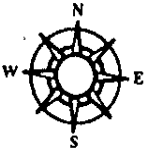


UNOFFICIAL COPY



CITY SUBURBAN TITLE



Doc#: 0530727100 Fee: \$42.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/03/2005 12:57 PM Pg: 1 of 10

①

CST 0511642

CITY SUBURBAN TITLE IS REQUESTING THAT
THE ATTACHED COPY BE RECORDED. TO THE BEST OF MY
KNOWLEDGE THIS IS A TRUE AND ACCURATE COPY.

THANK YOU

Daniel M. Merad

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

I, Liliya Svetlichniy THE UNDERSIGNED, a
Notary Public in and for said County and State, do hereby certify
that Daniel M. Merad personally known to me to
be the same person whose name is subscribed to this instrument,
appeared before me this day in person, and acknowledged that
he/she signed and delivered this instrument as his/her free and
voluntary act, for the uses and purposes herein set forth.

GIVEN under my hand and official seal, this 12 day of
October, 2005. My commission expires:

Liliya Svetlichniy
Notary Public



UNOFFICIAL COPY

STATE OF Illinois
 COUNTY OF Cook } SS
 (1)

AFFIDAVIT OF HEIRSHIP

EST 0511642

Ronald Morrison (Affiant) being duly sworn upon oath, desposes and states:

1. That the Affiant resides at: 8001 S. Champlain, Chicago, IL 60619
2. That the Affiant is the grandson of Beatrice Morrison.
 (Relationship) (Decedent)
3. That the Decedent died on May 5, 1998 in the City
 of Oak Lawn, State of Illinois.
4. That the Decedent died owning an interest in the property legally described as follows:
 See attached legal description - Exhibit "A"
 Commonly Known as 731 E. 69th Place, Chicago, IL 60637
5. That the Decedent died leaving (a/no) will (a certified copy of which is attached hereto).

That the Decedent was married to the following person(s) and no others:

NAME	MARRIAGE ENDED BY
Lafayette Morrison, Sr.	divorce

7. That the following children were born to, or adopted by the decedent and no others: (NOTE: If any are deceased an affidavit of heirship as to that child must be supplied unless a minor at death).

NAME	OTHER PARENT	ALIVE/DEAD
Lafayette Morrison, Jr.		D/O/D 2/25/2004
Madison Morrison, Sr.		O/O/D 7/22/1974
Harold Morrison, Sr.		D/O/D 12/30/1967
Maxine Gushiniere		D/O/D 12/28/2003

UNOFFICIAL COPY

8. That, in the event the Decedent died without wife or child surviving, to the Affiant's best information and belief the following represents the Decedent's heirship as determined by Illinois Compiled Statutes: (Trace all lineage) Beatrice Morrison - 4 children
1. Lafayette Morrison, Jr. - no children
 2. Madison Morrison, Sr. - two children 1. Michael 2. Madison Jr.
 3. Harold Morrison, Sr. - two children 1. Harold Morrison, Jr.
2. Ronald Morrison
 4. Maxine Gushiniere - one child - Warren Gushiniere D/O/D 1/17/2002

9. That the total value of the estate of the decedent including the taxable interest in the aforesaid property and all joint tenancy interests is \$ 91,000.00

10. That all debts of the Decedent have been paid in full or will be paid from the proceeds of the subject real estate transaction and copies of the paid funeral and final hospital bills are attached.

11. That there is no Federal Estate Tax or Illinois Inheritance Tax or Illinois pickup tax due, or that they have been paid in full and releases for the subject property are attached hereto.

12. That the Affiant makes this affidavit to induce ^{CITY}~~SUBURBAN~~ ~~TITLE INSURANCE~~ to issue ~~Stewart~~ Title Guaranty Policy No. 0511642 and Affiant acknowledges that City Suburban Title will rely upon the representations made and contained herein in issuing said policy (ies).

13. The following documents attached hereto are intended to be incorporated in and be a part of the Affidavit for the purposes stated:

1. Death Certificate of Beatrice Morrison D/O/D 5/9/1998
2. Death Certificate of Lafayette Morrison, Jr. D/O/D 2/25/2004
3. Death Certificate of Harold Morrison, Sr. D/O/D 12/30/1967
4. Death Certificate of Madison Morrison, Sr. D/O/D 7/22/1974
5. Death Certificate of Maxine Gushiniere D/O/D 12/28/2003
6. Death Certificate of Warren Gushiniere (son of Maxine Gushiniere) D/O/D 1/17/2002

FURTHER AFFIANT SAYETH NOT.

