

UNOFFICIAL COPY

Legal Description

of premises commonly known as 925 N Knight Avenue, Park Ridge, IL 60068

LOT 13 IN H. ROY BERRY'S COMPANY'S 1ST ADDITION TO GOLF VIEW HIGHLANDS IN THE EAST HALF OF LOT 2 IN THE SUBDIVISION OF THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 26, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF RAND ROAD AS PER PLAT THEREOF RECORDED July 27, 1924 AS DOCUMENT 8486952 IN COOK COUNTY, ILLINOIS.

PERMANENT TAX NUMBER: 09-26-101-013-0000

Property of Cook County Clerk's Office

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STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		STATE FILE NUMBER	
LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Lorraine Metzger		2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) February 4, 2009
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 90	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6. DATE OF BIRTH (Month/Day/Year) June 23, 1918		7a. CITY OR TOWN Park Ridge	
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Rainbow Hospice ARK		7c. PLACE OF DEATH (Check only one: see instructions)	
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input checked="" type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	9. SOCIAL SECURITY NUMBER 321-03-0849	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)		12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13a. RESIDENCE (Street and Number) 925 N. Knight		13b. APT. NO.	13c. CITY OR TOWN Park Ridge
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. FATHER'S NAME (First, Middle, Last) William Moritz	
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Lena A. Klein		16. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 60068 1921 DeCook Ave., Park Ridge, IL	
16a. INFORMANT'S NAME Yvonne Metzger Shah		16b. RELATIONSHIP Daughter	
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Acacia Park Cemetery	
19. LOCATION - CITY, TOWN AND STATE Chicago, IL		20. DATE OF DISPOSITION (Month/Day/Year) February 7, 2009	
21a. FUNERAL HOME NAME Cooney Funeral Home		21b. FUNERAL HOME STREET AND NUMBER 625 Busse Hwy.	
21c. FUNERAL HOME CITY OR TOWN Park Ridge		21d. FUNERAL HOME STATE IL	
21e. FUNERAL HOME ZIP 60068		21f. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
21g. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 19307		22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>	
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) FEB 06 2009		24. CAUSE OF DEATH (See instructions and examples)	
24 PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory Failure Due to (or as a consequence of):		unknown	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. End-Stage Dementia Due to (or as a consequence of):			
c. _____ Due to (or as a consequence of):			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death, but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation	
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home, on, in, or near; location; restaurant; wooded area)	
33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		34. LOCATION OF INJURY: Street and Number _____ Apartment Number _____ City or Town _____ State _____ ZIP Code _____	
35. DESCRIBE HOW INJURY OCCURRED:		36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____	
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 2/3/9		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) February 4, 2009
40. TIME OF DEATH 11:35 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Richard Wolpen, 1601 N. Western Ave. Park Ridge, IL. 60068		43. PHYSICIAN'S LICENSE NUMBER 036-105593	
44. TITLE OF CERTIFIER Medical Director		45. DATE CERTIFIED (Month/Day/Year) 2/5/9	46. SIGNATURE OF CERTIFIER <i>[Signature]</i>

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

STATE OF ILLINOIS
County of Cook)

DAVID ORR, County Clerk

FEB 06 2009

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 hereby certify that the attached is a 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.

[Signature]
COUNTY CLERK

Based on the 2003 U.S. Standard Certificate

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)

UNOFFICIAL COPY

JAN 03 1991

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.P.A. ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
600053

REGISTERED NUMBER
10-14

DECEASED-NAME FIRST MIDDLE LAST Karl P. Metzger		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) January 2, 1991
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		DATE OF BIRTH (MONTH, DAY, YEAR) 50. January 7, 1916	INDICATE D.O.A. OF DEATH BY CHECKING ONE OF THE FOLLOWING (SPECIFY) 6c. Inpatient
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago Ill.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	HOSPITAL OR OTHER INSTITUTION-NAME IF NOT IN EITHER, GIVE STREET AND NUMBER Rush-Pres-St. Luke's Medical Cntr
SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION 11a. Lithographer	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Irmayme Klein
RESIDENCE (STREET AND NUMBER) 13a. 925 N. Knight Avenue		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Park Ridge	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (11 or 12)
STATE 13b. Illinois		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	INSIDE CITY (YES/NO) 13c. Yes
FATHER-NAME FIRST MIDDLE LAST Fred Metzger		14b. M/MO (YES) SPECIFY: MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Clara Roitz	COUNTY Cook
INFORMANT'S NAME (TYPE OR PRINT) 17a. Gloria Raimey		RELATIONSHIP 17b. Clerk	MAILING ADDRESS (STREET, INDIC. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1553 W. Congress Pkwy Chp IL 60612
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Congestive Heart Failure (b) Dilated Cardiomyopathy (c) DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 72 Hours	
18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause (give in PART I.) DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 Years	
DATE OF OPERATION, IF ANY 20a. [REDACTED]		MAJOR FINDINGS OF OPERATION 20b. [REDACTED]	
19a. AUTOPSY (YES/NO) NO		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) NO	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED ON THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. January 2, 1991		HOUR OF DEATH 21c. 2:20 P.M.	
22a. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Dr. J. Clark 1553 W. Congress Pkwy Chp IL 60612		DATE SIGNED (MONTH, DAY, YEAR) 22b. Jan. 3, 1991	
22c. NAME OF ATTENDING PHYSICIAN, FATHER, OR HANDBY CERTIFIER (TYPE OR PRINT) [REDACTED]		ILLINOIS LICENSE NUMBER 22d. 36-37819	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
24b. CEMETERY OR CREMATORY-NAME Acacia Park		DATE (MONTH, DAY, YEAR) 24d. Jan 5 1991	
24c. LOCATION Chicago Illinois		STATE (MONTH, DAY, YEAR) Jan 5 1991	
25a. Ruan-Panke Funeral Home 2118 W. Lawrence Ave. Chicago IL 60625		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 9376	
25b. LOCAL REGISTRAR'S SIGNATURE Virginia L. Parker, MPA		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JAN 03 1991	
26a. LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JAN 03 1991	