



UNOFFICIAL COPY

BEY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I and that this record was established and filed in my office in accordance with the provisions of the Illinois statues relating to the registration of births, stillbirths and deaths.

Date January 28, 1993

Signed Lolita Maxwell

At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0 REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1. NORMAN P. FEELEY 2. Male 3. January 27, 1993

COUNTY OF DEATH 4. Cook AGE LAST BIRTH (YES) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 5a. 5b. 5c. 5d. 5e. December 29, 1913

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Palos Heights HOSPITAL OR OTHER INSTITUTION NAME IF NOT MEMBER OF (SEE ITEM 5e) 6b. Palos Community Hospital

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married NAME OF SURVIVING SPOUSE (VALUENAME IF WIFE) 8b. Anne McPherson

SOCIAL SECURITY NUMBER 10. 5431 USUAL OCCUPATION 11a. Carpenter KIND OF BUSINESS OR INDUSTRY 11b. Construction EDUCATION (SPECIFY QUALITY HIGHEST GRADE COMPLETED) 12. 12

RESIDENCE (STREET AND NUMBER) 13a. 13240 W. Circle Drive 13b. Crosswood 13c. Yes 13d. Cook CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13a. Crosswood 13b. Crosswood 13c. Yes 13d. Cook

STATE 13a. IL ZIP CODE 13b. 1360445 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White 14b. XUNO 14c. YES 14d. NO SPECIFY: 14e. MOTHER-NAME FIRST MIDDLE LAST (MADSEN) LAST

FATHER-NAME FIRST MIDDLE LAST 15. James M. Feeley RELATIONSHIP 17a. Anna Foran 17b. Wife MAILING ADDRESS (STREET AND OR RFD, CITY OR TOWN, STATE ZIP) 17c. 13240 W. Circle Crestwood, IL 60445

18 PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) 17a. Anna Feeley 17b. Wife 17c. 13240 W. Circle Crestwood, IL 60445

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STAINING OF SKIN (b) SWELLING OF LIMBS (c) OTHER (d) OTHER (e) OTHER (f) OTHER (g) OTHER (h) OTHER (i) OTHER (j) OTHER (k) OTHER (l) OTHER (m) OTHER (n) OTHER (o) OTHER (p) OTHER (q) OTHER (r) OTHER (s) OTHER (t) OTHER (u) OTHER (v) OTHER (w) OTHER (x) OTHER (y) OTHER (z) OTHER

PART II. OTHER (Specify conditions resulting in death but not resulting in the underlying cause given in PART I.) 18. STAINING OF SKIN SWELLING OF LIMBS

DATE OF OPERATION, IF ANY 19a. DATE OF OPERATION, IF ANY 19b. MAJOR FINDINGS OF OPERATION 19c. DATE OF OPERATION, IF ANY 19d. MAJOR FINDINGS OF OPERATION

20a. (DD) DID NOT DIE OF THE DECEASED (MM) MONTH, DAY, YEAR 20b. (DD) DID NOT DIE OF THE DECEASED (MM) MONTH, DAY, YEAR 20c. (DD) DID NOT DIE OF THE DECEASED (MM) MONTH, DAY, YEAR 20d. (DD) DID NOT DIE OF THE DECEASED (MM) MONTH, DAY, YEAR

21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21c. HOUR OF DEATH 21d. DATE SIGNED (MONTH, DAY, YEAR)

22. SIGNATURE (TYPE OR PRINT) 22a. SIGNATURE (TYPE OR PRINT) 22b. SIGNATURE (TYPE OR PRINT) 22c. SIGNATURE (TYPE OR PRINT) 22d. SIGNATURE (TYPE OR PRINT)

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

24a. BUIAL REMOVAL (YES/NO) 24b. BUIAL (YES/NO) 24c. BUIAL (YES/NO) 24d. BUIAL (YES/NO)

25a. FUNERAL HOME 25b. FUNERAL HOME 25c. FUNERAL HOME 25d. FUNERAL HOME

26a. LOCAL REGISTRAR'S SIGNATURE 26b. LOCAL REGISTRAR'S SIGNATURE 26c. LOCAL REGISTRAR'S SIGNATURE 26d. LOCAL REGISTRAR'S SIGNATURE

27a. LOCAL REGISTRAR'S SIGNATURE 27b. LOCAL REGISTRAR'S SIGNATURE 27c. LOCAL REGISTRAR'S SIGNATURE 27d. LOCAL REGISTRAR'S SIGNATURE

28a. LOCAL REGISTRAR'S SIGNATURE 28b. LOCAL REGISTRAR'S SIGNATURE 28c. LOCAL REGISTRAR'S SIGNATURE 28d. LOCAL REGISTRAR'S SIGNATURE

29a. LOCAL REGISTRAR'S SIGNATURE 29b. LOCAL REGISTRAR'S SIGNATURE 29c. LOCAL REGISTRAR'S SIGNATURE 29d. LOCAL REGISTRAR'S SIGNATURE

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FIRST AMERICAN TITLE COMPANY

Commitment Number: RM-90757

## SCHEDULE C PROPERTY DESCRIPTION

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

UNIT 301 AND G324 IN EVERGREEN OF CRESTWOOD UNIT 1, BEING A RESUBDIVISION OF PART OF LOTS 25 AND 26 IN ARTHUR T, MCINTOSH AND COMPANY'S CICERO AVENUE FARMS BEING A SUBDIVISION OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 33, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ACCORDING TO THE DECLARATION OF CONDOMINIUM MADE BY THE FIRST NATIONAL BANK OF EVERGREEN PARK, AS TRUSTEE UNDER THE PROVISIONS OF THE CERTAIN TRUST AGREEMENT DATED JUNE 21, 1989 AND KNOWN AS TRUST NUMBER 10736, RECORDED IN THE OFFICE OF THE RECORDER OF DEED OF COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 90,229,963 AS AMENDED FROM TIME TO TIME TOGETHER WITH ITS INDIVIDUAL PERCENTAGE INTEREST, IN THE COMMON ELEMENTS

PIN #24-33-403-112-1013 AND 24-33-403-112-1048

CKA: 13240 WEST CIRCLE DRIVE PARKWAY, UNITS 301 AND G324, CRESTWOOD, ILLINOIS 60445