In witness whereof the Affiant has affixed his/her signature hereto this 12th day of October, ~~200~~ 2005

Ronald Morrison
Affiant

Subscribed and sworn to before me this 12th day of October, ~~19~~ 2005



Christine M. Miles
Notary Public

UNOFFICIAL COPY

LEGAL DESCRIPTION

Exhibit "A"

LOT 31 EXCEPT THE EAST 25 FEET THEREOF, IN SUPERIOR COURT PARTITION OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 22, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Pin # 20-22-424-016

Property of Cook County Clerk's Office

D HOFSTETTER

UNOFFICIAL COPY

006

FROM : D. M. DAWSON

FAX NO. :

Aug. 28 2005 03:36PM P3

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAR 11 2004

REGISTERED NUMBER **1011V**
 DECEASED NAME **Lafayette Y MORRISON**
 COUNTY OF DEATH **COOK**
 CITY, TOWN, VILLAGE OR CHICAGO DISTRICT NUMBER **Chicago**
 AGE - LAST BIRTHDAY **65** YEARS **05** MONTHS **13** DAYS
 DATE OF BIRTH **February 25, 2004**
 SEX **Male**
 DATE OF DEATH **May 13, 1929**
 HOSPITAL OR OTHER INSTITUTION (NAME IF NOT HOME) **Rehabilitation at Midway**
 ILLINOIS DEPARTMENT OF HEALTH

1. **Lafayette Y MORRISON**
 2. **Chicago**
 3. **65** YEARS **05** MONTHS **13** DAYS
 4. **February 25, 2004**
 5. **Male**
 6. **May 13, 1929**
 7. **Rehabilitation at Midway**

8. **Chicago**
 9. **65** YEARS **05** MONTHS **13** DAYS
 10. **February 25, 2004**
 11. **Male**
 12. **May 13, 1929**
 13. **Rehabilitation at Midway**

14. **Chicago**
 15. **65** YEARS **05** MONTHS **13** DAYS
 16. **February 25, 2004**
 17. **Male**
 18. **May 13, 1929**
 19. **Rehabilitation at Midway**

20. **Chicago**
 21. **65** YEARS **05** MONTHS **13** DAYS
 22. **February 25, 2004**
 23. **Male**
 24. **May 13, 1929**
 25. **Rehabilitation at Midway**

26. **Chicago**
 27. **65** YEARS **05** MONTHS **13** DAYS
 28. **February 25, 2004**
 29. **Male**
 30. **May 13, 1929**
 31. **Rehabilitation at Midway**

32. **Chicago**
 33. **65** YEARS **05** MONTHS **13** DAYS
 34. **February 25, 2004**
 35. **Male**
 36. **May 13, 1929**
 37. **Rehabilitation at Midway**

38. **Chicago**
 39. **65** YEARS **05** MONTHS **13** DAYS
 40. **February 25, 2004**
 41. **Male**
 42. **May 13, 1929**
 43. **Rehabilitation at Midway**

44. **Chicago**
 45. **65** YEARS **05** MONTHS **13** DAYS
 46. **February 25, 2004**
 47. **Male**
 48. **May 13, 1929**
 49. **Rehabilitation at Midway**

50. **Chicago**
 51. **65** YEARS **05** MONTHS **13** DAYS
 52. **February 25, 2004**
 53. **Male**
 54. **May 13, 1929**
 55. **Rehabilitation at Midway**

L. JOHNS, WILLIAMS, M.D., LOCAL
 HEALTH OFFICER OF VITAL STATISTICS OF
 THE CITY OF CHICAGO, DO HEREBY
 CERTIFY THAT I AM THE KEEPER OF
 THE RECORDS FOR THE CITY OF CHICAGO
 AND DEATHS 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 OBEYANCE OF SAID
 LAW AND ORDINANCES.

Ben St. Williams, MD
 (Signature)

CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
 MULTICOLOR SIGNATURE SEAL IS
 AFFIXED.

1. **COOK**
 2. **Chicago**
 3. **65** YEARS **05** MONTHS **13** DAYS
 4. **February 25, 2004**
 5. **Male**
 6. **May 13, 1929**
 7. **Rehabilitation at Midway**
 8. **Chicago**
 9. **65** YEARS **05** MONTHS **13** DAYS
 10. **February 25, 2004**
 11. **Male**
 12. **May 13, 1929**
 13. **Rehabilitation at Midway**
 14. **Chicago**
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 18. **May 13, 1929**
 19. **Rehabilitation at Midway**
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 23. **Male**
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 52. **February 25, 2004**
 53. **Male**
 54. **May 13, 1929**
 55. **Rehabilitation at Midway**

CONDITIONS IF ANY
 WHICH GIVE RISE TO
 IMMEDIATE CAUSE OF
 DEATH
ACUTE MYOCARDIAL INFARCTION

DATE OF OPERATION IF ANY
28th

NAME OF ATTENDING PHYSICIAN
Bele V. Vanzo

NAME OF FUNERAL HOME
Leak and Sons Funeral Home

21. **28th**
 22. **Bele V. Vanzo**
 23. **Leak and Sons Funeral Home**
 24. **Chicago**
 25. **65** YEARS **05** MONTHS **13** DAYS
 26. **February 25, 2004**
 27. **Male**
 28. **May 13, 1929**
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 61. **65** YEARS **05** MONTHS **13** DAYS
 62. **February 25, 2004**
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 68. **February 25, 2004**
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 72. **Chicago**
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 77. **Rehabilitation at Midway**
 78. **Chicago**
 79. **65** YEARS **05** MONTHS **13** DAYS
 80. **February 25, 2004**
 81. **Male**
 82. **May 13, 1929**
 83. **Rehabilitation at Midway**
 84. **Chicago**
 85. **65** YEARS **05** MONTHS **13** DAYS
 86. **February 25, 2004**
 87. **Male**
 88. **May 13, 1929**
 89. **Rehabilitation at Midway**
 90. **Chicago**
 91. **65** YEARS **05** MONTHS **13** DAYS
 92. **February 25, 2004**
 93. **Male**
 94. **May 13, 1929**
 95. **Rehabilitation at Midway**
 96. **Chicago**
 97. **65** YEARS **05** MONTHS **13** DAYS
 98. **February 25, 2004**
 99. **Male**
 100. **May 13, 1929**
 101. **Rehabilitation at Midway**

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
DAVID ORR, County Clerk

SEPTEMBER 28, 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

REGISTRATION DISTRICT NO. # 84 16.10	STATE OF ILLINOIS	STATE FILE NUMBER 619155
REGISTERED NUMBER	CORONER'S CERTIFICATE OF DEATH	
DECEASED—NAME 1. MADISON A. MORRISON	FIRST A.	MIDDLE MORRISON
RACE 4. NEGRO	AGE—LAST BIRTHDAY (YRS.) 5a. 50	SEX 2. MALE
DATE OF DEATH 3. July 22, 1974	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 7-13-1924	PLACE OF DEATH 7a. COOK
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. CHICAGO	HOSPITAL OR OTHER INSTITUTION—NAME 7d. ROSELAND COMMUNITY HOSPITAL	(IF NOT IN EITHER, GIVE STREET AND NUMBER) DOA
BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. ILLINOIS	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED
SOCIAL SECURITY NUMBER 12. 358-16-4827	USUAL OCCUPATION 13a. ARTIST	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. MARJORIE SMITH
RESIDENCE 14a. ILLINOIS	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. CHICAGO	KIND OF BUSINESS OR INDUSTRY 13b. COMMERCIAL
FATHER—NAME 15. LAFAYETTE MORRISON	MOTHER—MAIDEN NAME 14c. BEATRICE YOUNG	U.S. WAR VETERAN; WAR OR DATES OF SERVICE (YES/NO) 13c. YES
INFORMANT'S SIGNATURE 17a. <i>Marjorie Morrison</i>	RELATIONSHIP 17b. wife	MILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 9212 South Union Avenue Chgo., Ill.
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		
PART I. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Arteriosclerotic Heart Disease		UNKNOWN
(b) _____		_____
(c) _____		_____
PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))		
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II ITEM 18)
20a. _____	20b. _____	20c. _____
INJURY AT WORK (YES/NO)	PLACE OF INJURY AT HOME (FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY))	LOCATION (CITY, VIL. OR TOWN; OR TWP. OR RD. DIST. NO.; COUNTY; STATE)
20e. _____	20f. _____	20g. _____
I CERTIFY THAT IN MY OPINION, BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT ---		THE DECEDENT WAS PRONOUNCED DEAD ON
21a. CORONER'S SIGNATURE <i>Andrew J. Tomaszewski</i>		21b. July 22, 1974
CORONER'S PHYSICIAN'S SIGNATURE 23a. <i>John P. Ryan</i>		DATE SIGNED (MONTH, DAY, YEAR) 21c. 24 5/11 M.
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		22b. July 22, 1974
CEMETERY OR CREMATORY—NAME 24b. WASH. MEMORY GDNS.		DATE SIGNED (MONTH, DAY, YEAR) 22c. July 22, 1974
FUNERAL HOME 25a. JACKSON FUNERAL HOME		24c. THORNTON TWP., ILLINOIS
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Thomas M. Hughes</i>		24d. 7-25-74
LOCAL REGISTRAR'S SIGNATURE 26a. <i>Harvey P. Brown</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 7770
26b. JUL 23 1974		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

1

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
DAVID ORR, County Clerk

SEPTEMBER 28, 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

PERMANENT
CERTIFICATE

ORIGINAL *143*

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS

STATE FILE
NUMBER

91813

DECEDENT'S BIRTH NO.		CORONER'S CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 1610	REGISTERED NUMBER
1. PLACE OF DEATH a. STATE ILLINOIS b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.) a. STATE Illinois b. COUNTY Cook		3. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Chicago	
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....		e. LENGTH OF STAY IN 1c or 1d 42 Yrs.		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....	
f. NAME OF HOSPITAL OR INSTITUTION Roseland Community Hosp.		g. LENGTH OF STAY IN 1f D.O.A.		e. LENGTH OF RESIDENCE AT 2c or 2d 42 Yrs.	
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 9133 So. Union		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (FIRST) Harold b. (MIDDLE) L. c. (LAST) Morrison		4. DATE OF DEATH (MONTH) (DAY) (YEAR) December 30, 1967		9. AGE (In years last birthday) 42 if under 1 year MONTHS DAYS HOURS MIN.	
5. SEX Male		6. RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
10a. USUAL OCCUPATION Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office		11. BIRTHPLACE (City and state or foreign country) Chicago, Illinois	
13. FATHER'S FULL NAME La Fayette Morrison		14. MOTHER'S FULL NAME Beatrice Young		12. Citizen of what country? USA	
15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) Yes		16. SOCIAL SECURITY NUMBER W.W. II 355-18-3679		17. INFORMANT a. SIGNATURE <i>Barth E. Morrison</i> b. ADDRESS 9133 So. Union c. RELATIONSHIP TO DECEASED WIFE	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) Coronary Thrombosis Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING CAUSE last. due to (B) _____ due to (C) _____		INTERVAL BETWEEN ONSET AND DEATH Sudden		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office/bldg., etc.)		21c. INJURED AT (CITY, TOWNSHIP, OR LOCATION) (COUNTY) (STATE)		21d. TIME OF (HOUR) (MONTH) (DAY) (YEAR) INJURY 12-30-67	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22a. Upon medical investigation I find this death was caused as stated above. DATE: 12-30-67 BY: <i>Barth E. Morrison</i> M.D. CORONER'S PHYSICIAN	
22b. Upon official investigation I find the person described died as stated above. DATE: BY: <i>Andrew J. Tomara MD</i> COUNTY CORONER		23. DISPOSITION: BURIAL OR CREMATION Date 1-3-68 CEMETERY Washington Memory Gardens LOCATION Thornton Twp., Illinois		24. FUNERAL DIRECTOR C.S. Jackson Co., Inc. SIGNATURE <i>Samuel L. Ardelman</i> ADDRESS 7350 Cottage Grove Chicago, Ill. Number 548	
25. Received for filing on JAN 2 1968 (Signed) <i>Samuel L. Ardelman MD</i>		LOCAL REGISTRAR		THE AUTHORITY OF ILLINOIS	

RRR
045
13-925
390

VS & R. 202—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH

CAUSE OF DEATH
7201

UNOFFICIAL COPY

FROM : D. M. DAWSON

FAX NO. :

