AFFIDAVIT OF HEIRSHIP
OF EDWARD NIX AND YOLANDA NIX-BULLEN

INRE: ESTATE OF JAMES NIX AND ELVIRA NIX

And now on this 29 day of MARCH, 2012, **Yolanda Nix-Bullen** and **Edward Nix**, Affiants, being first duly sworn under oath, testify and depose as follow:

1. Our names are **Edward Nix** and **Yolanda Nix-Bullen**, we are over the age of twenty-one (21) years of age, and to our understanding, are otherwise competent to give testimony.

2. I, Edward Nix, reside at 7750 Natchez, Burbank, Illinois 60459.

3. I, Yolanda Nix-Bullen, reside at 822 Shadow Lakes Dr., Willow Spring, North Carolina 27592.

4. We, Eddie Nix and Yolanda Nix, are the sole surviving children of James Nix and Elvira Nix, whom we have known for our lifetimes.

5. James Nix and Elvira Nix, owners of the property commonly known as 7750 Natchez, Burbank, Illinois 60459 (see legal description below), died on November 1, 1993 (James Nix) in the City of Burbank, County of Cook, State of Illinois, and November 10, 2011 (Elvira Nix), in the City of Palos Heights, County of Cook, State of Illinois.

Lot 20 in Block 21 in Frederick II, Barnett's first addition to Greater 79th Street subdivision, being a subdivision of the South East ¼ of the South East ¼ of Section 30, also the South West ¼ of the South West ¼ and the South East ¼ of South West ¼ of Section 29, Township 38 North Rage 13 East of the Third Principal Meridian, in Cook County, Illinois.

6. The Decedents were married once to each other.

7. Four (4) children were born to the Decedents and are named as follows:

   (1) James Nix, Jr., Son – Predeceased Decedents on August 21, 1987;
   (2) Eddie Nix, Son;
   (3) Yolanda Nix-Bullen, Daughter; and,
   (4) Kenneth Nix, Son – Predeceased Decedents on June 27, 1978.

8. No persons were adopted by the Decedents.

9. The Decedents parents were _____ (James Nix), and Josephine Huerta (Elvira Nix) – all said parents are now deceased.

10. The Decedents died intestate.

1209046030

Doc#: 1209046030 Fee: $84.00
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 03/30/2012 11:27 AM Pg: 1 of 8

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0084696

DATE ISSUED 11/16/2011

DECEDENT'S LEGAL NAME: ELVIRA NIX		SEX: FEMALE	DATE OF DEATH: NOVEMBER 10, 2011
COUNTY OF DEATH: COOK	AGE AT LAST BIRTHDAY: 84 YEARS	DATE OF BIRTH: MARCH 09, 1927	
CITY OR TOWN: PALOS HEIGHTS	HOSPITAL OR OTHER INSTITUTION NAME: PALOS COMMUNITY HOSPITAL		
PLACE OF DEATH: INPATIENT			
BIRTHPLACE: CHICAGO, IL	SOCIAL SECURITY NUMBER: 361-12-7878	STATUS AT TIME OF DEATH: WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME:	EVER IN U.S. ARMED FORCES? NO
RESIDENCE: 7750 S NATCHEZ	APT. NO.	CITY OR TOWN: BURBANK	INSIDE CITY LIMITS? YES
COUNTY: COOK	STATE: IL	ZIP CODE: 60459	FATHER/CO PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION: FRANK HUERTA	MOTHER/CO PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION: JOSEPHINE CORDOVA
INFORMANT'S NAME: EDWARD J NIX	RELATIONSHIP: SON	MAILING ADDRESS: 7750 S NATCHEZ, BURBANK, IL, 60459	
METHOD OF DISPOSITION: BURIAL	PLACE OF DISPOSITION: SAINT MARY CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE: EVERGREEN PARK, IL	DATE OF DISPOSITION: NOVEMBER 17, 2011
FUNERAL HOME: WOODLAWN FUNERAL HOME, 7750 W. CERMAK RD, FOREST PARK, IL, 60130			
FUNERAL DIRECTOR'S NAME: PETER B KENNEDY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034016156
LOCAL REGISTRAR'S NAME: DAVID ORR			DATE FILED WITH LOCAL REGISTRAR: NOVEMBER 15, 2011

