

UNOFFICIAL COPY

Commitment Number: 0703-09502

EXHIBIT A
PROPERTY DESCRIPTION

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

LOT 218 AND 219 IN WEST CHESTERFIELD HOMES, A RESUBDIVISION OF ALL OF BLOCK 1, LOTS 1 TO 29, BOTH INCLUSIVE, OF BLOCK 2, LOTS 1, 25 AND 26 OF BLOCK 3; LOT 25, 26, 47 AND 48 OF BLOCK 8; LOTS 25 AND 26 OF BLOCK 3; LOTS 1 TO 11 BOTH INCLUSIVE OF BLOCK 9; LOTS 1 TO 10, BOTH INCLUSIVE, AND LOTS 55 AND 56 OF BLOCK 10, AND LOTS 1 TO 11 BOTH INCLUSIVE AND LOTS 33 TO 39 BOTH INCLUSIVE OF BLOCK 15; AND LOTS 25 TO 43 BOTH INCLUSIVE OF BLOCK 14 ALL OF FAIRMONT, BEING A SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 3, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PIN#: 25-03-306-022-0000 AND 25-03-306-023-0000

CKA; 9150 S. BURNSIDE, CHICAGO, IL 60619

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DATE MAY 25, 1988

AT EVERGREEN PARK, ILLINOIS

DEPUTY REGISTRAR

REGISTRAR

Thomas Wroblewski

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16:33
REGISTERED NUMBER 400

DECEASED - NAME LEON LAWRENCE WILBURN, SR. SEX MALE DATE OF DEATH - (MONTH, DAY, YEAR) MAY 19, 1988

1. RACE - (WHITE, BLACK, AMERICAN HONOL, ETC.) (SPECIFY) BLACK ORIGIN OR DESCENT America AGE - LAST BIRTHDAY (MM/YY) 03 UNDER 1 YEAR NO UNDER 1 DAY NO DATE OF BIRTH - (MO., DAY, YEAR) June 23, 1924 COUNTY OF DEATH COOK

2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER EVERGREEN PARK HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, ONE STREET AND NUMBER) LITTLE COMPANY OF MARY 7a. COOK IF HOSP. OR INST. (INDICATE DOA OPERATED, RUL, INPATIENT (SPECIFY)) INPATIENT

3. STATE OF BIRTH - (IF NOT U.S.A. NAME COUNTRY) ILLINOIS CITIZEN OF WHAT COUNTRY? U S A MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED NAME OF SURVIVING SPOUSE - (Maiden Name, if wife) MARJORIE LEE YOUNGBLOOD

4. SOCIAL SECURITY NUMBER 349-16-9990 9. USUAL OCCUPATION TEACHER 10. KIND OF BUSINESS OR INDUSTRY SCHOOL 11. WAS DECEASED EVER IN U.S. ARMED FORCES? YES/NO YES 13a. W. W. # 2 WAR OR DATES OF SERVICE

12. RESIDENCE STREET AND NUMBER 9150 S BURNSIDE CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO INSIDE CITY YES COUNTY COOK STATE ILLINOIS

14. FATHER - NAME LEON WILBURN MOTHER - NAME GERALDINE LAWRENCE 15. INFORMANT NAME (TYPE OR PRINT) ELAINE PARISI / CLERK RELATIONSHIP TO DECEASED SISTER MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 2800 W 95TH ST EVERGREEN PARK IL

16. DEATH WAS CAUSED BY: (a) Pulmonary Embolism (b) Prostatic Adenocarcinoma (c) Chronic obstructive pulmonary disease, cachexia, arteriosclerosis

17. PART II. OTHER SIGNIFICANT CONDITIONS: (a) CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CACHEXIA, ARTERIOSCLEROSIS (b) PROSTATIC ADENOCARCINOMA (c) PULMONARY EMBOLISM

18. DATE OF OPERATION, IF ANY 5-19-88 NAME OF SURVIVING SPOUSE - (Maiden Name, if wife) THOMAS WROBLEWSKI MD ILLINOIS LICENSE NUMBER 036-067296

19. NAME AND ADDRESS OF CERTIFIER Thomas Wroblewski MD 9831 S. Western Chgo., IL. (TYPE OR PRINT) 20. SIGNATURE OF CERTIFIER Thomas Wroblewski MD (TYPE OR PRINT) 21. NAME OF AT-TENDING PHYSICIAN IF OTHER THAN CERTIFIER

22. BURIAL, CREMATION, REMOVAL, OR BURIAL BURIAL CEMETERY OR CREMATORY - NAME BURR OAK LOCATION ALSIP, ILLINOIS DATE MAY 26 1988 23. FUNERAL HOME CARTER FUNERAL CHAPEL STREET AND NUMBER 2100 East 75th Street CITY OR TOWN Chicago, Illinois STATE Illinois ZIP 60649 24. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 5502 25. LOCAL REGISTRAR'S SIGNATURE Thomas Wroblewski DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAY 25 1988 26. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS (DATED ON 1978 U.S. STANDARD CERTIFICATE)