



Doc#: 0519349124
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 07/12/2005 11:41 AM Pg: 1 of 2

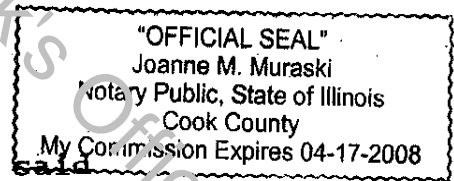
STATE OF ILLINOIS }
 }
COUNTY OF }

NANCY Y. BECKMANN being duly
sworn states that SHE resides at 603 E. IRONWOOD
DRIVE in the City of MT. PROSPECT,

ILLINOIS
That SHE was acquainted HENRY F. BECKMANN
deceased who, at the time of
HIS death, was one of the owners of the land in
COOK County, Illinois, described as:

Lot 147 in Brickman Manor first addition Unit No. 1 being a subdivision of
part of the east half of the south east quarter of Section 27 and part of
the west half of the west half of the south west quarter of Section 26,
Township 42 North, Range 11, East of the Third Principal Meridian, according
to the plat thereof recorded November 18, 1959, as Document 17715807, in
Cook County, Illinois, commonly known as 603 East Ironwood Drive, Mt.
Prospect, Illinois, ⁶⁰⁰⁵⁶
P.I.N. 03-26-312-002-0000

That the deceased died FEBRUARY 25, 2004,
as evidenced by a certified copy of death certificate of the
deceased attached hereto.



Subscribed and sworn to before me by the said

this 12 day of July, A.D. 19 2005

Joanne M. Muraski
Notary Public

Nancy Y. Beckmann
(affiant signature)

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

MAR 02 2004

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. HENRY FRANZ BECKMANN JR.		2. MALE	3. FEBRUARY 25, 2004		
	COUNTRY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. COOK		5a. 73	5b.	5c.	5d. OCTOBER 19, 1930
	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. DES PLAINES		6b. HOLY FAMILY MEDICAL CENTER		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. CHICAGO, IL		8a. MARRIED	8b. NANCY YVONNE FRAME		9. YES
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 322-24-9349		11. SYSTEM ANALYST	11b. COMPUTER	12. Elementary/Secondary (0-12) College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY	
13a. 603 IRONWOOD DRIVE		13b. MT PROSPECT		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. 60056	14a. WHITE	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST			MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST			
15. HENRY FRANZ BECKMANN			16. SOPHIE FINK			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. NANCY YVONNE BECKMANN		17b. WIFE	17c. 603 IRONWOOD DR MT PROSPECT, IL 60056			
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) Cerebrovascular Accident						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Aspiration Pneumonia						
(c)						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					AUTOPSY (YES/NO) 19a. NO	
					WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
(1) (DID) (DID NOT) ATTEND THE DECEASED (AND LAST SAW HIM) (HER) ALIVE ON (MONTH, DAY, YEAR)			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH		
21a. 2-25-04			21b. NO	21c. 11:30 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>[Signature]</i>					22b. 2-27-04	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)					ILLINOIS LICENSE NUMBER	
22c. Julia Kopan 1065E Lak Cook rd					22d. 036092661	
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. MJK	
23. Wheeling IL 6090						
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)		
24a. CREMATION	24b. FOREST CREMATORY		24c. ROMEOVILLE, ILLINOIS	24d. 3-2-2004		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP						
25a. CREMATION SOCIETY OF ILLINOIS 1030 E NORTHWEST HWY MT PROSPECT, ILLINOIS 60056						
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. <i>[Signature]</i> GERALD SULLIVAN				25c. 034-011165		
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <i>[Signature]</i>				26b. MAR 02 2004		