CAUSE OF DEATH PART I

IMMEDIATE CAUSE (Final disease or condition resulting in death):

a. _____

Due to (or as a consequence of):

b. CORONARY ARTERY DISEASE

Due to (or as a consequence of):

c. ATHEROSCLEROTIC HEART DISEASE

Due to (or as a consequence of):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Enter other ***significant conditions contributing to death*** but not resulting in the underlying cause given in PART I

WAS AN AUTOPSY PERFORMED? NO

WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A

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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED	TIME OF DEATH
YES	NOVEMBER 10, 2011	NO		07:00 PM

CERTIFIER: PHYSICIAN

DATE CERTIFIED: NOVEMBER 14, 2011

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: THOMAS L. WAIDZUNAS, MD, 7600 W COLLEGE DRIVE, PALOS HEIGHTS, ILLINOIS, 60463

PHYSICIAN'S LICENSE NUMBER: 036-078350

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

David Orr

David Orr
Cook County Clerk

SEAL OF COOK COUNTY ILLINOIS JANUARY 1831

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

11. The approximate value of the Decedents' estate, both real and personal, is less than $200,000.00.

12. Therefore, James Nix and Elvira Nix left surviving them, their son Edward Nix, and daughter Yolanda Nix-Bullen, Affiants, as their only heirs.

13. The foregoing Affidavit of Heirship is based upon our own personal knowledge and belief, is true and accurate to the best of our knowledge, and if called upon as a witness we would competently and consistently testify thereto.

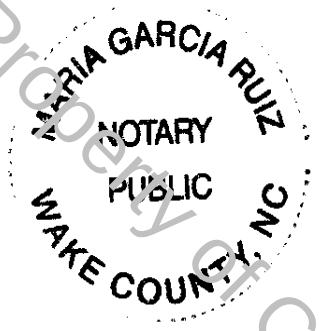
FURTHER AFFIANTS SAYETH NOT.

Edward Nix, Affiant

Yolanda Nix, Affiant

STATE OF NORTH CAROLINA)
) **SS**
COUNTY OF WAKE)

Subscribed and sworn before me, by the said **Yolanda Nix-Bullen**, this 28 day of February 2012.



Notary Public

STATE OF ILLINOIS)
) **SS**
COUNTY OF COOK)

Subscribed and sworn before me, by the said **Edward Nix**, this 29 day of March 2012.

OFFICIAL SEAL
DIANE MARIE ACTON
Notary Public - State of Illinois
My Commission Expires Jul 14, 2015

Notary Public

Property address
7750 Natchez
Burbank, IL 60459
19-30-404-040-0000

Mail to & prepared by
Edward Nix
7750 Natchez
Burbank, IL 60459

STATE OF ILLINOIS
County of Cook

March 28, 2012

DAVID ORR, COUNTY CLERK

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do herby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.
IN WITNESS THEREOF. I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
COUNTY CLERK

PERMANENT CERTIFICATE ☒
TEMPORARY CERTIFICATE ☐

1035-6-78

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS — STATE FILE NUMBER

MEDICAL EXAMINER'S CERTIFICATE OF DEATH C 614406

DECEDENT'S BIRTH NO.