Aug. 28 2005 03:37PM P4

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

Date: **MAY 07 1998**

Signed: *Nadine McCurry*

At Cook County Department of Public Health Official Title Deputy Registrar
 1010 Lake Street Suite 300 Oak Park, Illinois 60301

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 60		REGISTERED NUMBER		DECEASED NAME		FIRST NAME		MIDDLE NAME		LAST NAME		SEX		DATE OF DEATH (MONTH DAY YEAR)	
1. Beatrice		2. Morrison		3. Morrison		4. COOK		5. COOK		6. COOK		7. COOK		8. COOK	
CITY, TOWN, TWP. OR POLIO DISTRICT NUMBER		CITY, TOWN, TWP. OR POLIO DISTRICT NUMBER		CITY, TOWN, TWP. OR POLIO DISTRICT NUMBER		CITY, TOWN, TWP. OR POLIO DISTRICT NUMBER		CITY, TOWN, TWP. OR POLIO DISTRICT NUMBER		CITY, TOWN, TWP. OR POLIO DISTRICT NUMBER		CITY, TOWN, TWP. OR POLIO DISTRICT NUMBER		CITY, TOWN, TWP. OR POLIO DISTRICT NUMBER	
9. Oak Lawn		10. Oak Lawn		11. Oak Lawn		12. Oak Lawn		13. Oak Lawn		14. Oak Lawn		15. Oak Lawn		16. Oak Lawn	
17. Illinois		18. Illinois		19. Illinois		20. Illinois		21. Illinois		22. Illinois		23. Illinois		24. Illinois	
25. Illinois		26. Illinois		27. Illinois		28. Illinois		29. Illinois		30. Illinois		31. Illinois		32. Illinois	
33. Illinois		34. Illinois		35. Illinois		36. Illinois		37. Illinois		38. Illinois		39. Illinois		40. Illinois	
39. Illinois		40. Illinois		41. Illinois		42. Illinois		43. Illinois		44. Illinois		45. Illinois		46. Illinois	
47. Illinois		48. Illinois		49. Illinois		50. Illinois		51. Illinois		52. Illinois		53. Illinois		54. Illinois	
55. Illinois		56. Illinois		57. Illinois		58. Illinois		59. Illinois		60. Illinois		61. Illinois		62. Illinois	
63. Illinois		64. Illinois		65. Illinois		66. Illinois		67. Illinois		68. Illinois		69. Illinois		70. Illinois	
71. Illinois		72. Illinois		73. Illinois		74. Illinois		75. Illinois		76. Illinois		77. Illinois		78. Illinois	
79. Illinois		80. Illinois		81. Illinois		82. Illinois		83. Illinois		84. Illinois		85. Illinois		86. Illinois	
87. Illinois		88. Illinois		89. Illinois		90. Illinois		91. Illinois		92. Illinois		93. Illinois		94. Illinois	
95. Illinois		96. Illinois		97. Illinois		98. Illinois		99. Illinois		100. Illinois		101. Illinois		102. Illinois	

CONDITIONS IF ANY WHICH GIVE RISE TO MARRIED OR DIVORCED STATUS:
 (1) *due to divorce*
 (2) *due to divorce*
 (3) *due to divorce*

20. SIGNATURE: *[Signature]*
 21. DATE SIGNED: **4:20 P.M.**
 22. ILLINOIS LICENSE NUMBER: **053514**
 23. DATE EXPIRES: **05/01/98**

24. ALTERNATIVE SERVICES, INC. 9501 W. Devon Ave., Rosemont, IL, 60018
 25. LOCAL REGISTRAR'S SIGNATURE: *[Signature]*
 26. DATE: **MAY 07 1998**

D HOFSTETTER
UNOFFICIAL COPY
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

007

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE (16a)

