#### **UNOFFICIAL COPY**

# QUIT CLAIM DEED (Individual to Individual)

**0**783**0**55**00**3D

Doc#: 0703056003 Fee: \$34.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 01/30/2007 09:11 AM Pg: 1 of 6

MAIL TO:

Rozmeen Shivji 3722 Capri Court Glenview, Illinois 60025

SEND SUBSEQUENT TAX BILLS TO:

Rozmeen Shivji 3722 Capri Court Glenview, Illinois 60025

THE GRANTOR,

Rozmeen Shivji,

> 3722 Capri Court Glenview, Illinois 6002

all of Grantor's interest in the following described Real Estate situated in the County of Cook, in the State of Illinois, to wit:

See Attached

Commonly known as:

3722 Capri Court

Glenview, Illinois 60025

Tax ID: 04-32-402-047-1051

44 x 6/gz

0703056003 Page: 2 of 6

## **UNOFFICIAL COPY**

TO HAVE AND TO HOLD the said premises with the appurtenances upon the trusts and for the uses and purposes herein and in said trust agreement set forth.

Full power and authority are hereby granted to said trustee to improve, manage, protect and subdivide said premises or any part thereof; to dedicate parks, streets, highways or alleys; to vacate any subdivision or part thereof, and to resubdivide said property as often as desired; to contract to sell; to grant options to purchase; to sell on any terms; to convey either with or without consideration; to convey said premises or any part thereof to a successor or successors in trust and to grant to such successor or successors in trust all of the title, estate, powers and authorities vested in said trustee; to donate, to dedicate, to mortgage, pledge or otherwise encumber said property, or any part thereof; to lease said property, or any part thereof, from time to time, in possession or reversion, by leases to commence in praesenti or in futuro, and upon any terms and for any period or periods of time, not exceeding in the case of any single demise the term of 308 years, and to renew or extend leases upon any terms and for any period or periods of time and to amend, change or modify leases and the terms and provisions thereof at any time or times hereafter; to contract to make leases and to grant options to lease and options to renew leases and options to purchase the whole or any part of the reversion and to contract respecting the manner of fixing the amount of present or future rentals; to partition or to exchange said property, or any part thereof, for other real or personal property; to grant easements or charges of any kind; to release. convey or assign any right, title or interest in or about or easement appurtenant to said premises or any part thereof; and to deal with said propert rend every part thereof in all other ways and for such other considerations as it would be lawful for any person owning the same to deal with the same, whether similar to or different from the ways above specified, at any time or times hereafter.

In no case shall any party dealing with said trustee in relation to said premises, or to whom said premises or any part thereof shall be conveyed, contracted to be sold, leased or mortgaged by said trustee, be obliged to see to the application of any purchase money, rent, or money borrowed or advanced on said premises, or be obliged to see that the terms of this trust have been complied with, or be obliged to inquire into any of the terms of said trust agreement; and every deed, trust deed, mortgage, lease or other instrument executed by said trustee in relation to said real estate shall be conclusive evidence in favor of every person relying upon or claiming under any such conveyance, lease of other instrument, (a) that at the time of the delivery thereof the trust created by this Indenture and by said trust agreement was in full force and effect; (b) that such conveyance or other instrument was executed in accordance with the trusts, conditions and limitations contained in this Indenture and in said trust agreement or in some amendment thereof and binding upon all beneficiaries thereunder; (c) that said trustee was duty authorized and empowered to execute and deliver every such deed, trust deed, lease, mortgage or other instrument; and (d) if the conveyance is made to a successor or successors in trust, that such successor or successors in trust have been properly appointed and are fully vested with all the title, estate, rights, powers, authorities, duties and obligations of its, his or their predecessor in trust.

The interest of each and every beneficiary hereunder and of all persons claiming under them or any of them shall be only in the earnings, avails and proceeds arising from the sale or other disposition of said real estate, and such interest is hereby declared to be personal property, and no beneficiary hereunder shall have any title or interest, legal or equitable, in or to said real estate as such, but only an interest in the earnings, avails and proceeds thereof as aforesaid.

0703056003 Page: 3 of 6

#### **UNOFFICIAL COPY**

If the title to any of the above lands is now or hereafter registered, the Registrar of Titles is hereby directed not to register or note in the certificate of title or duplicate thereof, or memorial, the words "in trust," or "upon condition," or "with limitations," or words of similar import, in accordance with the statute in such case made and provided.

in such case made and provided.
And the said grantorhereby expressly waive and release any and all right or benefit under and by virtue of any and all statutes of the State of Illinois, providing for the exemption of homesteads from sale on execution or otherwise.
DATED January 23, 2007
Rozmeen Shivji (SEAL)
State of Illinois ) ) SS
County of )
I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that <b>Rozmeen Shivji</b> is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.
Given under my hand and official seal, January 8, 2007.
Commission expires
This transaction is exempt pursuant to 35 NCS 200/31-45 (e)  Date: $// \frac{3}{9}$

This instrument was prepared by Ronald G. Pestine, 555 Skokie Blvd., #595, Northbrook, Illinois 60062, #22954

0703056003 Page: 4 of 6

#### **UNOFFICIAL COPY**

PARCEL 1: UNIT "T"-19-"B, IN THE TRUIMVERA TOWNHOME CONDOMINIUM, AS DELINEATED ON AND ATTACHED TO AND A PART OF DECLARATION OF CONDOMINIUM OWNERSHIP REGISTERED ON THE SIXTH OF MAY 1975 AS DOCUMENT NUMBER 2806521.

