

UNOFFICIAL COPY

EXHIBIT

"A"

STATE OF ILLINOIS
(County of Cook)

September 22, 2015

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 J. Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 13.10		STATE OF ILLINOIS		NUMBER 617004	
Type or Print in PERMANENT INK See General Directions, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME 1. JAMES WHITE		SEX 2. M	DATE OF DEATH (MONTH, DAY, YEAR) 3. 12.17.07		
A. DECEASED		COUNTY OF DEATH 4. Cook	AGE-LAST BIRTHDAY (YRS) 5a. 65	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. 10.06.42	
B. DECEASED		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Chicago		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Core Ho		IF HOSP. OR INST. INDICATE D.O.A. OR GENERAL PMA INPATIENT (SPECIFY) 6c. IN Patient	
C. DECEASED		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. ROME MISS	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (BY EDICT) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. RUTH DINKINS		WAS DECEASED EVER INJURED OR KILLED? 9. YES	
D. DECEASED		SOCIAL SECURITY NUMBER 10. [REDACTED]	USUAL OCCUPATION 11a. SHIPPER	KIND OF BUSINESS OR INDUSTRY 11b. GENERAL MOTORS		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 11c. 12.2TH	
E. DECEASED		RESIDENCE (STREET AND NUMBER) 13a. 5239 W. QUINCY		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. CHICAGO	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK	
PARENTS		STATE 13e. ILLINOIS	ZIP CODE 13f. 60644	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. black	HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO		
PARENTS		FATHER-NAME FIRST MIDDLE LAST 15. EKLDRIDGE WHITE SR.		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. BLANCHIE HARDMON		MOTHER'S BIRTHDAY (MONTH, DAY, YEAR) 16a. [REDACTED]	
PARENTS		INFORMANT'S NAME (TYPE OR PRINT) 17a. RUTH WHITE		RELATIONSHIP 17b. WIFE	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 5239 W. QUINCY CHICAGO, ILL. 60644		
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) Cerebrovascular Accident DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____					
CAUSE		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 18a. NO					
CERTIFIER		DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
CERTIFIER		1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 21a. 12/17/2007		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 10 00 P M.	
CERTIFIER		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE → Hema Azad MD. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)					
CERTIFIER		DATE SIGNED (MONTH, DAY, YEAR) 22b. 12/19/07					
CERTIFIER		ILLINOIS LICENSE NUMBER 036-111426					