

UNOFFICIAL COPY

LEGAL DESCRIPTION

Lot 194 in Second Addition to Bluett's Fairview Gardens, being a subdivision of part of the West Half of the East Half of the South East Quarter and part of the East Half of the West Half of the South East Quarter of Section 35, Township 42 North, Range 11, East of the Third Principal Meridian, in Cook County, Illinois.

107 N. Horner Lane, Mt Prospect, IL 60058

PIN-03-35-403-026

Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

JUL 05 2005

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 | | | |
| DECEASED A..... B..... C..... D..... E..... | 1. DECEASED-NAME FIRST MIDDLE LAST June M Halas | | SEX 2. Female | DATE OF DEATH (MONTH, DAY, YEAR) 3. June 29, 2005 | | |
| | 4. COUNTY OF DEATH Cook | | AGE - LAST BIRTHDAY (YRS) 5a. 81 | UNDER 1 YEAR MOS. DAYS 5b. | UNDER 1 DAY HOURS MINS 5c. | DATE OF BIRTH (MONTH, DAY, YEAR) 5d. June 16, 1924 |
| | 6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Arlington Heights | | 6b. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Northwest Community Hospital | | IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM, INPATIENT (SPECIFY) 6c. Inpatient | |
| | 7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL | | 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married | | 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Alphonse S. Halas | |
| | 10. SOCIAL SECURITY NUMBER 349181770A | | 11a. USUAL OCCUPATION Lab Tech | | 11b. KIND OF BUSINESS OR INDUSTRY Health Care | |
| | 12. RESIDENCE (STREET AND NUMBER) 107 N. Horner Lane | | 13b. CITY, TOWN, TWP OR ROAD DISTRICT NO. Mt. Prospect | | 12. INSIDE CITY (YES/NO) Yes | |
| | 13a. STATE IL | | 13f. ZIP CODE 60056 | | 13c. COUNTY Cook | |
| | 13e. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White | | 14a. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | | 14b. SPECIFY: | |
| | 15. FATHER-NAME FIRST MIDDLE LAST P. Balla | | 16. MOTHER-NAME FIRST MIDDLE (MAIDEN) Mabel Strack | | | |
| | 17a. INFORMANT'S NAME (TYPE OR PRINT) Alphonse S. Halas | | 17b. RELATIONSHIP Husband | | 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 107 N. Horner Lane, Mt. Prospect, IL 6005 | |
| CAUSE 1..... 2..... 3..... | 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 | |
| | (a) Sepsis DUE TO (OR AS A CONSEQUENCE OF) | | | | | |
| | (b) Lymphoma DUE TO (OR AS A CONSEQUENCE OF) | | | | | |
| PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I. | | | | | | |
| CERTIFIER 4..... 5..... N..... P..... | 20a. DATE OF OPERATION, IF ANY | | 20b. MAJOR FINDINGS OF OPERATION | | 20c. AUTOPSY (Y/N) No | |
| | 21a. I (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON June 29, 2005 | | 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No | | 21c. HOUR OF DEATH 6:18 PM M. | |
| | 22a. SIGNATURE <i>Richard S. Segel</i> | | 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Richard S. Segel, MD, 880 W Central Rd, Ste 8000 Arlington Hts, IL 60005 | | 22c. ILLINOIS LICENSE NUMBER 076-093052 | |
| DISPOSITION 25..... | 24a. BURIAL, CREMATION REMOVAL (SPECIFY) Cremation | | 24b. CEMETERY OR CREMATORY - NAME Elm Lawn Crematory | | 24c. LOCATION CITY OR TOWN STATE Elmhurst, IL | |
| | 25a. FUNERAL HOME NAME Friedrichs Funeral Home, Inc., 320 West Central Road Mount Prospect, Illinois 60056 | | 25b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | | 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011952 | |
| | 26a. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i> | | 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) July 5, 2005 | | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. | |

STATE OF ILLINOIS

25