AN UNDIVIDED 1.6437 PERCENTAGE INTEREST (EXCEPT THE UNIT DELINEATED AND DESCRIBED IN SAID SURVEY) IN AND TO THE FOLLOWING DESCRIBED PREMISES: THAT PART OF THE SOUTH HALF OF THE SOUTHEAST QUARTER OF SECTION 32, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, BOUNDED AND DESCRIBED AS FOLLOWS: COMMENCING AT THE INTERSECTION OF THE NORTH LINE OF THE SOUTH HALF OF THE SOUTHEAST QUARTER OF SAID SECTION 32 WITH THE SOUTHWESTERLY RIGHT-OF-WAY LINE OF MILWAUKEE AVENUE AS ESTABLISHED BY DOCUMENT NUMBER 2492593 THENCE SOUTHEASTERLY ALONG SAID SOUTHWESTERLY RIGHT-OF-WAY LINE A DISTANCE OF 571.07 FEET; THENCE CONTINUING SOUTHEASTERLY ALONG THE SAID SOUTHWESTERLY RIGHT-OF-WAY LINE, ALONG A LINE WHICH FORMS AN ANGLE OF 0 DEGREES 37 MINUTES 19 SECONDS TO THE RIGHT OF THE PROLONGATION OF THE LAST DESCRIBED LINE, A DISTANCE OF 244.48 FEET; THENCE SOUTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 30.00 FEET TO THE FORM OF BEGINNING; THENCE NORTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 89.67 FEET; THENCE SOUTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 45.50 FEET; THENCE SOUTHEASTERLY AT RIGHT ANGELS TO THE LAST DESCRIBED LINE A DISTANCE OF 7.17 FEET; THENCE SOUTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 2.60 FEET; THENCE SOUTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 9.00 FEET; THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 3.00 FEFT; THENCE SOUTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 12.00 FEET, SOUTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 3.00 FEET, THENCE SOUTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 9.00 FEET; THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 3.00 FEET; THENCE SOUTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 11.75 FEET: THENCE SOUTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 3.36 FEET: THENCE SOUTHE/ STEPLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 9.50 FEET: THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 3.36 FEET; THENCE SOUTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE 31.25 FEET; THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 1.50 FEET; THENCE SOUTHEASTERLY AT LIGHT ANGLES TO THE LAST DESCRIBED LINE A

DISTANCE OF 3.00 FEET; THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 9.00 FEET; THENCE NORTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 3.00 FEET; THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 35.00 FEET TO THE POINT OF BEGINNING.

PARCEL 2: EASEMENTS FOR INGRESS AND EGRESS APPURTEMENT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN THE DECLARATION OF COVENANTS AND RESTRICTIONS AND EASEMENTS FOR THE TRUIMVERA HOMEOWNERS ASSOCIATION FILED AS DOCUMENT NUMBER LR 2754081 AS AMENDED FROM TIME TO TIME IN COOK COUNTY, ILLINOIS.

