

# UNOFFICIAL COPY

87400957



## Chicago Title Insurance Company

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF \_\_\_\_\_

} ss.

Order No. \_\_\_\_\_

Margaret Johnson

being duly sworn

states that she resides at 2 665 Pearle Drive in the City of Des Plaines

That she was acquainted with Walter Johnson

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 14 in Pleasant Manor Unit No. 3 being a subdivision of the South West quarter of the North East quarter of Section 33, Township 41 North, Range 12 East of the Third Principal Meridian in Cook County, Illinois

Permanent Tax No. 09-33-210-006

AEO  
JA

87400957

That the deceased died on September 17, 1985, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about January 1986

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$100,000 dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Margaret D. Johnson

this 25 day of February, A.D. 19 86

Christine A. Feldman

Notary Public

Margaret D. Johnson  
(affiant's signature)

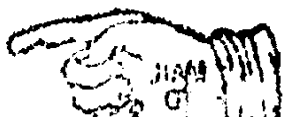
My Commission Expires Apr. 4, 1989

Mail to: Christine Feldman  
880 Lee St, Suite 212  
Des Plaines, IL 60016



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Property of Cook County Clerk's Office



STATE OF ILLINOIS  
STATE FILE NUMBER  
87400957

STATE OF ILLINOIS  
STATE FILE NUMBER  
604209

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16-0	DECEASED NAME WALTER JOHN JOHNSON	SEX MALE	DATE OF DEATH SEPTEMBER 17, 1985
REGISTERED NUMBER	AGE (LAST BIRTHDAY) 80	DATE OF BIRTH (MO., DAY, YEAR) APRIL 19, 1905	COUNTY OF DEATH COOK
1. NAME (LAST, FIRST, MIDDLE) WALTER JOHN JOHNSON	2. MARRIAGE HISTORY MARRIED NEVER MARRIED (SPECIFY) WIDOWED DIVORCED (SPECIFY) 10. MARRIED	3. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) MARGARET MITCHELL	4. WAR OR DATE OF SERVICE NONE
5. PLACE OF BIRTH (CITY, STATE, COUNTRY) SWEDISH MINNESOTA	6. HOSPITAL OR OTHER INSTITUTION - STREET, CITY, STATE, ZIP CODE HOLY FAMILY HOSPITAL	7. CAUSE OF DEATH IF HOSPITAL OR INST. INCARCERATED, LIST PATIENT'S STATUS INPATIENT	8. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) MARGARET MITCHELL
9. CITIZENSHIP USA	11. USUAL OCCUPATION SUPERVISOR	12. SOCIAL SECURITY NUMBER 318-07-6751	13. WAR OR DATE OF SERVICE NONE
10. CITY, TOWN, VILLAGE, OR ROAD DISTRICT NUMBER DES PLAINES	14. CITY, TOWN, VILLAGE, OR ROAD DISTRICT NUMBER DES PLAINES	15. RESIDENCE STREET AND NUMBER 2665 PEARLE DRIVE	16. COUNTY COOK
11. STATE OF BIRTH (IF NOT IN U.S.A.) MINNESOTA	17. MOTHER'S MAIDEN NAME IDA	18. FATHER'S NAME NOT AVAILABLE	19. STATE ILLINOIS
12. SOCIAL SECURITY NUMBER 318-07-6751	18. MOTHER'S MAIDEN NAME IDA	19. FATHER'S NAME NOT AVAILABLE	20. STATE ILLINOIS
13. USUAL OCCUPATION SUPERVISOR	19. MAILING ADDRESS PEARLE DR., DES PLAINES, ILLINOIS 60016	20. DEATH CAUSED BY: IMMEDIATE CAUSE 1. SEPTIC SHOCK 2. PELOUSITIS 3. PROBABLE PERFUSED DIVERTICULITIS	21. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 HOURS
14. CITY, TOWN, VILLAGE, OR ROAD DISTRICT NUMBER DES PLAINES	21. RELATIONSHIP TO DECEASED WIFE	22. DEATH CAUSED BY: IMMEDIATE CAUSE 1. SEPTIC SHOCK 2. PELOUSITIS 3. PROBABLE PERFUSED DIVERTICULITIS	23. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 HOURS
15. RESIDENCE STREET AND NUMBER 2665 PEARLE DRIVE	22. DEATH CAUSED BY: IMMEDIATE CAUSE 1. SEPTIC SHOCK 2. PELOUSITIS 3. PROBABLE PERFUSED DIVERTICULITIS	24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) MYOCARDIAL INFARCTION, CHRONIC RENAL FAILURE, CVA	25. IF YES, WERE SPOUSES IN DEED OF DEATH? 19. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
16. FATHER'S NAME NOT AVAILABLE	23. MAJOR FINDINGS OF OPERATION RETROPERITONEAL HEMATOMA	26. DATE OF OPERATION, IF ANY 9/5/85	27. IF FEMALE, WAS THERE A NANCY IN PAST THREE MONTHS? 20. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
17. MOTHER'S MAIDEN NAME IDA	24. DATE OF OPERATION, IF ANY 9/5/85	28. HOUR OF DEATH 9:17 PM	29. DATE SIGNED (MO., DAY, YEAR) 9/17/85
18. RELATIONSHIP TO DECEASED WIFE	25. HOUR OF DEATH 9:17 PM	30. NAME AND ADDRESS OF CERTIFIER MARGARET J. WARDLAW, M.D.	31. ILLINOIS LICENSE NUMBER 036 08239
19. MAILING ADDRESS PEARLE DR., DES PLAINES, ILLINOIS 60016	26. NAME AND ADDRESS OF CERTIFIER MARGARET J. WARDLAW, M.D.	32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	33. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
20. DEATH CAUSED BY: IMMEDIATE CAUSE 1. SEPTIC SHOCK 2. PELOUSITIS 3. PROBABLE PERFUSED DIVERTICULITIS	31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
21. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 HOURS	32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
22. DEATH CAUSED BY: IMMEDIATE CAUSE 1. SEPTIC SHOCK 2. PELOUSITIS 3. PROBABLE PERFUSED DIVERTICULITIS	33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
23. MAJOR FINDINGS OF OPERATION RETROPERITONEAL HEMATOMA	34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
24. DATE OF OPERATION, IF ANY 9/5/85	35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
25. HOUR OF DEATH 9:17 PM	36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	44. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	45. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
26. DATE OF OPERATION, IF ANY 9/5/85	37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	46. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	47. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
27. IF FEMALE, WAS THERE A NANCY IN PAST THREE MONTHS? 20. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	48. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	49. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
28. HOUR OF DEATH 9:17 PM	39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	50. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	51. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
