

UNOFFICIAL COPY

Property of

which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of COOK, State of ILLINOIS
 to wit: Unit Number 403 in Holiday Terrace Condominium building #4:
Lot 4 in Holiday Terrace being a subdivision of part of Lots 1 and 2 in
Subdivision of the Southeast quarter of the Southeast quarter and the
South half of the Northeast quarter of the Southeast quarter (except the
North 8 Rods of the East 80 Rods of the South half of the Northeast quarter
of the Southeast quarter), Section 25, Township 36 North, Range 14, East of the Third
 IN WITNESS WHEREOF, the said first party has signed and sealed these presents, the day and year first written above. Signed, Meridian,
 sealed and delivered in the presence of:

County Clerk's Office

UNOFFICIAL COPY

HARVEY, ILLINOIS

DISTRICT 16.34

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.34	REGISTERED NUMBER	
DECEASED-NAME 1. NAOMI WILLIS		SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. MARCH 7, 2007
COUNTY OF DEATH 4. COOK		AGE - LAST BIRTHDAY (YRS) 5a. 74	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. AUGUST 15, 1932
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. HARVEY		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. INCALLS MEMORIAL HOSPITAL	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. MISSISSIPPI		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. None
SOCIAL SECURITY NUMBER 9. 427-58-6899		USUAL OCCUPATION 11a. HOMEMAKER	KIND OF BUSINESS OR INDUSTRY 11b. Domestic
RESIDENCE (STREET AND NUMBER) 13a. 2304 HOLIDAY TERRACE #403		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. LANSING	INSIDE CITY (YES/NO) 13c. YES
STATE 13e. ILLINOIS		ZIP CODE 13f. 60436	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. BLACK
FATHER-NAME 15. HENRY		MOTHER-NAME 16. LUELLA GUYE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
INFORMANT'S NAME (TYPE OR PRINT) 17a. CLARETTA WILLIS		RELATIONSHIP 17b. DAUGHTER	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1449 WHITEPINE LN BOILINGBROOK 60490
18. PART I. Enter the disease, 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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death) (a) SEPTIC SHOCK, SEVERE METABOLIC ACIDOSIS, CAD			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Hypotension, RESPIRATORY FAILURE ON VENT			
(c) CARDIAC ARREST, RENAL FAILURE, ANAEMIA			
PART II. Other significant conditions contributing to death but not resulting directly from the underlying cause given in PART I. PERIARMPHARY CARCINOMA OF NASOPHARYNX		AUTOPSY (YES/NO) 19a. NO	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 03/06/07		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES	
22a. SIGNATURE Mohammad Shamshuddin MD		HOUR OF DEATH 21c. 5:25 A.M.	
22c. Mohammad Shamshuddin MD 16650 S Harlem Ave Tinley Park IL 60477		DATE SIGNED (MONTH, DAY, YEAR) 22d. March 14, 2007	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY-NAME 24b. Restvale Cemetery	
FUNERAL HOME 25a. Gatling's Chapel Inc 10133 S Halsted St Chicago IL 60628		LOCATION 24c. Alsip IL	
25b. Adrienne Waze		DATE (MONTH, DAY, YEAR) 24d. 3-15-07	
25c. Shirley L Davis		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. MAR 15 2007	

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I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein 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.

MAR 15 2007

D44813

DATE ISSUED

ISSUED AT:

CITY OF HARVEY
15320 SO. BROADWAY AVE.
ILLINOIS 60426

Gwendolyn L. Davis
GWENDOLYN L. DAVIS
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE