DECEASED JOINT TENANC

JOAN O. MC CARTHY, hereinafter referred to as affiant, states under oath that the affiant resides at 1451 Suffolk Avenue, Westchester, Illinois 60154; that the affiant was acquainted with JOHN P. MC CARTHY, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property located as hereinafter described:

Doc#: 0527939002 Fee: \$26.50

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 10/06/2005 11:59 AM Pg: 1 of 2



Doc#: 0704731044 Fee: \$26.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 02/16/2007 12:01 PM Pg: 1 of 2

(The Above Space For Recorder's Use Only)

LOT 271 IN GEORGE NIXON AND COMPANY'S SECOND TERMINAL ADDITION TO WESTCHESTER IN THE WORTH HALF OF SECTION 21, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, COMMONLY KNOWN AS 1451 SUFFOLK AVENUE, WESTCHESTER, ILLINOIS.

Permanent Index Number (PIN):

15-21-209-011-0000

Address(es) of Real Estate:

1451 Suffolk A venue, Westchester, Illinois 60154

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on April 1, 2005 leaving no last will and testament,

That the total value of decedent's estate, including the taxable interest in the above property, was \$ 350,000 and that the value of the above property individually was \$ 200,000

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, due from the deceden's estate, has

been paid in full;

TRANSFER STAMP

CERTIFICATION OF COMPLIANCE Hillage of Mestchester O.a. Heileman 10/4/05

SUBSCRIBED AND SWORN TO

before me this 4th day of August, 2005.

OFFICIAL SEAL CAROL A MULROE

NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 04/29/06 Joan T. M. Carthy FIANT

THIS INSTRUMENT WAS PREPARED BY:

John G. Mulroe

Attorney at Law

6687 North Northwest Highway

Chicago, Illinois 60631

*re-recorded to correct legg description

557-15-2005 15:30 ... UNOFFICIAL COPY

DECEDÊNT'S BIRTH NO.	REGISTRATION : 12.9	2	STATE OF ILLINOIS				STATÉ FILE NUMBER	
	REGISTERED 42	1 мі	EDICAL C	ERTIFIC	ATE O	F DEA		
Type or Print In	DECEASED-NAME	FIRST	MIDDLE	LAST	Si	EX 1 -	-1	[H (MONTH, DAY, YEAR)
PERMANENT INK	1.	JOHN	P	MCCART			3. APRI	
papital, or Physicians Handbook for	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	HOURS MIN	· 7		7, 1929
INSTRUCTIONS	4. COOK		5a. 75	5b. THERINSTITUTION	SC. 1		~	IF HOSP, OR INST. INDICATE D.O.A. OPIEMER, RM, INPATIENT (SPECIFY)
	CITY, TOWN, TWP, OR ROAD DIS		1					6c. Inpatient
A	6a. PROVISO T	NARRIÉO I	NEVERMARRIED.		MCGAW H			WAS DECEASED EVER IN U. ARMED FORCES? (YES NO
DECEASED	FOREIGN COUNTRY)	widowed ea.Max	DIACHCED (SECOMA)	so. Jo	an Ogde	∍n		9 Yes
	7 Chicago, LL social security NUMBER	USUALOC			NESS OR INDUST	AY EDUCA	ION (SPECIFY OF	Y HIGHEST GRADE COMPLETED) CoRege (1-4,015+)
В	354 22 199	11 Bu	yer	11b. Ret		12.		4
G	RESIDENCE (STREET AND NUMB)	ER)	CIT	Y, TOWN, TWP, O		T NO.	INSIDECTY (YESNO) Yes	Cook
E	1/5) Suffe) 1 K	13				13C.	13d. PCCFY CURAN, MEXICAN, PUER TO RICAN, M
2 (,,(,)	STATE Illinois	60154	HACE WHITE BLACK		v		•	
	13e.	13f	14a. WILL CE		4b. TINO	(*) YES FIRST	SPECIFY:	(MAIDEN) LAST
PARENTS	FATHER NAME FY ST	MIDDLE	McCarthy	v	i ć .	Jeanr	iette	Cooper
TAVILLATIO	15.	<u> </u>		THOUSON A		O SOUT	Twend Raff	AVENUE
			•		DS 17c.MA		ILLING	OIS 60153
1	170. DALJIT MA 18 PARTI. E	terthords and a	complications that caus	or the death. Do not			liac or respiratory	BITGST, APPROXIMATE INTERVAL BITWEEN ONSE TAND DEATH
2	st Immediate Cause (Final	hock, or hi ert * ik :	a. List only one cause of	ascular	. Acci	10-4		
3	disease or condition sesulting in death)	$\rightarrow_{(a)}$ Cer			ACA	aens		
		DUETO, ORA	S. CONSEQUENCE O	F				
	CONDITIONS, IF ANY WHICH GIVE RISE TO	(b)	SACONSE OUF ICT O	F				
CAUSE	IMMEDIATE CAUSE (2) STATING THE UNDERLYING	: 	37 00/102 107 107					
	CAUSE LAST. PARTII. One significant condition	(C)	but not resulting in the underly	ng caus given in PART			AUTOPSY	WERE ALTERDY FINDINGS AVAILABLE PRICE COMPLETIONS: ENISE OF DEATH? (TES N
4	FARTIL CHE PARCE CONTRACT	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				•	(YESAYO) ,	196.
5	DATE OF OPERATION, IF ANY	MAJORE	INDINGS OF OPERATE	ON			(FF) THE	EMALE, WAS THERE A PREGNANCY IN PAST BE MONTHS?
N		امما		4/	\ \		20	
_	202	20b.			M2			
P	20a.	DEÇEASED (AONTH, DAY, YEAR)		- W	VAS CORONER (XAMINER NOVE	DRIMEDICAL P	IOUR OF DEATH / / ノン ゆ
P	MOID) IDID NOT) ATTEND THE AND CAST SAW HIM/HER ALIV	DECEASED (I	4/01/05		2	XAMINERNOTIF	ED? (YESHO)	11:30 PN
P	MOID) IDID NOT) ATTEND THE AND CAST SAW HIM/HER ALIV	DECEASED (I	4/01/05	DATE AND PLACE A	2	XAMINERNOTIF	ED? (YESHO)	ATE SIGNED WONTH, DAY, YEAR
CERTIFIER	MOID DID NOT) ATTEND THE AND CAST SAW HIM HER ALIV. 21a. TO THE BEST OF MYKNOWLE 22a. SIGNATURE	DECEASED (FOR CONTRACT OF CONT	4/01/05 XURREDAT HE TIME A DOM	KINGH	NO DUE TO THE C	XAMINERNOVE 21b. VOI CAUSE(S) STATI	HED? (YESHO)	11:30 PN
CERTIFIER	YORD DID NOT ATTEND THE AND CAST SAW HIM HER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER	DECEASED II	4/01/05 DURRED AT HIS TIME, A DY EOR PRINT)	160 800	NO DUE OTHER	XAMINERNOUP ETID. POPE CAUSE(S) STATI	ED? (YESHO)	116. /1:30 P N ATE SIGNED / WONTH, DAY, YEAR 12b. 4/2/05
CERTIFIER	TO THE BEST OF MY KNOWLE 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER 22c. ELIZABETA	EDECEASED IN ACON OF THE PLAN	4/01/05 XURREDAT HE TIME, I A Y Y EORPRINT) 2 CCZY K M	KINGH	NO DUE OTHER	XAMINERNOUP ETID. POPE CAUSE(S) STATI	ED? (YESHO) UE 53	116. 11:30 PN ATE SIGNED WONTH, DAY, YEAR 126. 4/2/05 LLINOIS LICENSE NUMBER 124. 125-04797
CERTIFIER	TOTHEBEST OF MY KNOWLE 21a. TO THEBEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER 22c. Elizabeth NAME OF ATTENDING PHYSI	EDECEASED IN ACON OF THE PLAN	4/01/05 XURREDAT HE TIME, I A Y Y EORPRINT) 2 CCZY K M	160 BOU'	NO DUE OTHER	XAMINERNOUP ETID. POPE CAUSE(S) STATI	UE 53	216. 11:30 PN ATE SIGNED HONTH, DAY, YEAR 220. 4/2/05 LINOIS LICENSE HUMBER 220. 25 - 04797 221. 25 - 04797 EATH THE CORONER OR MEDICAL EXAMPLE STANDER BUST BE NOTIFIED.
CERTIFIER	TOTAL DID NOT) ATTEND THE ARD CAST SAW HIM HER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER 22b. Elizabeth NAME OF ATTENDING PHYSI 23. BURIAL CREMATION.	EDECEASED III	4/01/05 AURRED AT THE TIME, 1 ECREMATORY-NAME	160 BOUT IAYWOOD, TYPE OR PRINTI	DE LE	TAUSE(S) STATION OF TOWN	UE 53	PATE SIGNED MONTH, DAY, YEAR 22b. 4/2/05 LLINOIS LICENSE NUMBER 22d. 25-04797. DOTE: FAMILIARY WAS INVOLVED IN THIS LAST BE NOTIFIED. DATE (MONTH, DAY, YEAR MASTER) DATE (MONTH, DAY, YEAR MONTH, DAY, YEAR
CERTIFIER	POID DID NOT) ATTEND THE AND CAST SAW HIM HER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER 22c. Elizabeth NAME OF ATTENDING PHYSI 23.	EDECEASED III	HOI OS ANTREDAT HE TIME, COZY K M ANCENTIFIER OF	1160 BOU' IAYWOOD, PPEORPRINT) LO	PODUE OTHER	TAUSE(S) STATION TOWN TO THE TOWN THE T	UE 53	21c. 11:30 PN ATE SIGNED MONTH, DAY, YEAR 22b. 4/2/05 LLINOIS LICENSE HUMBER 22d. 25-04797. DOTE: FAMILIARY WAS INVOLVED IN THIS MEATH THE CORONER OR MEDICAL EXAMINATIONS BE NOTIFIED. DATE (MONTH DAY, YEAR ADIT 1 5 5 24d. 2005 F
	POID DID NOT ATTEND THE ARDICAST SAW HIM HER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER 22c. Elizabeth NAME OF ATTENDING PHYSI 23. BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial	POCEASED III	HOI 05 CURREDAT HE TIME. COST MAN ANGERTHER OF HEAT	160 BOU' IAYWOOD, TYPEORPRIMT) LO Ven 24	PATION CATION CO. Hillsi	TAVEN TO STORY TOWN THE CONTROL OF T	UE 53	216. 1 30 P N ATE SIGNED HONTH, DAY, YEAR 22b. 4/2/05 LILINOIS LICENSE HUMBER 22d. 25 - 04797 22d. 25 - 04797 DOTE: IF AM HAJRY WAS INVOLVED IN THIS EATH THE CORONER OR MEDICAL EXAMBALIST BE HOTIFIED. DATE (MONTH, DAY, YEAR 240 2005 STATE ZIP
CERTIFIER	POID DID NOT) ATTEND THE AND CAST SAW HIM HER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CEI 22c. Elizabeth NAME OF ATTENDING PHYSI 23. BURIAL CREMATION. REMOVAL (SPECIFY) 24a. Burial FUNERAL HOME 25a. CONDOX. WE	CEMETERYOR Can Can Form Con	HOI 05 CURREDAT HE TIME. COST MAN ANGERTHER OF HEAT	160 BOU' IAYWOOD, TYPEORPRIMT) LO Ven 24	PATION CATION CO. Hillsi	TO IVEN TO STATE TO STAT	UE 53 STAT LOCAL STATE STAT	216. 1 30 P N ATE SIGNED HONTH, DAY, YEAR 22b. 4/2/05 LILINOIS LICENSE HUMBER 22d. 25 - 04797 22d. 25 - 04797 DOTE: IF AM HAJRY WAS INVOLVED IN THIS EATH THE CORONER OR MEDICAL EXAMBALIST BE HOTIFIED. DATE (MONTH, DAY, YEAR 240 2005 STATE ZIP
	POID DID NOT ATTEND THE ARDICAST SAW HIM HER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER 22c. Elizabeth NAME OF ATTENDING PHYSI 23. BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERYOR Can Can Form Con	HOI 05 CURREDAT HE TIME. COST MAN ANGERTHER OF HEAT	160 BOU' IAYWOOD, TYPEORPRIMT) LO Ven 24	PATION CATION CO. Hillsi	TO IVEN TO STATE TO STAT	UE 53 STAT LOCAL STATE STAT	216. 11:30 P N PATE SIGNED MONTH, DAY, YEAR 226. 4/2 05 LLINOIS LICENSE NUMBER 226. 25 - 047 97 DOTE: FAMINJURY WAS INVOLVED IN THIS WASTH THE CORONER OR MEDICAL EXAMPL ADTE (MONTH DAY, YEAR ADTE 240. 2005 F STATE ZIP 1 1015 60154
