

County of Cook

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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. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				
DECEASED-NAME FIRST MIE MIDDLE June LAST Collins SEX Female DATE OF DEATH (MONTH, DAY, YEAR) 3 April 15, 2005		COUNTY OF DEATH 4 Cook		AGE-LAST BIRTHDAY (YRS) 5a. 80	UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR) 6 June 9, 1924
CITY, TOWN, TWP. OR ROAD DISTRICT AND R. 6 Elk Grove Village		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b Alexis Brothers Medical Center		IF HOSP. OR INST. INDICATE D.O.A., OPICEMIA, P.M., INPATIENT (SPECIFY) 6c In Patient		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Tennessee		MARRIED, EVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b Clois Collins		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9 No	
SOCIAL SECURITY NUMBER 10 411-38-3592		USUAL OCCUPATION 11a Retired	KIND OF BUSINESS OR INDUSTRY 11b Laborer		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 12	
RESIDENCE (STREET AND NUMBER) 13a 185 North Leamington		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b Chicago	INSIDE CITY (YES/NO) 13c Yes	COUNTY 13d Cook		
STATE 13e Illinois	ZIP CODE 13f 60644	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a Black	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b NO YES SPECIFY:			
FATHER-NAME FIRST MIDDLE LAST 15 Hurshall Williams		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16 Annie Mae Terry		INFORMANT'S NAME (TYPE OR PRINT) 17a Clois Collins		
RELATIONSHIP 17b Spouse		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 185 No. Leamington Chgo, Ill. 60644				
PART I. Enter the disease, 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 PERIOD BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)		(a) Ovarian carcinoma				3 months
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		(b) Congestive Heart Failure				
PART II. Enter significant conditions contributing to death but not resulting in the underlying cause given in PART I.						ALL OPSY (YES/NO) 19a NO
DATE OF OPERATION, IF ANY 20a		MAJOR FINDINGS OF OPERATION 20b		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE (3) MONTHS? 20c NO		
(IF YOU DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a 4/15/05		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b No		HOUR OF DEATH 21c 2:30 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 (M, D, Y) 22b 4/18-05		
SIGNATURE 22a [Signature]		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c MAYRA MARTINEZ 1068 S. ROSEVELL		ILLINOIS LICENSE NUMBER 22d 036087084		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23 SCHAMBERG, IL 60199		NOTE: IF AN AMBURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Burial	CEMETERY OR CREMATORY-NAME 24b Forest Home Cem.	LOCATION 24c Forest Park	CITY OR TOWN 24d Illinois	DATE (MONTH, DAY, YEAR) 24e 4/22/05		
FUNERAL HOME 25a Resthaven Memorial Chapel 7605 South Halsted Street Chicago Il. 60620		FUNERAL DIRECTOR'S SIGNATURE 25b [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 0348921		
LOCAL REGISTRAR'S SIGNATURE 26a [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b April 19, 2005				

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Ticor Title Insurance Company

Commitment Number: TC06-03302

SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

LOT 30 IN THE SUBDIVISION OF LOTS 1, 2 AND 3 IN THE RESUBDIVISION OF BLOCK 6 AND VACATED ALLEY IN DERBY'S ADDITION TO CHICAGO, BEING A SUBDIVISION OF LOTS 20, 23 TO 29, 33 TO 66 ALL INCLUSIVE 70, 71, 72, 74, 75, 76, 78 AND 79 IN C.J. HULL'S SUBDIVISION OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

C/K/A: 185 NORTH LEAMINGTON, CHICAGO, ILLINOIS 60644

PIN#: 16-09-414-001-0000

Property of Cook County Clerk's Office