0703056003 Page: 5 of 6

# TO CERTIFICATION OF VITAL RECORD

### **CITY OF AUSTIN**

STATE OF TEXAS			CERTII				E NUMBER
1. LEGAL NAME OF DECEASED	(Include AKA's If any	(First, Middle, L	LASI)		(Maiden)	2. DAT	E OF DEATH - ACTUAL OR PRESUMED
Hassanali Cha	rania	- h - l	**			Harr	25 2006
	E OF BIRTH		E-Lest Birthday	IE I BODED A VO	Unigeneral and		25, 2006
V-SEA		N	-1	IF UNDER 1 YR	IF UNDER 1 DAY		HPLACE (City & State or Foreign Co.
7. SOCIAL SECURITY NUMBER	ie 18, 196		" 39	L			Pakistan
Milliam Agents and Street	:	8. MARITAL STA	ATUS AT TIME OF	DEATH IN Married			ve name prior to first marriage)
353-84-9918		L. Williams 13.	unvarced   Neve	er Married 🗀 Unknown	Rozmeen S		
10s. RESIDENCE STREET ADDR	588	- B. F			106. APT NO	10c. CITY	OR TOWN
3722 Capri Cour					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Gler	view
10d. COUNTY	10e. 5	STATE		10f. 2IP	CODE		10g. INSIDE CITY LIMITS?
Cook	111	inois	the system	600	25		X Yes, [!:No,
11. FATHER'S NAME	1. 1		- 310		RIOR TO FIRST MARRIA	GE	
Hyderali Charac	ıi.a	. 7 1.		Shakerkhan			
			13. PLACE OF	F DEATH (CHECK ONL			
IF DEATH OCCURRED IN A HOSE	TAL:	#F DEATH (		EWHERE OTHER THA			
mpallent C ER/Outpatient	,	☐ Hospics	Facility	Nursing Home		Other (Spec	ity)
4. COUNTY OF DEATH	15. CiTY/T	DWN, ZIP (If outs	sids city limits, give		CILITY NAME (If not ins)		
".c.vis	Aust	20 Av	787	ا فست	ackenridge		
I INFO AWANT'S NAME & BELA					MANT (Street and Num	har City State	a 27to Codel
Ko meenly	<u>,</u>		- 1				
19. METO OF AN YOSITION	<del>~</del>	-Wife	3722	_Capri Co	ourt Glenv		linois 60025
S Buriat Cur Agena	) Donation	ACTING A	NUME AND LICE!	$\sim 1/$	RAL DIRECTOR OR PE		1. T
C Entombrient G .em. w/Fr	100		7 /	SAV.	geland	.   "	
Cher (Specify)		JB Co	peland #	11019	grane	Bi	lock
22. PLACE OF DISPOSITION	of cemetery, creme					La	188-D
Cook-Walden capi				ville, Texa			nade 2
A NAME OF FUNERAL FACILITY	PEN BIRD	<del></del>	25 COMPLET	FARRESS OF FUNE	IS RAL FACILITY (Street an	. 174	
	tal de la	18 J. JA	1.6501 N	LANDE THE	Pflugervill	u number, Chi I – mortus	7, aut. (f. Lip C006)
Cook-Walden Cani							
SIGNATURE OF CERTIFIER	of prey knowledgea Peacy - On the build	of exemination,	s to the cause(s) ar and/or investigation 28. DATE CE	nd manner slated. n, in my opinion, death o RTIFIED (Mo/Day/Yr)	coursed at the time, date,	and place, an	id due to the cause(s), and manner size
26. CERTIFIER (Check only one):  Certifying Physician - To the best Zimedical Examiner/Justice of the I Zimedical Examiner of Certifier  Zimedical Examiner	of phy knowledge a place - On the bit is ELECTIV CERTIFIER (Street	of exemination,	28. DATE CE  0 6 / 0  y, 1 late, 7to Code)	nd menner stated. n, in my opinion, death o IRTEFIED (MorDay/Yr) 12/06	29. LICENSE NUMBE H4607	and place, an	id due to the cause(e) and manner size TIME OF DEATH (Actual or presumed : 55 a.m. 32. TITLE OF CERTIFIER
26 CERTIFIER (Check only one):  Contrying Physician - To the best XMedical Examiner/Justice of the XMedical Examiner/Justice of the XMEDICAL EXAMINER/XMEDICAL XMEDICAL EXAMINER XMEDICAL EXAMIN	of phy knowledge of page of the page of th	and Number City	28. DATE CE 0 6 / 0 y, 1 late, 7tp Code)	nd manner slated. n, in my opinion, death o RTIFIED (MorDay/Yr) )2/06	29. LICENSE NUMBE H4607	and place, an 30.1	id due to the cause(e) and manner size  TIME OF DEATH (Actual or presumed  155 2. III.  32. TITLE OF CERTIFIER  DEDUCTY M. R.
26 CERTIFIER (Check only one):  Contrying Physician - To the best XMedical Examiner/Justice of the XMedical Examiner/Justice of the XMEDICAL EXAMINER/XMEDICAL XMEDICAL EXAMINER XMEDICAL EXAMIN	of phy knowledge of page of the page of th	and Number City	28. DATE CE 0 6 / 0 y, 1 late, 7tp Code)	nd manner slated. n, in my opinion, death o RTIFIED (MorDay/Yr) )2/06	29. LICENSE NUMBE H4607	and place, an 30.1	id due to the cause(e) and manner size  TIME OF DEATH (Actual or presumed  155 2. III.  32. TITLE OF CERTIFIER  DEDUCTY M. R.
26. CERTIFIER (Check only one):  Certifying Physician - To the best Zimedical Examiner/Justice of the I Zimedical Examiner of Certifier  Zimedical Examiner	of phy knowledge of page of the page of th	and Number City	28. DATE CE 0 6 / 0 y, 1 late, 7tp Code)	nd manner slated. n, in my opinion, death o RTIFIED (MorDay/Yr) )2/06	29. LICENSE NUMBE H4607	and place, an 30.1	id due to the cause(e) and manner size  TIME OF DEATH (Actual or presumed  155 2. III.  32. TITLE OF CERTIFIER  DEDUCTY M. R.
8 CERTIFIER (Check only one): Check only one): Check only one): Check only one): Check only one; Check one; C	of phy knowledge.  Pency - On the bit  CERTIFIER (Street  COCK  OF EVENTS - DIS  S SUCH AS CARDI  OT ABBREVIATE.	and Number City P. O. SEABES, INJURIE AC AMREST, ME	and/or kniestigation  28. DATE CE  06/0  7. Isla. To Code  7. COMPLICE  ESPISATORY APP  NE CAUSE OF _A	nd manner stated. n, in my opinion, death o PRTIFIED (Mo/Day/Y) 12/06 AUSTIN ATIONS - THAT DIREC MAY OR VENTRICULA CH, INE.	29. LICENSE NUMBE H4607	and place, an 30.1	inde to the cause(s) and manner size IRME OF DEATH (Actual or presumed  35. TITLE OF CERTIFIER  Deputy M.E.  BYER  Approprimate interval: Onset to deeth
