



# UNOFFICIAL COPY

## LEGAL DESCRIPTION

**LOT THIRTY THREE (33) IN THE RESUBDIVISION OF BLOCK SIX (6) IN THE VILLAGE OF JEFFERSON IN THE SOUTH HALF (1/2) OF SECTION 9, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

**Address of Property: 5110 N. Lotus, Chicago, IL 60630  
P.I.N. 13-09-304-025-0000**

Property of Cook County Clerk's Office

STATE OF ILLINOIS  
County of Cook

**UNOFFICIAL COPY**

NOV 20 2007

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 hereby 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 Orr*  
COUNTY CLERK

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER

1. DECEASED-NAME FIRST: <u>Ray</u> MIDDLE: <u>B</u> LAST: <u>Bogren</u> SEX: <u>Male</u> DATE OF DEATH (MONTH, DAY, YEAR): <u>June 20, 1997</u>	
2. COUNTY OF DEATH: <u>Cook</u>	3. AGE-LAST BIRTHDAY (MONTH, DAY, YEAR): a. <u>83</u> b. <u>83</u> c. <u>83</u>
4. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: <u>Park Ridge</u>	5. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER): <u>Resurrection Nursing &amp; Rehab Cent</u> 6. IF HOSP. OR INST. INDICATE S.O.A. (OPERATOR, NURSE, PATIENT) (SPECIFY): <u>Inpatient</u>
7. BIRTHPLACE (CITY AND STATE) (IF FOREIGN, GIVE COUNTRY): <u>Chicago</u>	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): <u>WIDOWED</u> 9. NAME OF SURVIVING SPOUSE (GIVEN NAME, IF MARRIED): <u>NONE</u>
10. SOCIAL SECURITY NUMBER: <u>349-07-7261</u>	11. USUAL OCCUPATION: <u>Grounds Keeper</u> 12. KIND OF BUSINESS OR INDUSTRY: <u>Maintenance</u> 13. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): <u>8</u> 14. COLLEGE (1-4 or 5-1): <u>-</u>
15. RESIDENCE (STREET AND NUMBER): <u>1001 N Greenwood</u>	16. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: <u>Park Ridge, IL</u> 17. INSIDE CITY (YES/NO): <u>Yes</u> 18. COUNTY: <u>COOK</u>
19. STATE: <u>Illinois</u> 20. ZIP CODE: <u>60068</u>	21. RACE (WHITE, BLACK, HISPANIC, INDIAN, OR OTHER) (SPECIFY): <u>White</u> 22. OF HISPANIC ORIGIN? (SPECIFY OR YES-YES, SPECIFY CLAN, MEDICAL PUEBLO OR CAY, ETC.): <u>NO</u>
23. FATHER-NAME (FIRST, MIDDLE, LAST): <u>Bergee Bogren</u>	24. MOTHER-NAME (FIRST, MIDDLE, LAST): <u>ANNA KAREN Peterson</u>
25. INFORMANT'S NAME (TYPE OR PRINT): <u>S. Baalke RD</u>	26. RELATIONSHIP: <u>record</u> 27. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): <u>1001 N. Greenwood, Park Ridge, IL</u>
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) <u>Indeterminate Cardiovascular</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Ischemic Heart Disease</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>-</u>	
PART II. State medical condition contributing to death but not resulting in the underlying cause of death. 28. DATE OF OPERATION, IF ANY: <u>Remain stationary from Disease</u> 29. MAJOR FINDINGS OF OPERATION: <u>-</u>	
30. (100) (DO NOT) ATTEND THE DECEASED AND LAST SEEN WHILE ALIVE ON: <u>6-11-97</u>	31. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): <u>NO</u>
32. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	
33. SIGNATURE: <u>Hilary Neybert</u>	34. HOUR OF DEATH: <u>1:15 P.M.</u>
35. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): <u>HILARY NEYBERT M.D. Park Ridge, IL 60068</u>	36. DATE SIGNED: <u>6-20-97</u>
37. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT): <u>-</u>	38. ILLINOIS LICENSE NUMBER: <u>076-06432a</u>
39. BURIAL, CREMATION, REINTERMENT (SPECIFY): <u>Cremation</u>	40. CEMETERY OR CREMATORY-NAME: <u>Acacia Park Cemetery</u>
41. FUNERAL HOME: <u>Nelson Funeral Homes, Inc.</u>	42. LOCATION: <u>Chicago Illinois</u>
43. FUNERAL DIRECTOR'S SIGNATURE: <u>[Signature]</u>	44. DATE: <u>June 23, 1997</u>
45. LOCAL REGISTRAR SIGNATURE: <u>[Signature]</u>	46. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: <u>034-012359</u>
47. REGISTRAR: <u>REGISTRAR</u>	48. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): <u>JUN 23 1997</u>