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PARCEL 1:

UNIT NO 403 in RIDGEMOOR ESTATES CONDOMINIUM III as Delineated on a Survey of the following described real estate:

Lot 34 in Dunning Estates, being a Subdivision in the Southeast 1/4 of Section 18, Township 40 North, Range 13 East of the Third Principal Meridian, which survey is attached as Exhibit "A" to the Declaration of Condominium recorded as Document No. 90272457 together with its undivided percentage interest in the common elements in Cook County, Illinois.

PARCEL 2:

The exclusive right to the use of parking space 25 and storage locker S-25, a limited common element as Delineated on the Survey attached to the Declaration aforesaid recorded as Document No. 90272457.

This Deed is subject to all rights, easements, covenants, conditions, restrictions and reservations contained in said Declaration the same as though the provisions of said Declaration were recited and stipulated at length herein.

This Deed is subject to real estate taxes for the year and subsequent years and to all easements of record.

Cook County Clerk's Office

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MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

APR 1 1 2007

DISTRICT NO. 10.1U
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
VICTORIA DORAN FEMALE APRIL 06, 2007

COUNTY OF DEATH COOK
CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER CHICAGO
AGE-LAST BIRTHDAY (YRS) 5a. 71 5b. 71
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) RESURRECTION MEDICAL CENTER
DATE OF BIRTH (MONTH, DAY, YEAR) 20 September 20 1935

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Wapreville, Mo.
MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED
SOCIAL SECURITY NUMBER 10. 048-26-7638
USUAL OCCUPATION 11a. SECRETARY
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. JOHN G.
KIND OF BUSINESS OR INDUSTRY 11b. OFFICE
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12
INSIDE CITY (YES/NO) 13a. YES
COUNTY 13d. COOK

RESIDENCE (STREET AND NUMBER) 13a. 6455 W. Belle Plaine
CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Chicago
STATE IL ZIP CODE 13c. 60634
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. NO
MOTHER-NAME FIRST MIDDLE 16. ANNA
MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY, BIRTH TOWN, STATE, ZIP) 17a. HUSBAND 17b. HUSBAND 17c. BRECKA

FATHER-NAME FIRST MIDDLE LAST 15. GEORGE TREMCO
RELATIONSHIP 16. MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY, BIRTH TOWN, STATE, ZIP)
17a. JOHN DORAN 17b. HUSBAND 17c. BRECKA

18. PART I. Immediate Cause (final disease or condition resulting in death) AORTIC DISECTION
Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiration, arrest, shock, or heart failure. List only one cause on each line.
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b)
STATING THE UNDERLYING CAUSE LAST (c)
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. (d)

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION
20c. AUTOPSY (YES/NO) 19a. YES 19b. NO
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO

21. (1)(D) (DID NOT ATTEND THE DECEASED AND LAST AND DUE TO THE CAUSE(S) STATED.
21a. APPOINTMENT NUMBER 21b. EXAMINER'S SIGNATURE
21c. HOUR OF DEATH 21d. DATE SIGNED (MONTH, DAY, YEAR)

22. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
22a. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
22b. ILLINOIS LICENSE NUMBER
22c. JEFFREY SILVER, M.D. 1100 W CENTRAL RD ARLINGTON HTS IL, 60005
22d. 236-087074

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)
23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORIAN-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. CREMATION 24b. ACACIA PARK 24c. Chicago IL 24d. April 11 2007
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. RAGO BROTHERS 7751 W. FAUNUS PARK Chicago IL 60634
FUNERAL DIRECTOR'S SIGNATURE 25c. 034-015155
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

26a. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26b. APR 1 1 2007
26c. APR 1 1 2007



I, JERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBDINANCE OF SAID LAW AND ORDINANCES.

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.