B CERTIFIER (Check only one): Centrying Physician - To the best Amedical Examinations of the DESTRUCTION OF THE PROPERTY OF TH	of phy knowledge.  Pency - On the bit  CERTIFIER (Street  COCK  OF EVENTS - DIS  S SUCH AS CARDI  OT ABBREVIATE.	and Number City P.O. D. BRABES, INJURIE AC ARREST, ABERTER ONLY ON Water	and/or investigation and/or investigation and/or investigation 28. DATE CE 06/0 by, late, to Cooking Cooking and C	nd manner stated. n, in my opinion, death o PRTIFIED (Mo/Day/Y) 12/06 AUSTIN ATIONS - THAT DIRECT MAY OR VENTRICULA CH. 'NE.	29. LICENSE NUMBE H4607	and place, an 30.1	id due to the cause(e) and manner size  TIME OF DEATH (Actual or presumed  155 2. III.  32. TITLE OF CERTIFIER  DEDUCTY M. R.
CENTIFICEN (Check only one): Centrying Physician - To the best Amedical Examinari/Justice of the graph and the continue of the centry of the	of phy knowledge.  Pency - On the bit  CERTIFIER (Street  COCK  OF EVENTS - DIS  S SUCH AS CARDI  OT ABBREVIATE.	and Number City P.O. D. BRABES, INJURIE AC ARREST, ABERTER ONLY ON Water	and/or kniestigation  28. DATE CE  06/0  7. Isla. To Code  7. COMPLICE  ESPISATORY APP  NE CAUSE OF _A	nd manner stated. n, in my opinion, death o PRTIFIED (Mo/Day/Y) 12/06 AUSTIN ATIONS - THAT DIRECT MAY OR VENTRICULA CH. 'NE.	29. LICENSE NUMBE H4607	and place, an 30.1	inde to the cause(s) and manner size IRME OF DEATH (Actual or presumed  35. TITLE OF CERTIFIER  Deputy M.E.  BYER  Approprimate interval: Onset to deeth
Be CERTIFIER (Check only one): Centrying Physician - To the best Medical Examinativation of the MINATURE OF CERTIFIER MINATURE OF CE	of phy knowledge.  Pency - On the bit  CERTIFIER (Street  COCK  OF EVENTS - DIS  S SUCH AS CARDI  OT ABBREVIATE.	and Number City P.O. Despense injury AC ARREST, REINTER ONLY ON Water Due to (c	and/or investigation and/or investigation and/or investigation 28. DATE CE 06/0 by, late, to Cooking Cooking and C	nd manner stated n, in my opinion, death of RTEFED (NorDey/Yr) 12/06 1 Austin Austin ATTORIS - THAT DIREC ATTORIS - THAT DIREC CH. NE.	29. LICENSE NUMBE H4607	and place, an 30.1	inde to the cause(s) and manner size IRME OF DEATH (Actual or presumed  35. TITLE OF CERTIFIER  Deputy M.E.  BYER  Approprimate interval: Onset to deeth
B CERTIFIER (Check only one): Centrying Physician - To the best  Medical Examinativation of the CHIPTER PANEL ADDRESS OF ENTER PANEL ADDRESS OF ENTER PANEL ADDRESS OF ENTER PANEL ENTER THE CLASS SPARY I. ENTER THE CLASS ENTER PANEL ENTER THE PAN	of phy knowledge.  Pency - On the bit  CERTIFIER (Street  COCK  OF EVENTS - DIS  S SUCH AS CARDI  OT ABBREVIATE.	and Number Cit P.O. D BEABES, INJURIA AC ARREST RE ENTER ONLYON Water Due to (c	e to the cause(s) available to the cause(s) available to the cause(s) available to the cause(s) available to the cause of	nd manner slated n, to my opinion, death o RTIFIED (MorDaylor) 2/06  AUSTIN AVIONS - THAY DIREC "Y, ON VENTRICULA N, WE  12  Co d:	29. LICENSE NUMBE H4607	and place, an 30.1	inde to the cause(s) and manner size IRME OF DEATH (Actual or presumed  35. TITLE OF CERTIFIER  Deputy M.E.  BYER  Approprimate interval: Onset to deeth
B CERTIFIER (Check only one): Centrying Physician - 10 he best Attended Examinar/Justice of the present of the	of phy knowledge.  Pency - On the bit  CERTIFIER (Street  COCK  OF EVENTS - DIS  S SUCH AS CARDI  OT ABBREVIATE.	and Number Cit P.O. D BEABES, INJURIA AC ARREST RE ENTER ONLYON Water Due to (c	a to the cause(s) a and/or kivestigleton and/or kivestigleton 28. DATE CE 0.6/0 y.; late, "to Code) y.; late, "to Code) E.F. (COMPLL ESPE) ATORY APPINE CAUSE OF "A dirowit, 1 m or as a consequent	nd manner slated n, to my opinion, death o RTIFIED (MorDaylor) 2/06  AUSTIN AVIONS - THAY DIREC "Y, ON VENTRICULA N, WE  12  Co d:	29. LICENSE NUMBE H4607	and place, an 30.1	inde to the cause(s) and manner size IRME OF DEATH (Actual or presumed  35. TITLE OF CERTIFIER  Deputy M.E.  BYER  Approprimate interval: Onset to deeth
B CERTIFIER (Check only one): Centrying Physician - To the best  Medical Examinativation of the CHIPTER PANEL ADDRESS OF ENTER PANEL ADDRESS OF ENTER PANEL ADDRESS OF ENTER PANEL ENTER THE CLASS SPARY I. ENTER THE CLASS ENTER PANEL ENTER THE PAN	of phy knowledge.  Pency - On the bit  CERTIFIER (Street  COCK  OF EVENTS - DIS  S SUCH AS CARDI  OT ABBREVIATE.	and Number Cit P.O. D BEABES, INJURIA AC ARREST RE ENTER ONLYON Water Due to (c	e to the cause(s) available to the cause(s) available to the cause(s) available to the cause(s) available to the cause of	nd manner slated n, to my opinion, death o RTIFIED (MorDaylor) 2/06  AUSTIN AVIONS - THAY DIREC "Y, ON VENTRICULA N, WE  12  Co d:	29. LICENSE NUMBE H4607	and place, an 30.1	inde to the cause(s) and manner size IRME OF DEATH (Actual or presumed  35. TITLE OF CERTIFIER  Deputy M.E.  BYER  Approprimate interval: Onset to deeth
Becknittler (Check only one): Centrying Physician - To the best Amedical Examinativation of the Control of the	of pre knowledge. a place - On the building - On	and Number Cit P.O. D BABES, INJURN BASES, INJURN Due to (Injury Due to	e to the cause(e) at and/or investigation and/or investigation 28. DATE CE 20.	nd menner slated n, e my operion, death of RTFFED (MorCey/Y), 12/06  Austin ATONS THAT DREC	DOUTING At the Since, date, 29. LICENSE NUMBER H4607  TX. 787 TLY CAUSED THE DEA	and place, and place, and place, and place, and a so, an	id due to the cause(s) and manner size IRRE OF DEATH (Actual or presumed: 55 a.m. 32.TITLE OF CERTIFIER Deputy M.E. ENZER Approximate interval: Chapt to deeth 5 days