29. DATE SIGNED (MO., DAY, YEAR) 9/17/85	40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	52. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	53. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
30. NAME AND ADDRESS OF CERTIFIER MARGARET J. WARDLAW, M.D.	41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	54. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	55. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
31. ILLINOIS LICENSE NUMBER 036 08239	42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	56. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	57. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	58. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	59. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
33. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	44. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	60. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	61. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	45. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	62. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	63. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	46. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	64. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	65. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	47. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	66. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	67. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	48. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	68. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	69. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	49. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	70. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	71. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	50. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	72. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	73. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	51. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	74. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	75. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	52. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	76. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	77. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	53. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	78. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	79. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	54. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	80. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	81. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
44. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	55. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	82. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	83. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
45. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	56. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	84. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	85. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
46. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	57. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	86. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	87. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
47. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	58. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	88. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	89. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
48. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	59. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	90. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	91. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
49. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	60. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	92. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	93. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
50. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	61. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	94. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	95. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
51. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	62. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	96. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	97. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
52. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	63. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	98. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	99. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER
53. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	64. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	99. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER	100. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT PEMSTER

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

DATE SEP 27 1985 SIGNED Nadine McCurry

At Cook County Department of Public Health Official Title Chief Deputy Registrar  
1500 S. Maybrook Drive Maywood, Illinois 60157

UNOFFICIAL COPY

37400957

1300 MAIL

lot 14 in Pleasant Manor Unit No 3 being a

subdivision of the Southwest quarter of the  
Northwest quarter of Section 33, Township  
41 North Range 12 East of the Third  
Principal Meridian with Cook County Deeds  
010 09 - 33 - 210 - 006

DEPT-01 RECORDING  
141111 TRAN 0752 07/21/87 12:23:00  
#5256 # 9 8  
COOK COUNTY RECORDER

Property of Cook County

Mailed to: Krishna Fedtchen

850 Lee Street, Suite 212  
Des Plaines, Ill.

100216