Type or Print in PERMANENT INK. See A Manual for Coroners and Funeral Directors Handbook for INSTRUCTIONS 2033

DECEASED

1. DECEASED — NAME: FIRST Kenneth; MIDDLE E.; LAST Nix
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): June 27, 1978
4a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White
4b. ORIGIN OR DESCENT: Spanish
5a. AGE — LAST BIRTHDAY (YRS): 21
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (MO., DAY, YEAR): 12-14-55
7a. COUNTY OF DEATH: Cook
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago
7c. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): MICHAEL REESE
7d. IF HOSP. OR INST., INDICATE DOA, OR IF ELSE (PATIENT, RESIDENT, ETC.) SPECIFY: DOA
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Illinois
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): never married
11. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE):
12. SOCIAL SECURITY NUMBER: 361-56-2569
13a. USUAL OCCUPATION: Dock Hand
13b. KIND OF BUSINESS OR INDUSTRY: GreyHound
13c. U.S. WAR VETERAN (YES OR NO): NO
13d. WAR OR DATES OF SERVICE: None
14a. RESIDENCE — STREET AND NUMBER: 7750 S. Natchez
14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Burbank
14c. INSIDE CITY LIMITS (YES OR NO): yes
14d. COUNTY: Cook
14e. STATE: Illinois

PARENTS

15. FATHER — NAME: FIRST James; MIDDLE Nix; LAST Sr.
16. MOTHER — MAIDEN NAME: FIRST Elvira; MIDDLE Huerta; LAST

17a. INFORMANT'S SIGNATURE: James Nix
17b. RELATIONSHIP: FATHER
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 7750 S. NATCHEZ BURBANK ILL.

CAUSE

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I.
IMMEDIATE CAUSE (a): multiple injuries, extreme
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.

19a. AUTOPSY (YES OR NO): yes
19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: yes

20a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY): Accident
20b. DATE OF INJURY (MONTH, DAY, YEAR): JUNE 27-78
20c. HOUR: UNK M.
20d. HOW INJURY OCCURRED (GIVE NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM): CYCLE - ACCIDENT
20e. INJURY AT WORK (YES OR NO): NO
20f. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY): STREET
20g. LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE): CHICAGO COOK ILL

CERTIFIER

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
21b. THE DECEDENT WAS PRONOUNCED DEAD ON — MONTH, DAY, YEAR: JUNE 27 1978
21c. AT: 1210 A M
MEDICAL EXAMINER'S SIGNATURE: Robert J. Stein M.D.
22. Tae Lyong Ahn, M.D. Tae Lyong Ahn, M.D.
23. DATE SIGNED (MONTH, DAY, YEAR): June 27, 78

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): burial
24b. CEMETERY OR CREMATORY — NAME: St. Mary
24c. LOCATION — CITY OR TOWN, STATE: Evergreen Park, ILL.
24d. DATE (MONTH, DAY, YEAR): 6-30-1978
25a. FUNERAL HOME — NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP: Zefran Funeral Home 1941 W. Cermak Rd., Chicago, Illinois 60608
25b. FUNERAL DIRECTOR'S SIGNATURE: (Louis R. Zefran
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 6428
26a. LOCAL REGISTRAR'S SIGNATURE: Murray C. Bower
26b. DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR): JUN 29 1978

VR 202C (REV. 1/78) — Illinois Department of Public Health — Office of Vital Records — (PRINTED ON 1978 U.S. STANDARD CERTIFICATE)

PRINTED BY THE AUTHORITY OF THE STATE OF ILLINOIS

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March 28, 2012

STATE OF ILLINOIS
County of Cook

DAVID ORR, COUNTY CLERK

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do herby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.
IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
COUNTY CLERK

PERMANENT CERTIFICATE ☒
TEMPORARY CERTIFICATE ☐

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

421 AUG 87

STATE OF ILLINOIS

STATE FILE NUMBER 616343

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO

Type or Print in PERMANENT INK. See A Manual for Coroners and Funeral Directors Handbook for INSTRUCTIONS

DECEASED

DECEASED - NAME (First, Middle, Last): JAMES NIX JR.