B. CERTIFIER (Check only one): Certifying Physician - To the best X-thedical Examinari/Justice of the X-thedical Examinari/Justice of the X-thedical Examinari/Justice of the X-thedical Examinari/Justice X-thedical Examinari/Y-Institute Institute	of pre knowledge. a place - On the building - On	and Number Cit P.O. D BABES, INJURN BASES, INJURN Due to (Injury Due to	e to the cause(e) at and/or investigation and/or investigation 28. DATE CE 20.	nd menner slated n, e my operion, death of RTFFED (MorCey/Y), 12/06  Austin ATONS THAT DREC	DOUTING At the Since, date, 29. LICENSE NUMBER H4607  TX. 787 TLY CAUSED THE DEA	and place, and place, and place, and place, and a so, an	id due to the cause(e) and manner size  INNE OF DEATH (Actual or presumed:  155 a.m.  2. TITLE OF CERTIFIER  Deputy M.E.  ENTER Approximate interval:  Onal to death  5 days
6 CENTIFIER (Check only one): Centrying Physician - To the best X-Medical Examinations on the T agnitude of CENTIBER WITH THE NAME, ADDRESS OF ENTIRE NAME, ADDRESS OF ENTIRE THE THE STAN S. PART I. ENTER THE STAN ETRINANAL EVEN ETR	of pre knowledge. a place - On the building - On	and Number Cit P.O. D BABES, INJURN BASES, INJURN Due to (Injury Due to	e to the cause(e) at and/or investigation and/or investigation 28. DATE CE 20.	nd menner slated n, e my operion, death of RTFFED (MorCey/Y), 12/06  Austin ATONS THAT DREC	DEUTRIC AT THE STITE, date,  29. LICENSE NUMBE H4607  Tx. 787 TLY CAUSED THE DEA FIRRALATION WITH	and place,	d due to the cause(s) and manner size  IRIME OF DEATH (Actual or presumed:  32. TITLE OF CERTIFIER  Deputy M.E.  BYER  Approximate interval:  Onset to deeth  TOPSY PERFORMED?  TOPSY FINDINGS AVAILABLE TO
ROERTIFIER (Check only one): Centrying Physician - 10 he best Medical Examinari/Justice of the Ty SignATURE OF CERTIFIER MANAPORT OF CERTIFIER S. PART I. ENTER THE GIAL TECHNINAL EVEN ETICK/COV. DO. MANAPORT OF CERTIFIER	of pre knowledge a precy - On the building of	of expanisation.  An interest of the second	e to the cause(e) at and/or investigation 28. DATE CE 06-/0 Gy; late, "0 Codes EPP TOTAL AND CAUSE OF A CITOWIT. TO or as a consequent (or as a consequent to	nd manner slated n, e my operion, death o RTFIFED (NorCay/Y), 12/06  Austin ATIONS - THAT DIREC FOR OR VENTRICULA CH, NE.  THOST RESULTING IN THOST RESULTING IN	DEUTRIC AT THE STITE, date,  29. LICENSE NUMBE H4607  Tx. 787 TLY CAUSED THE DEA FIRRALATION WITH	and place,	id due to the cause(e) and manner size  TIME OF DEATH (Actual or presumed: 155 a.m.  32. TITLE OF CERTIFIER  Deputy M.E.  Approximate interval: Onset to deselve  TOPSY PERFORMED?
R. CERTIFIER (Check only one):  Certifying Physician - To the best  X-Medical Examinations on the  TOTAL STATES THE STATE	of pre knowledge a vector of the knowledge of the knowled	of expanisation.  An interest of the second	and/or kinestigation and/or kinestigation and/or kinestigation 28. DATE CE 06/06/06 y; late, "pc Code) y; late, "pc Code) y; late, "pc Code) y; late, "pc Code) y late, "pc Co	nd menner stated. In, to my opinion, death of ERTHFIED (NOCOSYM)  2/06  AUSTIN ANDRE THAT DIRECTORY  ANDRE THAT DIRECTORY  OF VENTRICULA  OH, NE.  IT NOT RESULTING IN	DEUTRIC AT THE STITE, date,  29. LICENSE NUMBE H4607  Tx. 787 TLY CAUSED THE DEA FIRRALATION WITH	and place, and place, and place, and place, and place an	INDER OF DEATH (Actual or presumed: 155 a.m.: 22. TITLE OF CERTIFIER Deputy M.E. NYER Approximate interval: 5 days  TOPSY PERFORMED?  A ZNO.  DPSY FINDINGS AVAILABLE TO ECAUSE OF CEATHY [ Yes ON.
B CERTIFIER (Check only one): Certhying Physician - To the best Attended Examinari/Justice of the Tall Control of the best Attended Examinari/Justice of the Tall Control of the Best Office of the Tall Control of the Tall Office of the Tall Control of the Tal	of pre knowledge a precy - On the building of	of expanisation.  An interest of the second	e to the cause(s) at and/or investigation and/or investigation 28. DATE CE 06 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0	nd menner slated. n, or my opinion, death of extraction (who Cay/r), 12/06  AUSTIN ATOMS - THAT DIREC (WAY CAY/R), WE.  ATOMS - THAT DIREC (WAY CAY/R), WE.  TO CO (1):  TO THAT PROJECT (WAY CAY/R), WE.  TO THAT PROJECT (WAY CAY/R), WE.  THAT RESULTING IN	DEUTRIC AT THE STITE, date,  29. LICENSE NUMBE H4607  Tx. 787 TLY CAUSED THE DEA FIRRALATION WITH	and place, and place, and place, and place, and place an	IN COPE PERFORMED?  OTOPSY PERFORMED?  DE CAUSE OF DEATH? [19 Yes 11 No. 12 No.
B. CERTIFICE (Check only one): Centrying Physician - 10 he best X-Medical Examiner/Lost con the test X-Medical Examiner Con test X-Medical Examiner X-	of pre knowledge a place of on the building of	of expanisation.  An interest of the second	e to the cause(e) at and/or investigation 28. DATE OE 06 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0	nd manner slated n, or my opinion, death of RTIFIED (NorTey/Y) 12/06  AUSTIN ATIONS - THAT DIREC THAT THAT DIREC THAT THAT THAT THAT THAT THAT THAT THAT	DOURSE NUMBER HAGO?  TX. 787 TLY CAUSED THE DERRILATION WITH	and place, and place, and place, and place, and place an	INDER OF DEATH (Actual or presumed: 155 a.m.: 22. TITLE OF CERTIFIER Deputy M.E. NYER Approximate interval: 5 days  TOPSY PERFORMED?  A ZNO.  DPSY FINDINGS AVAILABLE TO ECAUSE OF CEATHY [ Yes ON.
