

UNOFFICIAL COPY

CERTIFICATE OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0053636

DATE ISSUED 07/28/2009

| | | | | | |
|--|---------------------------------------|---|---|--|---|
| DECEDENT'S LEGAL NAME PETER MANISCALCO | | | SEX MALE | DATE OF DEATH JULY 25, 2009 | |
| COUNTY OF DEATH COOK | | AGE AT LAST BIRTHDAY 79 YEARS | | DATE OF BIRTH JANUARY 01, 1930 | |
| CITY OR TOWN PARK RIDGE | | | HOSPITAL OR OTHER INSTITUTION NAME RAINBOW HOSPICE ARK | | |
| PLACE OF DEATH HOSPICE FACILITY | | | | | |
| BIRTHPLACE ITALY | | SOCIAL SECURITY NUMBER 325-28-3528 | MARITAL STATUS AT TIME OF DEATH MARRIED | SURVIVING SPOUSE'S NAME JOSEPHINE RANDAZZO | |
| RESIDENCE 3723 PONTIAC | | APT. NO. | CITY OR TOWN CHICAGO | | EVER IN U.S. ARMED FORCES? NO |
| CITY OR TOWN CHICAGO | | MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANTONINA MAURICI | | INSIDE CITY LIMITS? YES | |
| COUNTY COOK | STATE L | ZIP CODE 60634 | FATHER'S NAME CALOGERO MANISCALCO | | MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANTONINA MAURICI |
| INFORMANT'S NAME JOSEPHINE MANISCALCO | | RELATIONSHIP WIFE | | MAILING ADDRESS 3723 N PONTIAC, CHICAGO, IL, 60634 | |
| METHOD OF DISPOSITION ENTOMBMENT | | PLACE OF DISPOSITION ALL SAIBTS | | LOCATION - CITY OR TOWN AND STATE DES PLAINES, IL | DATE OF DISPOSITION JULY 28, 2009 |
| FUNERAL HOME MANISCALCO FUNERAL DIRECTORS, 214 W. IRVING PARK ROAD, CHICAGO, IL, 60618 | | | | | |
| FUNERAL DIRECTOR'S NAME NICOLE S SMITH | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015814 | | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | DATE FILED WITH LOCAL REGISTRAR JULY 28, 2009 | | |
| CAUSE OF DEATH PART I. PANCREATIC ADENOCARCINOMA | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | a. | Due to (or as a consequence of) | | YEARS |
| | | b. | Due to (or as a consequence of) | | |
| | | c. | Due to (or as a consequence of) | | |
| | | Due to (or as a consequence of) | | | |
| PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. CARDIOMYOPATHY, ARRYTHMIA | | | | WAS AN AUTOPSY PERFORMED? NO | |
| | | | | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A | |
| DID TOBACCO USE CONTRIBUTE TO DEATH? NO | | FEMALE PREGNANCY STATUS NOT APPLICABLE | | MANNER OF DEATH NATURAL | |
| DATE OF INJURY | | TIME OF INJURY | PLACE OF INJURY | | INJURY AT WORK? |
| LOCATION OF INJURY | | | | | |
| DESCRIBE HOW INJURY OCCURRED: | | | | IF TRANSPORTATION INJURY, SPECIFY: | |
| ATTEND THE DECEASED? YES | DATE LAST SEEN ALIVE JULY 19, 2009 | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | | DATE PRONOUNCED | TIME OF DEATH 01:10 AM |
| CERTIFIER PHYSICIAN | | | | DATE CERTIFIED JULY 27, 2009 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH CHRISTOPHER ROSE, 9129 WAUKEGAN ROAD, MORTON GROVE, ILLINOIS, 60053 | | | | PHYSICIAN'S LICENSE NUMBER 076 061232 | |



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

David Orr
 Cook County Clerk

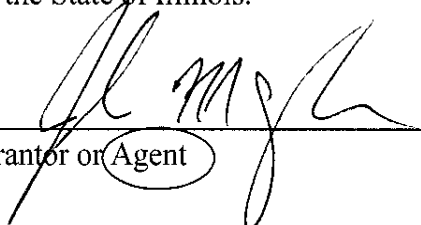


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STATEMENT BY GRANTOR AND GRANTEE

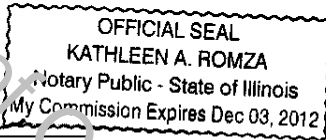
The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown in the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated: October 6, 2009

Signature: 
Grantor or Agent

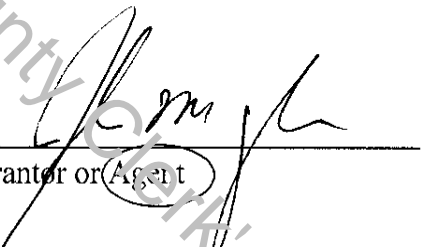
Subscribed and sworn to before me by he said AGENT this 5th day of October, 2009.

Notary Public 



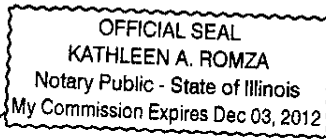
The grantee or his agent affirms and verifies that the name of the grantee shown in the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated: October 6, 2009

Signature: 
Grantor or Agent

Subscribed and sworn to before me by the said AGENT this 5th day of October, 2009.

Notary Public 



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)