

UNOFFICIAL COPY

LEGAL DESCRIPTION

Address of Real Estate: 3107 W. 173rd St., Hazel Crest, IL 60429.

Permanent Index Numbers: 28-25-318-003-0000.

LEGAL DESCRIPTION:

Lot 416 in Elmore's Pottawatomie Hills, being a subdivision of the South 60 acres of the West half of the South West quarter and also the East half of the South West quarter of Section 25, Township 36 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.**

Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

APR 03 2006

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

DECEDEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 18.0	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 A DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER 23. DISPOSITION	DECEASED NAME FIRST MIDDLE LAST 1. Edward H. Hofmann		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. April 1, 2006	
	COUNTY OF DEATH 4. Cook		AGE - LAST BIRTHDAY (YRS) 5a. 86	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Hazel Crest		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. South Suburban Hospital		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. Inpatient
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, Illinois		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. JoAnn F. Krieg	
	SOCIAL SECURITY NUMBER 10. 326-16-6604		USUAL OCCUPATION 11a. Accounting Engineer	KIND OF BUSINESS OR INDUSTRY 11b. Illinois Central Railroad	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12. 12 1
	RESIDENCE (STREET AND NUMBER) 13a. 3107 W. 173rd Street		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Hazel Crest	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook
	STATE 13e. Illinois	ZIP CODE 13f. 60429	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. X NO YES SPECIFY:	
	FATHER - NAME FIRST MIDDLE LAST 15. William Hofmann		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST 16. Anna Goltz		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. Mrs. JoAnn F. Hofmann		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 3107 W. 173rd St., Hazel Crest, IL 60429	
	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.		IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		(a) BLADDER CANCER		3 months	
		(b)			
		(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 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO	
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 4/1/06		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 9:22 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) 22b. April 3, 2006		ILLINOIS LICENSE NUMBER 22d. 036-051427	
22a. SIGNATURE <i>James Habib</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. James Habib, MD 2555 Lincoln Hwy., Olympia Fields, IL 60461		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
24a. Burial		CEMETERY OR CREMATORY - NAME 24b. Bethania Cemetery	LOCATION CITY OR TOWN STATE 24c. Justice, Illinois	DATE (MONTH, DAY, YEAR) 24d. April 5, 2006	
25a. Tews Funeral Home, Inc. 18230 S. Dixie Hwy., Homewood, Illinois 60430		FUNERAL DIRECTOR'S SIGNATURE <i>Henry A. Tews</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 9934	
26a. <i>David Orr</i>		LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. APR 03 2006	