



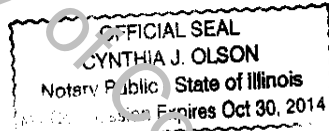
# UNOFFICIAL COPY

FURTHER AFFIANT SAYETH NOT.

William A. Simpson, Jr.  
AFFIANT - William A. Simpson, Jr.

SUBSCRIBED AND SWORN TO  
BEFORE ME THIS 14<sup>th</sup> DAY  
OF January, 20 13.

Cynthia J. Olson  
NOTARY PUBLIC



## LEGAL DESCRIPTION

LOT 27 IN PRICE'S SUBDIVISION OF PART OF BLOCK 10 IN SHERMAN AND OTHERS' SUBDIVISION OF THE EAST ½ OF THE WEST ½ OF THE SOUTHEAST 1/4 OF SECTION 28, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 17-28-435-007-0000

**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2011 0024844

DATE ISSUED 04/06/2011

DECEDENT'S LEGAL NAME SOPHIE SIMPSON				SEX FEMALE	DATE OF DEATH MARCH 28, 2011
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 93 YEARS	DATE OF BIRTH JANUARY 23, 1918		
CITY OR TOWN OAK LAWN			HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 03	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3019 S PRINCETON		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60616	FATHER'S NAME LOUIS COSTELLO	MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARY MARRANTINO	
INFORMANT'S NAME WILLIAM SIMPSON		RELATIONSHIP SON	MAILING ADDRESS 4228 W 111TH STREET, OAK LAWN, IL, 60453		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION APRIL 01, 2011	
FUNERAL HOME MICHAEL COLETTA SONS, 544 W. 31ST ST, CHICAGO, IL, 60616					
FUNERAL DIRECTOR'S NAME MICHAEL COLETTA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014831		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MARCH 31, 2011		
<b>CAUSE OF DEATH</b> PART I. ASPIRATION PNEUMONIA					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b.	METASTATIC CANCER PRIMARY UNKNOWN		
		c.	Due to (or as a consequence of):		
			Due to (or as a consequence of):		DAYS
PART II Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I CONGESTIVE HEART FAILURE				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		MANNER OF DEATH	
		NOT APPLICABLE		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 27, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:44 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED MARCH 28, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ROBERT J ANDINA, 6250 SOUTH ARCHER AVENUE, CHICAGO, ILLINOIS, 60638				PHYSICIAN'S LICENSE NUMBER 036059350	

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

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**