49. <b>NO</b>		50. <b>NO</b>	
49. <b>ALZHEIMER'S DEMENTIA</b>		50. <b>NO</b>		51. <b>NO</b>	
50. <b>ALZHEIMER'S DEMENTIA</b>		51. <b>NO</b>		52. <b>NO</b>	
51. <b>ALZHEIMER'S DEMENTIA</b>		52. <b>NO</b>		53. <b>NO</b>	
52. <b>ALZHEIMER'S DEMENTIA</b>		53. <b>NO</b>		54. <b>NO</b>	
53. <b>ALZHEIMER'S DEMENTIA</b>		54. <b>NO</b>		55. <b>NO</b>	
54. <b>ALZHEIMER'S DEMENTIA</b>		55. <b>NO</b>		56. <b>NO</b>	
55. <b>ALZHEIMER'S DEMENTIA</b>		56. <b>NO</b>		57. <b>NO</b>	
56. <b>ALZHEIMER'S DEMENTIA</b>		57. <b>NO</b>		58. <b>NO</b>	
57. <b>ALZHEIMER'S DEMENTIA</b>		58. <b>NO</b>		59. <b>NO</b>	
58. <b>ALZHEIMER'S DEMENTIA</b>		59. <b>NO</b>		60. <b>NO</b>	
59. <b>ALZHEIMER'S DEMENTIA</b>		60. <b>NO</b>		61. <b>NO</b>	
60. <b>ALZHEIMER'S DEMENTIA</b>		61. <b>NO</b>		62. <b>NO</b>	
61. <b>ALZHEIMER'S DEMENTIA</b>		62. <b>NO</b>		63. <b>NO</b>	
62. <b>ALZHEIMER'S DEMENTIA</b>		63. <b>NO</b>		64. <b>NO</b>	
63. <b>ALZHEIMER'S DEMENTIA</b>		64. <b>NO</b>		65. <b>NO</b>	
64. <b>ALZHEIMER'S DEMENTIA</b>		65. <b>NO</b>		66. <b>NO</b>	
65. <b>ALZHEIMER'S DEMENTIA</b>		66. <b>NO</b>		67. <b>NO</b>	
66. <b>ALZHEIMER'S DEMENTIA</b>		67. <b>NO</b>		68. <b>NO</b>	
67. <b>ALZHEIMER'S DEMENTIA</b>		68. <b>NO</b>		69. <b>NO</b>	
68. <b>ALZHEIMER'S DEMENTIA</b>		69. <b>NO</b>		70. <b>NO</b>	
69. <b>ALZHEIMER'S DEMENTIA</b>		70. <b>NO</b>		71. <b>NO</b>	
70. <b>ALZHEIMER'S DEMENTIA</b>		71. <b>NO</b>		72. <b>NO</b>	
71. <b>ALZHEIMER'S DEMENTIA</b>		72. <b>NO</b>		73. <b>NO</b>	
72. <b>ALZHEIMER'S DEMENTIA</b>		73. <b>NO</b>		74. <b>NO</b>	
73. <b>ALZHEIMER'S DEMENTIA</b>		74. <b>NO</b>		75. <b>NO</b>	
74. <b>ALZHEIMER'S DEMENTIA</b>		75. <b>NO</b>		76. <b>NO</b>	
75. <b>ALZHEIMER'S DEMENTIA</b>		76. <b>NO</b>		77. <b>NO</b>	
76. <b>ALZHEIMER'S DEMENTIA</b>		77. <b>NO</b>		78. <b>NO</b>	
77. <b>ALZHEIMER'S DEMENTIA</b>		78. <b>NO</b>		79. <b>NO</b>	
78. <b>ALZHEIMER'S DEMENTIA</b>		79. <b>NO</b>		80. <b>NO</b>	
79. <b>ALZHEIMER'S DEMENTIA</b>		80. <b>NO</b>		81. <b>NO</b>	
80. <b>ALZHEIMER'S DEMENTIA</b>		81. <b>NO</b>		82. <b>NO</b>	
81. <b>ALZHEIMER'S DEMENTIA</b>		82. <b>NO</b>		83. <b>NO</b>	
82. <b>ALZHEIMER'S DEMENTIA</b>		83. <b>NO</b>		84. <b>NO</b>	
83. <b>ALZHEIMER'S DEMENTIA</b>		84. <b>NO</b>		85. <b>NO</b>	
84. <b>ALZHEIMER'S DEMENTIA</b>		85. <b>NO</b>		86. <b>NO</b>	
85. <b>ALZHEIMER'S DEMENTIA</b>		86. <b>NO</b>		87. <b>NO</b>	
86. <b>ALZHEIMER'S DEMENTIA</b>		87. <b>NO</b>		88. <b>NO</b>	
87. <b>ALZHEIMER'S DEMENTIA</b>		88. <b>NO</b>		89. <b>NO</b>	
88. <b>ALZHEIMER'S DEMENTIA</b>		89. <b>NO</b>		90. <b>NO</b>	
89. <b>ALZHEIMER'S DEMENTIA</b>		90. <b>NO</b>		91. <b>NO</b>	
90. <b>ALZHEIMER'S DEMENTIA</b>		91. <b>NO</b>		92. <b>NO</b>	
91. <b>ALZHEIMER'S DEMENTIA</b>		92. <b>NO</b>		93. <b>NO</b>	
92. <b>ALZHEIMER'S DEMENTIA</b>		93. <b>NO</b>		94. <b>NO</b>	
93. <b>ALZHEIMER'S DEMENTIA</b>		94. <b>NO</b>		95. <b>NO</b>	
94. <b>ALZHEIMER'S DEMENTIA</b>		95. <b>NO</b>		96. <b>NO</b>	
95. <b>ALZHEIMER'S DEMENTIA</b>		96. <b>NO</b>		97. <b>NO</b>	
96. <b>ALZHEIMER'S DEMENTIA</b>		97. <b>NO</b>		98. <b>NO</b>	
97. <b>ALZHEIMER'S DEMENTIA</b>		98. <b>NO</b>		99. <b>NO</b>	
98. <b>ALZHEIMER'S DEMENTIA</b>		99. <b>NO</b>		100. <b>NO</b>	

LOCAL REGISTRAR SIGNATURE  
**KAREN L. SCOTT, M.D.**  
 REGISTRAR  
 Illinois Department of Public Health—Division of Vital Records  
 BASED ON 1989 U.S. STANDARD CERTIFICATE