Doc#: 0925231052 Fee: \$40.25 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 09/09/2009 11:42 AM Pg: 1 of 2

	. g. 1 012
STATE OF ILLINOIS	
COUNTY OF COOK	
CATHY M. ZAEHLER	
	being duly
sworn states that Jaura HANSEN resides at	717
Rusty Drivein the city of M	
Prospect	10011
That SHE was acquainted	
AS WIFE OF THE deceased who, at t	he time of
Kamons death, was so of the	THE CIME OF
Cook County Till	and in
county, Illinois described act	· - /)
THE COLLING HEIGHTS - 410 AM, TINN BEING	4 (.e.o c
OFLOIS 2, 3 AND 4 IN OWNERS DIVISION, BEING A SU	BDIVISION OF SOUTHEAST QUI
(4) (Except west HALF(5) OF SOSTHWEST QUARTER (4) THERE	LEUP) OF SECTION 10,
TOURSHIP 41 NORTH; RANGE II, EAST OF THE TARD PRIVER. OF AT OF SAID COLONIAL HEIDATS WITH ADDITION REGISTERED.	AL MERIOAN, ACCORDING TO
PLAT OF SAID COLONIAL HEIBATS 4TH ADDITION REGISTERED PREGISTRATE OF TITLES OF COOK COUNTY, II. ON COT. 21, 196.	L AS DOCUMENT NUMBER
18 VOIT 08 70 401 025 6000	3063755
That the deceased died april 28, 2009	۷.
as evidenced by a certified copy of death certificat	S
deceased attached hereto.	
a ded de le	
	, CO
Subscribed and sworn to before me by the said	
this gyn day of life	
this day of, A.D. 19 2009	Ļ
Casa (1, Za Wha	, , , , , , , , , , , , , , , , , , ,
Notary Many Sau	signature)
"ÖFFICIAL SEAL" (Affiant	signature)
Notary Public, State of Illinois	

My Commission Expires 8/20/10

0925231052 Page: 2 of 2

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS , MEDIGAL CERTIFICATE OF DEATH

TATE FILE NUMBER 2009 0016761							DA	TE ISSUED	05/22/2009	
B DECEDENT O LEGAL NAME						SEX MALE	DATE OF DEATH APRIL 28, 2009			
COUNTY OF DEATH	MOLENT DIGITALITY				FEBRU	F BIRTH RUARY 23, 1926				
CITY OR TOWN HOSPITAL OR OTHER INSTITUTION NAME MT PROSPECT 1717 RUSTY DRIVE										
PLACE OF DEATH DECEDENT'S HOME										
	SECURITY NUMBER	MARRIED		AT TIME OF DEATH SURVIVING SPOUSE'S NAM LAURA MACKEY			E EVER IN FORCES		S. ARMED YES	
RESIDENCE 1717 RUSTY DRIVE		APT. NO			TY OR TOWN MT PROSPECT			INSIDE CITY LIMITS? YES		
COUNTY STATE :		THER'S NAME SEORGE HA				ME PRIOR TO FIRST MARRIAGE E LAUBE				
INFORMANT'S NAME LAURA HANSEN		RELATIONSHIP MAILING ADDRESS WIFE 1717 RUSTY DRIVE, MT F					 	PROSPECT, IL, 60056		
METHOD OF DISPOSITION ENTOMBMENT					LOCATION - CITY OR TOWN AND STATE ARLINGTON HEIGHTS, IL			MAY 01, 2009		
FUNERAL HOME FRIEDRICHS FUNERAL HOME INC, 320 WEST CENTRAL ROAD, MT PROSPECT, IL, 60056										
FUNERAL DIRECTOR'S NAME THOMAS J NOLAN FUNERAL DIRECT 034011952					TOR'S ILLINOIS LICENSE NUMBER					
LOCAL REGISTRAR'S NAME DAVID ORR DAVID ORR DAVID ORR							LOCAL REGISTRAR 9			
CAUSE OF DEATH PART I. PNEUM IMMEDIATE CAUSE a.	MONIA						OTE WEEN JATH			
(Final disease or condition resulting in death) b. CHRO	NIC OBSTRUCTIV	,	or as a consequance of				APPROXIM/ ERVAL BET ISET AND D			
c. ATRIA	L FIBRILLATION	Due to (or as a consequence of	3		· · · · · · · · · · · · · · · · · · ·	APP INTERN	Q	<u> </u>	
· -			or as a consequence of							
PART II. Enter other eignificant conditions co	ntributing to death t	out not resulting in	the underlying cau	se given in	PART I.	C/A	S AN AUTOPSY P		·	
I con						PLETE CAUSE OF DEATH? N/A NER OF DEATH				
UNKNOWN		PLICABLE	·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			TURAL			
DATE OF INJURY	TIME OF IN	TIME OF INJURY PLACE OF INJURY						INJURY AT WORK?		
LOCATION OF INJURY				<u> </u>			C) 		
DESCRIBE HOW INJURY OCCURRED:					·		IF TRANSPO	PTATION INJU	RY, SPECIFY:	
ATTEND THE DECEASED? DATE LAS UNKN	r seen alive OWN	WAS MEDICAL EXAMINER OR DATE CORONER CONTACTED? NO			DATE P	RONOUNCED		TIME OF 0		
CERTIFIER PHYSICIAN							DATE CERT APRIL	IFIED 29, 2009		
NAME, ADDRESS AND ZIP CODE OF PERSO HOWARD MANGURTEN, 990 GF			HOFFMAN ES	TATES,	ILLINOI	S, 60169		IAN'S LICENSE 057442	NUMBER	



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.



