



# UNOFFICIAL COPY

## CERTIFICATION OF DEATH RECORD

### CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0024933 DATE ISSUED 04/06/2010

DECEDENT'S LEGAL NAME ETHEL R PAI		SEX FEMALE	DATE OF DEATH APRIL 03, 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 94 YEARS	DATE OF BIRTH DECEMBER 20, 1915		
CITY OR TOWN NORRIDGE		HOSPITAL OR OTHER INSTITUTION NAME CENTRAL BAPTIST VILLAGE		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE BELVIEW, MN	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4747 N CANFIELD	APT. NO.	CITY OR TOWN NORRIDGE	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60706	FATHER'S NAME REIER GRUYTING	MOTHER'S NAME PRIOR TO FIRST MARRIAGE JULIA OLSEN ENESTVEDT
INFORMANT'S NAME KRISTIAN E RONNING		RELATIONSHIP POWER OF ATTORNEY	MAILING ADDRESS 2616 N RUTHERFORD AVENUE, CHICAGO, IL 60707	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MONTROSE CEMETERY CO.	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION APRIL 07, 2010	
FUNERAL HOME MATZ FUNERAL HOME CHICAGO, 3440 N CENTRAL AVENUE, CHICAGO, IL, 60634				
FUNERAL DIRECTOR'S NAME BRIAN W PETERSON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011341	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR APRIL 6, 2010	
<b>CAUSE OF DEATH</b> PART I. PULMONARY EMBOLI				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	1 HOURS	
		b. CONGESTIVE HEART FAILURE	1 YEARS	
		c. HYPERTENSIVE CARDIOMYOPATHY	5 YEARS	
<small>Due to (or as a consequence of):</small>				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. HYPOTHYROIDISM, B12 DEFICIENCY, OA/OP, BRONCHOSPASM, GERD			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?	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 MARCH 19, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:30 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 05, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH CAROL F GRAHAM, 850 BUSSE HIGHWAY, PARK RIDGE, ILLINOIS, 60068			PHYSICIAN'S LICENSE NUMBER 036087284	

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*  
David Orr  
Cook County Clerk



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ATTORNEYS' TITLE GUARANTY FUND, INC.

## LEGAL DESCRIPTION

**Legal Description:**

UNIT NUMBER B-3 AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE (HEREINAFTER REFERRED TO AS THE PARCEL):  
LOT 12 IN BLOCK 7 IN KETTLESTRINGS ADDITION TO HARLEM IN THE NORTHERN PART OF THE NORTH WEST 1/4 OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO DECLARATION OF CONDOMINIUM OWNERSHIP MADE BY THE AVENUE BANK AND TRUST COMPANY OF OAK PARK, AS TRUSTEE UNDER TRUST AGREEMENT DATED NOVEMBER 3, 1977 KNOWN AS TRUST NUMBER 1814 AND RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS ON DECEMBER 23, 1977 AS DOCUMENT 24259124, TOGETHER WITH AN UNDIVIDED 4.06 PER CENT AND SPACE COMPRISING ALL OF THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION OF CONDOMINIUM OWNERSHIP AND SURVEY); A PERPETUAL EASEMENT CONSISTING OF THE RIGHTS AND EASEMENTS APPURTENANT TO THE ABOVE DESCRIBED REAL ESTATE AND RIGHT TO USE FOR PARKING PURPOSES (8) NUMBER 10 AS DELINEATED ON THE SURVEY ATTACHED AS EXHIBIT 'A' TO SAID DECLARATION OF CONDOMINIUM OWNERSHIP, IN COOK COUNTY, ILLINOIS.

**Permanent Index Number:**

Property ID: 16-07-112-014-1008

**Property Address:**

1130 W. Ontario #B3  
Oak Park, IL 60302