B CERTIFIER (Check only one): Certifying Physician - To the best X-Medical Examinari/Justice of the IX Medical Examinari/Justice of the IX Medical Examinari/Justice of the IX Medical Examinari/Justice of the IX MANUAL OF CERTIFIER  SI PRINTED PAME, ADDRESS OF ELIZABOETH PER SIZE ADDRESS OF CERTIFIER  SI PART I, ENTER THE GIAL TENGINA, EVEN ETICK/COV, DOA  INAVEDIAL EXAMINATION TENGINA CAUSE IN MEDICAL EXAMINATION IN MEDICAL EXAMINAT	of pre knowledge a procy - On the building of	of expanisation.  An interest of the second	B to the cause(s) at and/or kinkertsjadou and/or kinkertsjadou 28. DATE CE 06/0 / 0. T 1748 E. G. COMPLIG. SPRY ATOMY AND NE CAUSE OF A COMPLIG. TO 83 a CORREQUENT (OF 85 a CORREQUENT (O	nd menner stated.  n, or my openion, death of extraction, or my openion, death of extraction, or my openion, death of extraction, and extraction, and extraction, and extraction, with the extraction of the extraction of extraction, and extraction of extraction, and extraction of extraction, and extraction of extraction of extraction, and extraction of	DEUTRED at the Sinne, dete.  29. LICENSE NUMBE H4607  Tx. 787 Tx. 788 TX. 788 TH DEPARTMENT THE DEA	and place, and place, and place, and place, and an all place and a second place. The place are all places and all places are all places and all places are a	ITOPSY PERFORMED?  ITOPSY PERFORMED.  ITOPSY PERFORMED.  ITOPSY PERFORMED.  ITOPSY PERFORMED.  ITOPSY PERFORMED.  ITOPSY PERFOR
B. CERTIFIER (Check only one): Centrying Physician - To the best X-Medical Examinations on the recommendation of the recommendation	of pre knowledge a place of on the building of	of expanisation.  An interest of the second	e to the cause(s) at and/or investigation and/or investigation and/or investigation and/or investigation and/or investigation and/or investigation and inves	nd menner stated.  n, or my openion, death of extraction, or my openion, death of extraction, or my openion, death of extraction, and extraction, and extraction, and extraction, with the extraction of the extraction of extraction, and extraction of extraction, and extraction of extraction, and extraction of extraction of extraction, and extraction of	DOUTING at the since, date, 29. LICENSE NUMBER H4607  TX. 787  TLY CAUSED THE DEAR FIBRILLATION WITH:	and place, and place, and place, and place, and an all place and a second place. The place are all places and all places are all places and all places are a	d due to the cause(s) and manner size  INME OF DEATH (Actual or presumed  32. TITLE OF CERTIFIER  DEPUTY M.E.  BYER  Appropriate interval: Onset to deeth  5 days  TOPSY FERFORMED?  BYER  OPSY FINDINGS AVAILABLE TO ECAUSE OF DEATH? (I Yes I'N 38 IF TRANSPORTATION INJURY, SPECIFY: D Diver/Opbristor INME OF DEATH? (I Yes I'N 38 IF TRANSPORTATION INJURY, SPECIFY: D Diver/Opbristor INME OF DEATH? (I Yes I'N 38 IF TRANSPORTATION INJURY, SPECIFY: D TOPSY FINDINGS AVAILABLE TO D TOPSY FINI
B. CERTIFICEN (Check only one): Certifying Physician - To the best X-Medical Examinari/Justice of the X-Medical Examinari/Justice of the X-Medical Examinari/Justice of the X-Medical Examinari/Justice X-Medical Examinari/Justice X-Medical Examinari X-Medical X-Medic	of pre knowledge a place of on the building of	of expanisation.  A property of the property o	B to the cause(s) at and/or kinkertigation and/or kinkertigation 28. DATE CE 06/0 / 06/0 / 1748 E. G. I COMPLIA. TO COSE SPEY ATOMY AND NE CAUSE OF A CORREQUENT OF AS A CONSEQUENT OF A	nd menner slated.  n, or my opinion, death of RTFFED (NotOsymy)  12/06  AUSTIN  ATOMS THAT DIRECTORE (NOTOSYM)  ATOMS THAT DIRECTORE (NOTOSYM)  ATOMS THAT DIRECTORE (NOTOSYM)  ATOMS THAT DIRECTORE (NOTOSYM)  TO OTHER SULTING IN THAT IN THE CONTROLLY (NOTOSYM)  ATOMS THAT DIRECTOR (NOTOSYM)  TO OTHER SULTING IN THAT IN THAT IN THE CONTROLLY (NOTOSYM)  E.E. THAT WITHIN PASS YEAR (AS THE CONTROLLY (NOTOSYM)  ATOMS THAT DIRECTOR (NOTOSYM)  THAT THAT IN T	DEUTRED at the sinne, dete.  29. LICENSE NUMBE H4607 Tx. 787 TX CAUSED THE DEA FIRRALATION WITH TH. 1111 JERLYING 3.	and place, and place, and place, and place, and an angle and and angle and angle and angle and angle a	d due to the cause(s) and manner size  ITIME OF DEATH (Actual or presumed  32. TITLE OF CERTIFIER  DEPUTY M.E.  BYER  Appropriate interval: Onset to deeth  5 days  TOPSY FERFORMED?  BYER  OPSY FINDINGS AVAILABLE TO ECAUSE OF DEATH? [I Yes I'N 38 IF TRANSPORTATION INJURY, 89 FEORY.  D Passenger  1 Passenger
BOERTIFIER (Check only one): Centrying Physician - To the best Medical Examinari/Justice of the Life Control of the Control Life Contro	of pre knowledge a place of on the building of	and Number Cit POOL D BEARS, NUMBERS, AND	e to the cause(s) at and/or investigation and/or investigation and/or investigation and/or investigation and/or investigation and/or investigation and and/or investigation	nd manner slated, e.e. or my openion, death of extraction (who Cay/Y), 12/06  Austin, ATIONS THAT DIRECTORY, OR VENTRICULA CH., WE.  IT NOT RESULTING IN THAT THAT CHART IN THE CHART IN TH	DOURSE ALL THE SINE, date, date, 29. LICENSE NUMBER H4607  TX. 787  TLY CAUSED THE DEAR FIBRILLATION WITH:  THJERLYING 3:  42 days of desith ye to 1 year before death set year	and place, and place, and place, and place, and an angle and and angle and angle and angle and angle a	d due to the cause(s) and manner size  ITIME OF DEATH (Actual or presumed  32. TITLE OF CERTIFIER  DEPUTY M.E.  BYER  Appropriate interval: Onset to deeth  5 days  TOPSY FERFORMED?  BYER  OPSY FINDINGS AVAILABLE TO ECAUSE OF DEATH? [I Yes I'N 38 IF TRANSPORTATION INJURY, 89 FEORY.  D Passenger  1 Passenger