1. SEX: MALE
2. DATE OF DEATH (Month, Day, Year): AUGUST 21, 1987
3. RACE (White, Black, American Indian, etc.) (Specify): 4a. WHITE
4. ORIGIN OR DESCENT: 4b. AMERICAN
5a. AGE - LAST BIRTHDAY (Yrs): 38
5b. UNDER 1 YEAR (Mos., Days):
5c. UNDER 1 DAY (Hours, Min.):
6. DATE OF BIRTH (Mo., Day, Year): July 10, 1949
7a. COUNTY OF DEATH: Cook
A. 1-021
7b. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: CHICAGO
7c. HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number): HOLY CROSS HOSPITAL
7d. IF HOSP., OR INST., INDICATE DOA, OP, OBS, OR INPT (Specify): INPATIENT
8. STATE OF BIRTH (If not in U.S.A., name country): ILLINOIS
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
11. NAME OF SURVIVING SPOUSE (Maiden name if wife):
B.
C. 6305
12. SOCIAL SECURITY NUMBER:
12a. USUAL OCCUPATION: LABORER
13b. KIND OF BUSINESS OR INDUSTRY: GENERAL
13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/No): YES
13d. WAR OR DATES OF SERVICE: VIET NAM
D.
E. 9YY
14a. RESIDENCE STREET AND NUMBER: 5252 S. WASHTENAW
14b. CITY, TOWN, TWP, OR ROAD DISTRICT NO: CHICAGO
14c. INSIDE CITY LIMITS? (Yes/No): YES
14d. COUNTY: COOK
14e. STATE: ILLINOIS

PARENTS

15. FATHER - NAME (First, Middle, Last): JAMES NIX SR.
16. MOTHER - MAIDEN NAME (First, Middle, Last): Elvira Huerta
17a. INFORMANT'S NAME (Type or Print): JAMES NIX SR.
17b. RELATIONSHIP: FATHER
17c. MAILING ADDRESS (Street and No. or R.F.D., City or Town, State, Zip): 7150 S. NAGHEZ BURBANK IL 60459

CAUSE

18. DEATH WAS CAUSED BY: (Enter only ONE cause per line for (a), (b), and (c).)

PART I.

1. 5715
2.
3.

IMMEDIATE CAUSE (a) CIRCHOSIS OF THE LIVER

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

Approximate Interval Between Onset and Death

PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a).

19a. AUTOPSY (Yes/No): YES
19b. If Yes, were findings considered in determining cause of death? YES

4.
5.
N.
P.

20a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (Specify): NATURAL
20b. DATE OF INJURY (Month, Day, Year):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (Enter nature of injury mentioned in Part I or Part II)
20e. INJURY AT WORK? (Yes/No):
20f. PLACE OF INJURY - At Home, Farm, Street, Factory, Office Building, Etc. (Specify):
20g. LOCATION (City, Vil. or Town, or Twp. or Rd. Dist. No., County, State)
20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

CERTIFIER

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
21b. THE DECEDENT WAS PRONOUNCED DEAD ON (Month, Day, Year): AUGUST 21, 1987
21c. AT: 10:10 PM
MEDICAL EXAMINER'S SIGNATURE
NANCY L. JONES, M.D.
DATE SIGNED (Month, Day, Year): AUGUST 22, 1987
22.
23.

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. CEMETERY OR CREMATORY - NAME: St. Mary
24c. LOCATION - CITY OR TOWN, STATE: Evergreen Park, Ill
24d. DATE (Month, Day, Year): Aug 25, 198
25a. FUNERAL HOME - NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP: Zefran Funeral Home 1941 W. Cermak Chicago, Illinois 60608
25b. FUNERAL DIRECTOR'S SIGNATURE: Marilyn Zefran
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 7155
26a. LOCAL REGISTRAR'S SIGNATURE: James C. Edwards, M.D., MPA
26b. DATE RECD BY LOCAL REGISTRAR (Month, Day, Year): AUG 24 1987

VR202C (Rev. 11/82) Illinois Department of Public Health – Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

