

UNOFFICIAL COPY

LEGAL DESCRIPTION RIDER

Permanent Index Number:
Property ID: 14-19-326-041-0000

Property Address:
3250 N. Hoyne Ave.
Chicago, IL 60618

EXHIBIT A

Legal Description:
LOT 4 IN BLOCK 1 IN THE SUBDIVISION OF BLOCK 47 IN THE SUBDIVISION OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER, THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER AND THE EAST HALF OF THE SOUTHEAST QUARTER) IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

REGISTRATION NO. **16.10**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NO. **6109332**

REGISTERED MEMBER SEASSED-NAME **Robert** FIRST MIDDLE LAST **A. Gonzales** SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR) **3 June 10, 1993**

UNITY OF DEATH **Cook** COUNTY, TWP. OR ROAD DISTRICT NUMBER **11a. Attendant** AGE-LAST BIRTHDAY (MRS) **84** UNDER 1 YEAR (MOS) UNDER 1 DAY (HOURS MIN) **2** DATE OF BIRTH (MONTH, DAY, YEAR) **8 NOVEMBER 8, 1908**

Chicago HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NETHER, GIVE STREET AND NUMBER) **Swedish Covenant Hospital** **Inpatient**
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. married** NAME OF SURVIVING SPOUSE (MAREN NAME, F WIFE) **Josephine Torda**
CIVIL SECURITY NUMBER **11a. Attendant** KIND OF BUSINESS OR INDUSTRY **11b. Railroad** EDUCATION (SPECIFY ON VENDOR'S STATE COMPLIATED) **12** INSIDE CITY (YES/NO) **Yes** COUNTY **Cook**

3250 N. Hoyne CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13b. Chicago** OF HISPANIC ORIGIN? (SPECIFY IN SPANISH OR OTHER LANGUAGE) **13c. Yes**

Illinois ZIP CODE **60618** FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **14a. White** MOTHER-NAME (FIRST, M, A, LAST) **14b. NO** **14c. YES** **14d. YES** **14e. YES** **14f. YES** **14g. YES** **14h. YES** **14i. YES** **14j. YES** **14k. YES** **14l. YES** **14m. YES** **14n. YES** **14o. YES** **14p. YES** **14q. YES** **14r. YES** **14s. YES** **14t. YES** **14u. YES** **14v. YES** **14w. YES** **14x. YES** **14y. YES** **14z. YES**

Marilou M. Valena RELATIONSHIP **Hospital** MAILING ADDRESS (STREET AND NO., DISTRICT, CITY OR TWP, STATE, ZIP) **5145 N. California, Chicago, IL 60625**
CAUSE OF DEATH (Final Illness or condition leading to death)
Hypotension
OTHER DISEASES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY FAILURE, UNLESS THEY ARE THE IMMEDIATE CAUSE (a) **3 days**
IMMEDIATE CAUSE (a) **Cellulitis of right foot**
CAUSE (b) **Metabolic acidosis, abdominal pain**
CAUSE (c) **Due to, OR AS A CONSEQUENCE OF**

DATE OF OPERATION, IF ANY **20b. June 10, 1993** MAJOR FINDINGS OF OPERATION **Metabolic acidosis, abdominal pain**
DEATH OCCURRED AT THE TIME, DATE AND PLACE AND PLACE A CHECK IN THE CAUSE(S) STATED.
June 10, 1993
Chicago, IL 60630
SIGNATURE OF CERTIFIER **M. Setty** TYPE OR PRINT
NAME AND ADDRESS OF CERTIFIER **Dr. M. Setty, 4955 N. Milwaukee, Chicago, IL 60630**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER **Dr. M. Setty**
FUNERAL CREATION, REMOVAL SPECIFY **24b. Maryhill Gemetery** LOCATION **Chicago, Illinois** STATE **Illinois** DATE (MONTH, DAY, YEAR) **6-14-1993**

FUNERAL HOME **HERDEGEN-BRITTSKE FUNERAL HOME 1356 W. Wellington Ave. Chicago Illinois 60657**

FUNERAL DIRECTOR'S SIGNATURE **Herdegen**
LOCAL REGISTRAR'S SIGNATURE **Herdegen**
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **13 1993**

Illinois Department of Public Health - Division of Vital Records
BASED ON 1989 S STANDARD CERTIFICATE

JUN 14 1993

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, VIRGINIA D. PARKER, M.B.A. 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 APPLIED