BOERTIFIER (Check only one): Centrifying Physician - 10 he best Amedical Examinari/Justice of the 127 signAnturier Continues C	of pre knowledge a precy - On me by the precy - On probably - On	of expanisation.  And Number Cit P. O. B BEASES, INJURIA AO ARREST, RE Due to (  Due to (  Due to (  Due to (  CO CONTRIBUTE  DO CONTRIBUTE	e to the cause(s) at and/or investigation and/or investigation and/or investigation and/or investigation and/or investigation and/or investigation and and/or investigation	nd manner slated, e.e. or my openion, death of extraction (who Cay/Y), 12/06  Austin, ATIONS THAT DIRECTORY, OR VENTRICULA CH., WE.  IT NOT RESULTING IN THAT THAT CHART IN THE CHART IN TH	DEUTRED at the sinne, dete.  29. LICENSE NUMBE H4607 Tx. 787 TX CAUSED THE DEA FIRRALATION WITH TH. 1111 JERLYING 3.	and place, and place, and place, and place, and an angle and and angle and angle and angle and angle a	ITOPSY PERFORMED?  ITOPSY PERFORMED.  ITOPSY PERFORMED.  ITOPSY PERFORMED.  ITOPSY PERFORMED.  ITOPSY PERFORMED.  ITOPSY PERFOR
B CERTIFIER (Check only one): Certifying Physician - To the best X-Medical Examinari/Justice of the X-Medical Examinari/Justice of the X-Medical Examinari/Justice of the X-Medical Examinari/Justice of the X-Medical Examinari/Justice of X-Medical Info Service - The Service - S	of pre knowledge a precy - On me by the precy - On probably - On	of expanisation.  And Number Cit P. O. B BEASES, INJURIA AO ARREST, RE Due to (  Due to (  Due to (  Due to (  CO CONTRIBUTE  DO CONTRIBUTE	e to the cause(s) at and/or investigation and/or investigation and/or investigation and/or investigation and/or investigation and/or investigation and and/or investigation	nd manner slated, e.e. or my openion, death of extraction (who Cay/Y), 12/06  Austin, ATIONS THAT DIRECTORY, OR VENTRICULA CH., WE.  IT NOT RESULTING IN THAT THAT CHART IN THE CHART IN TH	DOURSE ALL THE SINE, date, date, 29. LICENSE NUMBER H4607  TX. 787  TLY CAUSED THE DEAR FIBRILLATION WITH:  THJERLYING 3:  42 days of desith ye to 1 year before death set year	and place, and place, and place, and place, and place, and a construction of the const	d due to the cause(s) and manner size  ITIME OF DEATH (Actual or presumed  32. TITLE OF CERTIFIER  DEPUTY M.E.  BYER  Appropriate interval: Onset to deeth  5 days  TOPSY FERFORMED?  BYER  OPSY FINDINGS AVAILABLE TO ECAUSE OF DEATH? [I Yes I'N 38 IF TRANSPORTATION INJURY, 89 FEORY.  D Passenger  1 Passenger
B CERTIFIER (Check only one): Centrying Physician - 10 he best Medical Examinari/Justice of the 17 signATURE OF CERTIFIER MANUAL OF PERMINAL EVEN ETRICKOOV, DOA MANUAL OF CERTIFIER MANUA	of pre knowledge a precy - On the billion of the bi	O departmentor.  20 20 20 20 20 20 20 20 20 20 20 20 20	B to the cause(s) at and/or kiniestigation and/or kiniestigation 28. DATE CE 06/06/07 1748  28. DATE CE 06/06/07 1748  E 7 1748  E 8 18 18 18 18 18 18 18 18 18 18 18 18 1	nd menner stated.  n, or my opinion, death of ERTIFIED (NotOsy)(1) 2/06  AUSTIN .  ATOMS - THAT DIREC .  TO OF .  ATOMS - THAT DIREC .  TO OF .  ATOMS - THAT DIREC .  TO OF	DESCRIPTION OF THE STATE OF THE	and place,	ITOPSY PERFORMED?  ITOPSY PERFOR
B. CERTIFIER (Check only one): Centrying Physician - 10 he best X-Medical Examiner/Justice of the Ty SIGNATURE OF CERTIFIER  J. PART J. ENTER THE GIAL SIGNATURE OF CERTIFIER  J. PART J. ENTER THE GIAL SIGNATURE OF CERTIFIER  J. PART J. ENTER THE GIAL SIGNATURE OF CERTIFIER  J. J. PART J. ENTER THE GIAL SIGNATURE OF CERTIFIER  J. J. S. PART J. ENTER THE GIAL SIGNATURE OF CERTIFIER  J. J. S. PART J. ENTER THE GIAL SIGNATURE OF CERTIFIER  J. J. S. PART J. ENTER THE GIAL SIGNATURE OF CONTROL SIGNATURE OF CERTIFIER  J. J. S. SEQUENTIAL BY CONTROL SIGNATURE OF CERTIFIER  J. J. S. SECHET OF THE SIGN CAUSE GIVEN RY PART J.  B. MANNER OF DEATH  ANDICAL SIGNATURE OF DEATH  HANDICAL SIGNATURE OF DEATH  J. S. D. S.	of pre knowledge a place of one by the present of t	O departmentor.  20 20 20 20 20 20 20 20 20 20 20 20 20	B to the cause(s) at and/or kiniestigation and/or kiniestigation 28. DATE CE 06/06/07 1748  28. DATE CE 06/06/07 1748  E 7 1748  E 8 18 18 18 18 18 18 18 18 18 18 18 18 1	nd menner stated.  n, or my opinion, death of ERTIFIED (NotOsy)(1) 2/06  AUSTIN .  ATOMS - THAT DIREC .  TO OF .  ATOMS - THAT DIREC .  TO OF .  ATOMS - THAT DIREC .  TO OF	DOURSE ALL THE SINE, date, date, 29. LICENSE NUMBER H4607  TX. 787  TLY CAUSED THE DEAR FIBRILLATION WITH:  THJERLYING 3:  42 days of desith ye to 1 year before death set year	and place,	ITOPSY PERFORMED?  ITOPSY PERFOR
B CERTIFIER (Check only one): Contriving Physician - To the best X-ledded Examinarization of the best X-ledded Examinarization of the best X-ledded Examinarization of the Contribution In Printrip MAME, ADDRESS OF E112abeth Pea 33. PART 1. ENTER THE CHAINER ETCALOSY DOA MARTEDIATE CAUSE (Pinal disease or condition ————————————————————————————————————	of pre knowledge a place of one by the present of t	of expanisation.  22 and Number Cit P.O. 2  Bases, INJURIA AG ARREST, RE NITER ONLY, OF  Due to  Due to  CO CONTRIBUTI  CO CONTRIBUTI  DUURY  D. M. 40  D. M	B to the cause(s) at and/or kiniestigation and/or kiniestigation 28. DATE CE 06/06/07 1748  28. DATE CE 06/06/07 1748  E 7 1748  E 8 18 18 18 18 18 18 18 18 18 18 18 18 1	nd menner stated.  n, or my opinion, death of ERTIFIED (NotOsy)(1) 2/06  AUSTIN .  ATOMS - THAT DIREC .  TO OF .  ATOMS - THAT DIREC .  TO OF .  ATOMS - THAT DIREC .  TO OF	DESCRIPTION OF THE STATE OF THE	and place,	ITOPSY PERFORMED?  ITOPSY PERFOR