	POID DID NOT) ATTEND THE ARD CAST SAW HIM HER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER 22c. Elizabeth NAME OF ATTENDING PHYSI 23. BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial FUNERAL HOME 25a. COTIDOY WE FUNERAL PRECEDOR'S SIGN 25b.	CEMETERYOR 24b.Quee St.Chest	HOI 05 CURREDAT HE TIME. COST MAN ANGERTHER OF HEAT	160 BOU IAYWOOD, PPEORPRINT) Ven 24 TAND NUMBER OR A COMMARK	TH FIRE ILLINO CATION C	TO IVEN TO STATE TO STAT	UE 53 STAT	CIC. 11-30 PN NATE SIGNED MONTH, DAY, YEAR 120. 4/2/05 LLINOIS LICENSE NUMBER 120. 25 - 047 97 1015: FAMINAURY WAS INVOLVED IN THIS MEATH THE CORONER OR MEDICAL EXAMINAURY BE NOTIFIED. DATE (MONTH. DAY, YEAR ADI 1 1 0 5 , STATE ZIP 1 1015 60154
	POID DID NOT) ATTEND THE AND CAST SAW HIM HER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER 22c. Elizabeth NAME OF ATTENDING PHYSI 23. BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial FUNERAL HOME 25a. Corboy. We FUNERAL DIRECTOR'S SIGN	CEMETERYOR 24b.Quee St.Chest	HOI 05 CURREDAT HE TIME. COST MAN ANGERTHER OF HEAT	160 BOU' IAYWOOD, TYPEORPRIMT) LO Ven 24	TH FIRST ILLINO CATION	TO IVEN TO STATE TO STAT	UE 53 STAT	CIC. 1 30 PN NATE SIGNED MONTH, DAY, YEAR 126. 4/2 05 LLINOIS LICENSE HUMBER 124. 25 0 47 97 1015: FAM MAJIRY WAS INVOLVED IN THIS 104 MAJIRY WAS INVOLVED IN THIS 105 MAJIRY WAS INVOLVED IN THIS 107 MAJIRY WAS INVOLVED IN T
	MOIDIDID NOT) ATTEND THE AND CAST SAW HIM HER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER 22c. Elizabeth NAME OF ATTENDING PHYSI 23. BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial FUNERAL HOME 25a. Condoy. We FUNERAL DIRECTOR'S SIGN 25b. LOCAL SENS THANS SIGNY 26a.	CEMETERYOR 24b.Quee St.Chest	HOI 05 CURREDAT HE TIME. COST MAN ANGERTHER OF HEAT	TAND NUMBER OR A CONTRACT OROADVIEW	TH FIRST	TO IVEN TO STATION TO STATIO	UE 53 STAT	ATE SIGNED MONTH, DAY, YEAR 12b. 4/2/05 LINOIS LICENSE HUMBER 22d. 25-04797 22d. 25-04797 DATE (MONTH DAY, YEAR ADI 1 5 7 STATE 240 1 101 S 60154 15 LLW IS LICENSE HUMBER 24 7 2005
DISPOSITION	PORTO DID NOT) ATTEND THE AND CAST SAW HIM HER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER 22c. Elizabeth NAME OF ATTENDING PHYSI 23. BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial FUNERAL HOME 25a. Condow We FUNERAL DIRECTOR'S SIGN 25b. LOCAL BUST FIRM'S SIGN 26a. VR200 (Rev. 5789)	CEMETERY OF 24b Quee STOCK PS	ANCERTIFIER OF HEAVER OF HEAVE STAFF	TAND NUMBER OR A CONTROL NO.	TH FIRE ILLINO CATION C. Hillsi F.D. Id.; Wes LICHOIS 2015	TAUSE(S) STATION TOWN LIS SOIL CITY OR TOWN LIS SOIL CITY OR TOWN LIS STATION TOWN LIS SOIL CITY OR TOWN LIS STATION LIS SOIL CITY OR TOWN LIS STATION LIS SOIL CITY OR TOWN LIS STATION LIS SOIL LIS SOI	UE 53 STAT INCO S NN ECT, III UNERAL DIPECTOR SEC. LIGHT	CIC. 130 PN NATE SIGNED UMONTH, DAY, YEAR 126. 4/2 05 LINOIS LICENSE NUMBER 226. 25 0 47 97 COTE: FAMINAURY WAS INVOLVED IN THIS WEATH THE COMONER ON MEDICAL EXAMINAURY BE NOTIFIED. DATE (MONTH, DAY, YEAR) 246. 2005 STATE ZIP 1 101 S 601 54 ITS LIN IS LICENSE NUMBER A RECISTRAR IMONTH, DAY, YEAR) M. RECISTRAR IMONTH, DAY, YEAR (BASEOON 1989U. S. STANDARD CERTWICE (BASEOON 1989U. S. STANDARD CER