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Maxine Adrienne GUSHINIERE		2. December 28, 2003		3a. Clark		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		II Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Las Vegas		3c. Spring Valley Hospital		3a. Inpatient		4. Female	
5. Black		Was Decedent of Hispanic Origin? (Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc.)		AGE—Last Birthday (Years)		UNDEH 1 YEAR	
6. U.S.A.		10. 15		7a. 81		7b. : DAYS	
9a. Illinois		CITIZEN OF WHAT COUNTRY		11. Divorced		DATE OF BIRTH (Mo., Day, Yr.)	
13. 329-26-6716		14a. Teacher		14b. Primary Education		12. d. Apr 13, 1922	
15a. Nevada		15b. Clark		15c. Las Vegas		15d. 2851 S. Valley View #1165	
15e. No		16a. Lafayette Morrison		17. Beatrice Young		16b. 108 31 S. Prairie Ave. Chicago, Illinois 60628	
18a. Cremation		18b. Palm Crematory		19c. Las Vegas, Nevada		19a. Cremation	
20a. [Signature]		20b. 50		20c. 1325 W. Main St., Las Vegas, Nevada 89101		20d. Palm Mortuary - Downtown	
21a. [Signature]		21c. 12:42 AM		22b. [Signature]		22c. [Signature]	
21b. 12/30/03		21c. 12:42 AM		22b. [Signature]		22c. [Signature]	
23a. Radhika Janga MD 700 E. Warm Springs Rd. Las Vegas Nevada 89119		23b. 10534		24b. DEC 31 2003		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)		PART I (a) Cardiac arrest due to MI		PART I (b) CVA		PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	
26a. [Signature]		26b. [Signature]		26c. [Signature]		26d. [Signature]	
27. No		28a. [Signature]		28b. [Signature]		28c. [Signature]	

STATE REGISTRAR

No.251183

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NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

[Signature]

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DIVISION OF HEALTH - SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME (First Middle Last)	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		1. Warren Henry GUSHINIERE	2. January 17, 2002	3. Clark
DECEASED		CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION (Name, (if not other, give street and number))	COUNTY OF DEATH
		4. Las Vegas	5. Valley Hospital	6. Clark
# BIRTH OCCURRED IN NEBRASKA, MISSOURI, ARIZONA, CALIFORNIA, OR IOWA		RACE—(See instructions on reverse)	AGE—Last birthday (Year, Month, Day)	EDUCATION (Specify highest grade completed)
		7. Black	8. 74 55	9. HS
		10. Illinois	11. U.S.A.	12. 13
		13. 339-42-6432	14. Electronic	15. Installer / Retired
PARENTS		FATHER—NAME (First Middle Last)	MOTHER—MAIDEN NAME (First Middle Last)	
		16. Warren Gushiniere	17. Maxine Morrison	
		18. Maxine Gushiniere - Mother	19. 2851 S. Valley View #1165, Las Vegas, Nevada 89102	
DISPOSITION		BURIAL, CREMATION, REBURY, OR OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION—City or town State
		20. Creation	21. Palm Crematory	22. Las Vegas, Nevada
		23. Funeral Director License Number	24. Name and Address of Facility	25. Funeral Home
		26. 50	27. 1501 S. Jean, Las Vegas, Nevada	
CERTIFIER		DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	28. On the basis of inspection and investigation, is my signed death certificate true and correct as to the date, time, place, cause, manner and manner of death?
		29. 1-22-02	30. 1:10 PM	31. Yes
		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Name or Print)	33. DATE SIGNED (Mo., Day, Yr.)	34. HOUR OF DEATH
		35. Debra Baylor MD 8801 W. Sahara Las Vegas Nevada 89117	36. 1-22-02	37. 1:10 PM
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH		38. NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical Examiner, or Coroner) (Type or Print)	39. LICENSE NUMBER	
		40. Debra Baylor MD 8801 W. Sahara Las Vegas Nevada 89117	41. 7890	
CAUSE OF DEATH		42. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), (c), (d))	43. RECEIVED BY REGISTRAR (Mo., Day, Yr.)	44. DEATH DUE TO COMMUNICABLE DISEASE (Specify Yes or No)
		45. cardiovascular failure	46. JAN 23 2002	47. No
		48. due to, or as a consequence of		
		49. peptic		
		50. Thyrototoxicosis		
		51. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		
		52. 		
		53. ALL SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)	54. DATE OF INJURY (Mo., Day, Yr.)	55. HOUR OF INJURY
		56. No	57. 	58.
		59. INJURY AT WORK (Specify Yes or No)	60. PLACE OF INJURY—(Home, farm, street, factory, office, public, etc.) (Specify)	61. DESCRIBE HOW INJURY OCCURRED
		62. No	63. 	64.
		65. LOCATION	66. STREET OR R.F.D. No.	67. CITY OR TOWN
		68. 	69. 	70.
		71. STATE		
		72. 		

STATE REGISTRAR

No. 212376

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By: *[Signature]*
Date Issued: *[Date]*