B CERTIFIER (Check only one): Contriving Physician To the beat Medical Examinarization of the 12 Might an include the control of the 12 Might and the control of the	of pre knowledge a place of one by the present of t	of expanisation.  22) and Number Cit P.O. 2 Bases, inclusive AC ARREST, Re Due to (  Due to (  Due to (  CO CONTRIBUTY  P.M. 40  P.M. 40  Oad at	B to the cause(s) at and/or kinistripation and/or kinistripation 28. DATE CE 06/0 / 06/0 / 1748 E. G. I COMPLIC SPRY ATOMY AND NE CAUSE OF A TOMY AND NE CONSEQUENT OF AS A CONSEQUENT OF A S A CONSEQUENT OF A CONSEQUENT OF A S A CONSEQUENT OF A CONSEQUENT O	nd menner stated.  n, or my opinion, death of ERTIFIED (NotOsy)(1) 2/06  AUSTIN .  ATOMS - THAT DIREC .  TO OF .  ATOMS - THAT DIREC .  TO OF .  ATOMS - THAT DIREC .  TO OF	DESCRIPTION OF THE STATE OF THE	and place,	ITOPSY PERFORMED?  ITOPSY PERFOR
B. CERTIFIER (Check only one): Certifying Physician - To the best X-decical Examinarization of the best X-decical Examinarization of the best X-decical Examinarization of the Committee of CERTIFIER  I PRINTED MAKE, ADDRESS OF ETIZABLE IN PART - ENTER THE CHAINER OF CERTIFIER  S. PART 1. ENTER THE CHAINER OF CERTIFIER  I S. PART 1. ENTER THE CHAINER OF COMMITTEE OF CO	of pre knowledge a place of one by the present of t	of expanisation.  22) and Number Cit P.O. 2 Bases, inclusive AC ARREST, Re Due to (  Due to (  Due to (  CO CONTRIBUTY  P.M. 40  P.M. 40  Oad at	B to the cause(s) at and/or kinistripation and/or kinistripation 28. DATE CE 06/0 / 06/0 / 1748 E. G. I COMPLIC SPRY ATOMY AND NE CAUSE OF A TOMY AND NE CONSEQUENT OF AS A CONSEQUENT OF A S A CONSEQUENT OF A CONSEQUENT OF A S A CONSEQUENT OF A CONSEQUENT O	nd menner stated.  n, or my opinion, death of ERTIFIED (NotOsy)(1) 2/06  AUSTIN .  ATOMS - THAT DIREC .  TO OF .  ATOMS - THAT DIREC .  TO OF .  ATOMS - THAT DIREC .  TO OF	DESURED AT THE SITTE, date, date, and a series of desired at the sitter of the series of the series of desired at the ser	and place, and place, and place, and place, and place, and a place	IN COUNTY OF NUMBY  TRANSPORTATION INJURY  BY COUNTY OF NUMBY  COUNTY OF NUMBY  COUNTY OF NUMBY  CIMER OF DEATH (Actual or presumed 1.55 a.m.).  32. ITILE OF CERTIFIER  DEPUTY M.E.  Approximate interval:  Onset to deeth  5 days  TOPSY PERFORMED?  6 IN No.  10 PASSED OF DEATH? [1 Yes   1 No.  10 PASSED OF DEATH? [1 Yes   1 No.  11 PASSED OF DEATH? [1 Yes   1 No.  12 PASSED OF DEATH? [1 Yes   1 No.  13 PASSED OF DEATH? [1 Yes   1 No.  14 PASSED OF DEATH? [1 Yes   1 No.  15 PASSED OF DEATH? [1 Yes   1 No.  16 PASSED OF DEATH? [1 Yes   1 No.  17 PASSED OF DEATH? [1 Yes   1 No.  18 PASSED OF DEATH? [1 Yes   1 No.  18 PASSED OF DEATH? [1 Yes   1 No.  19 PASSED OF DEATH? [1 Yes   1 No.  10 PASSED OF DEATH? [1 Yes   1 No.  11 PASSED OF DEATH? [1 Yes   1 No.  12 PASSED OF DEATH? [1 Yes   1 No.  13 PASSED OF DEATH? [1 Yes   1 No.  14 PASSED OF DEATH? [1 Yes   1 No.  15 PASSED OF DEATH? [1 Yes   1 No.  16 PASSED OF DEATH? [1 Yes   1 No.  17 PASSED OF DEATH? [1 Yes   1 No.  18 PASSED OF DEATH? [1 Ye
B CERTIFIER (Check only one): Contribing Physician - To the best X-decical Examinarization of the best X-decical Examinarization In PRINTED MAKE, ADDRESS OF ETIZABLET Pea 33. PART I. ENTER THE CHAINER SAPAT I. ENTER THE CHAINER ITEMPRINTED MAKE, ADDRESS OF ETIZABLET PEA 33. PART I. ENTER THE CHAINER ITEMPRINTED THE CHAINER ITEMPRINTED INTERPRINTED INTERPRIN	of pre knowledge a place of one by the present of t	of expanisation.  22) and Number Cit P.O. 2 Bases, inclusive AC ARREST, Re Due to (  Due to (  Due to (  CO CONTRIBUTY  P.M. 40  P.M. 40  Oad at	e to the cause(e) at and/or kinkertejatro and/or kinkertejatro 28. DATE CE 06/0 / 06/0 / 1748 E. G 100MPLL SPEPA ATOMY ARP NE CAUSE OF A COMPAND NE CAUSE OF A CAUSE OF A COMPAND NE CAUSE OF A COMPAN	nd menner stated.  n, or my opinion, death of RTIFIED (NotOsy)(1) 2/06  AUSTIN.  ATOMS - THAT DIREC ("SY, ON VENTRICULA OH, NE.  ATOMS - THAT DIREC ("SY, ON VENTRICULA OH, NE.  IT NOT RESULTING IN  IT NOT RESULTING IN  IT NOT RESULTING IN  IT NOT RESULTING IN  IT NOT PRESULTING IN  IT NOT PRESULTING IN  IT NOT PRESULTING IN  IT NOT RESULTING IN  IT NOT RESULT IN  IT NOT RE	DESURED AT THE SITTE, date, date, and a series of desired at the sitter of the series of the series of desired at the ser	and place, and place, and place, and place, and place, and a place	ITOPSY PERFORMED?  ITOPSY PERFOR

INFORMATION ON BACK OF THE FORM MUST BE COMPLETED IF APPLICABLE



S374587

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

ISSUED

JUN 0 6/2006:



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.



0703056003 Page: 6 of 6

#### UNOFFICIAL COPY

#### STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of peneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Date:

Signature

Signature:

Subscribed and Sworn to

before me this 23nd

Subscribed an a Sylorn to

before me this

OFFICIAL SEAL **LUANN LEWIS** 

NOTARY PUBLIC - STATE OF ILLINOIS

**OFFICIAL SEAL LUANN LEWIS** 

**NOTARY PUBLIC - STATE OF ILLINOIS** MY COMMISSION EXPIRES:11/16/09.

MY COMMISSION EXPIRES: 11/16/09 wingly submits a face statement concerning hedidentity of a grantee shall be guilty of a class C misdemeanor for the first offense and of a class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)