PRINTED BY THE AUTHORITY OF THE STATE OF ILLINOIS

March 28, 2012

STATE OF ILLINOIS
County of Cook

DAVID ORR, COUNTY CLERK

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do herby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.
IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
COUNTY CLERK

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

STATE FILE NUMBER 93-070456

REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK. See Funeral Directors, Hospital or Physicians Handbook for INSTRUCTIONS

DECEDENT

1. DECEASED-NAME: FIRST JAMES; MIDDLE; LAST NIX SR.
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): NOVEMBER 1, 1993
4. COUNTY OF DEATH: COOK
5a. AGE-LAST BIRTHDAY (YRS): 64
5b. UNDER 1 YEAR (MOS. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
5d. DATE OF BIRTH (MONTH, DAY, YEAR): NOVEMBER 25, 1928
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: OAK LAWN
6b. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): CHRIST HOSPITAL
6c. IF HOSP. OR INST. INDICATE OD A (IF EVER IN) INPATIENT (SPECIFY): EMER. RM.
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO, IL.
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): ELVIRA HUERTA
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): YES
10. SOCIAL SECURITY NUMBER: 340-20-4569
11a. USUAL OCCUPATION: ENGINEER
11b. KIND OF BUSINESS OR INDUSTRY: MC CORMICK
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary/Secondary (0-12): 10; College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 7750 SO. NATCHEZ
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: BURBANK
13c. INSIDE CITY LIMITS?: YES
13d. COUNTY: COOK
13e. STATE: ILLINOIS
13f. ZIP CODE: 60459
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): WHITE
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY MEXICAN, PUERTO RICAN, ETC.): NO YES SPECIFY:

PARENTS

15. FATHER-NAME FIRST JOHN; MIDDLE; LAST NIX
16. MOTHER-NAME FIRST LUPE; MIDDLE; (MAIDEN) LAST GARCIA

17a. INFORMANT'S NAME (TYPE OR PRINT): ELVIRA NIX
17b. RELATIONSHIP: WIFE
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 7750 SO. NATCHEZ BURBANK, IL. 60459

CAUSE

18. PART I. Enter the diseases, 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.

Immediate Cause (Final disease or condition resulting in death): (a) Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Artery Disease
DUE TO, OR AS A CONSEQUENCE OF: (c)

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

Approximate interval between onset and death: Minutes, HOURS, DAYS, YEARS

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Metastatic Carcinoma + Diabetes Mellitus

19a. AUTOPSY (YES/NO): NO
19b. Were autopsy findings available to complete cause of death? (YES/NO)
20a. DATE OF OPERATION, IF ANY: 10-15-92
20b. MAJOR FINDINGS OF OPERATION: Cancer of Colon
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

CERTIFIER

21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: 10-1-93
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): YES
21c. HOUR OF DEATH: 7 A.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE: William C. Ruff, MD
22b. DATE SIGNED (MONTH, DAY, YEAR): 11-4-93
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): WILLIAM RUFF 4340 W. 95th ST. OAK LAWN, IL.
22d. ILLINOIS LICENSE NUMBER: 36-039213
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24b. CEMETERY OR CREMATORY-NAME: ST. MARY
24c. LOCATION CITY OR TOWN STATE: EVERGREEN PARK, IL.
24d. DATE (MONTH, DAY, YEAR): 11-5-93
25a. FUNERAL HOME NAME; STREET AND NUMBER OR R.F.D.; CITY OR TOWN; STATE; ZIP: MICHAEL COLETTA SONS 3240 W. 79th ST. CHICAGO, ILLINOIS 60652
25b. FUNERAL DIRECTOR'S SIGNATURE: Michael V Coletta
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 7103
26a. LOCAL REGISTRAR'S SIGNATURE: Claudia Petrelis
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): Nov 3, 1993

SW2143

6cc

VR200 (Rev. 5-89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)