DISPOSITION	MODIDIDIONOTI ATTEND THE AND CAST SAW HIM HER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER 22b. Elizabeth NAME OF ATTENDING PHYSI 23. BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial FUNERAL HOME 25a. Conboy. We FUNERAL DIRECTOR'S SIGN 25b. LOCAL BURITAN'S SIGN 26a. VR200 (Rev. 5/89)	CEMETERY OF 24b.Q.U.C.R.S.T.C.In.P.S.T.C.In.	AURIEDAT HE TIME, LEAR HE TIME	TAND NUMBER OR A COMMANDA Public Health—Olvi	TH FIRST ILLINO CATION	TYPEN TOWN ATTORTOWN	UE 53 STAT INCO S ATTERIED BY LOCK ATTERIED	CIC. 130 PN NATE SIGNED UNONTH DAY, YEAR 126. 4/2 05 LINOIS LICENSE NUMBER 22d. 25 - 047 97 DOTE: FAM INJURY WAS INVOLVED IN THIS MEATH THE CORONER OR MEDICAL EXAMINATION FOR THE CORONER OR MEDICAL EXAMINATI
DISPOSITION	MODIDIDIONOTI ATTEND THE AND CAST SAW HIM HER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER 22b. Elizabeth NAME OF ATTENDING PHYSI 23. BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial FUNERAL HOME 25a. Conboy. We FUNERAL DIRECTOR'S SIGN 25b. LOCAL BURITAN'S SIGN 26a. VR200 (Rev. 5/89)	CEMETERY OF 24b.Q.U.C.R.S.T.C.In.P.S.T.C.In.	AURIEDAT HE TIME, LEAR HE TIME	TAND NUMBER OR A COMMANDA Public Health—Olvi	TH FIRE ILLINO CATION C. HILLINO CHILLS CISSION OF VINE PROCESSION OF VINE PROCESSION OF the Illino Control of	TYPEN TOWN ALL STYLES TO THE STYLES THE ST	UE 53 SYAT IN. 3 S AND CET, III UNEARAL OPECTOR SOLUTION CECCEDENT Na CECEDENT NA CECCEDENT	CIC. 1 30 PN ATE SIGNED MONTH DAY, YEAR 120. 4/2 05 LLINOIS LICENSE NUMBER 22d. 25 0 47 97 DOTE: FAM HAURY WAS INVOLVED IN THIS MEATH THE CONCINER ON MEDICAL EXAMINATION OF THE PROPERTY
DISPOSITION	POIDIDIONOTI ATTEND THE AND CAST SAW HIMMER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CEF 22c. Elizabeth NAME OF ATTENDING PHYSI 23. BURIAL CREMATION, REMOVAL ISPECIFY, 24a. Burial FUNERAL HOME 25a. Condoy - We FUNERAL DIRECTOR'S SIGN 25b. LOCAL SAFETRAL SENGIN 26a. VR200 (Rev. 5789) CERTIFY THAT the formatablished and filed in m	CEMETERY OF STUDENTS OF STUDEN	AURIEDAT HE TIME, LEAR HE TIME	TAND NUMBER OR A COX MA IN COPY of the the provision:	TH FIRE ILLINO CATION C. HILLINO CHILLS CISSION OF VINE PROCESSION OF VINE PROCESSION OF the Illino Control of	TYPEN TOWN ALL STYLES TO THE STYLES THE ST	UE 53 SYAT IN. 3 S AND CET, III UNEARAL OPECTOR SOLUTION CECCEDENT Na CECEDENT NA CECCEDENT	CIC. 1 30 PN ATE SIGNED MONTH DAY, YEAR 120. 4/2 05 LLINOIS LICENSE NUMBER 22d. 25 0 47 97 DOTE: FAM HAURY WAS INVOLVED IN THIS MEATH THE CONCINER ON MEDICAL EXAMINATION OF THE PROPERTY
DISPOSITION	MODIDIDIONOTI ATTEND THE AND CAST SAW HIM HER ALIV. 21a. TO THE BEST OF MY KNOWLE 22a. SIGNATURE NAME AND ADDRESS OF CER 22b. Elizabeth NAME OF ATTENDING PHYSI 23. BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial FUNERAL HOME 25a. Conboy. We FUNERAL DIRECTOR'S SIGN 25b. LOCAL BURITAN'S SIGN 26a. VR200 (Rev. 5/89)	CEMETERY OF STUDENTS OF STUDEN	COLUMN STARE CORPORATION OF HEAV CORPORATION OF H	TAND NUMBER OR A COTTRACK Public Health—Divi	CATION CA	TAUSE(S) STATION TOWN TO STORY OF TOWN TO STOR	UE 53 STAT LOT OFFECTOR STATE STAT	CIC. 130 PN NATE SIGNED UNONTH DAY, YEAR 126. 4/2 05 LINOIS LICENSE NUMBER 22d. 25 - 047 97 DOTE: FAM INJURY WAS INVOLVED IN THIS MEATH THE CORONER OR MEDICAL EXAMINATION FOR THE CORONER OR MEDICAL EXAMINATI

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clients and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facis evidence of the facts therein stated.