



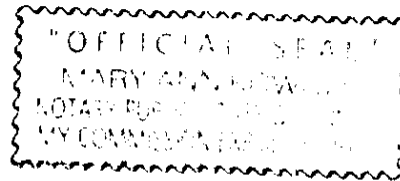
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1. Claims against the estate of William P. Kieser, the decedent.
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

x Lorraine A. Kieser  
Lorraine A. Kieser

Signed and sworn to before me this  
20 day of April, 1995

Mary Ann Dowling  
Notary Public



## LEGAL DESCRIPTION

Parcel 1:

Lot 166 in Feuerborn and Klode's Woodland Park Subdivision in the East Half of Section 27, Township 41 North, Range 12, East of the Third Principal Meridian in Cook County, Illinois.

Parcel 2:

West 1/2 of vacated alley lying East of and adjacent to Lot 166 in Feuerborn and Klode's Woodland Park Subdivision in the East 1/2 of Section 27, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Property Address: 405 N. Rose St, Park Ridge, IL 60068  
P.I.N: 09-27-402-017

Prepared By:  
Hegarty, Kowols & Lynch

301 W. Touhy

Park Ridge, IL 60068

Mailed To:  
Hegarty, Kowols & Lynch

301 W. Touhy

Park Ridge, IL 60068

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REGISTRATION DISTRICT NO 16.10

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

612198

JUN 28 1990

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

1. DECEASED NAME: WILLIAM PETER KIESER  
 2. SEX: MALE  
 3. DATE OF BIRTH: JUNE 26, 1990  
 4. AGE: 69  
 5. DATE OF DEATH: JULY 9, 1990  
 6. PLACE OF DEATH: ST. JOSEPH HOSPITAL  
 7. MARRIAGE STATUS: MARRIED  
 8. SOCIAL SECURITY NUMBER: 328-18-0631  
 9. OCCUPATION: FACTORY  
 10. RESIDENTIAL ADDRESS: 405 N. ROSE, CHICAGO, ILLINOIS 60668  
 11. MOTHER'S NAME: ANNA FEETH  
 12. FATHER'S NAME: MICHELYN KIESER  
 13. RACE: WHITE  
 14. ETHNIC ORIGIN: POLISH AMERICAN  
 15. HOSPITAL ADMISSION NUMBER: 2900 N. LAKE SHORES DR. CHICAGO, ILLINOIS 60657

16. PART I: Enter the cause of death as stated on the death certificate. Do not enter the cause of death as cardiac or respiratory unless specified on the death certificate.  
 (a) IMMEDIATE CAUSE OF DEATH: Ex Sanferrin  
 (b) INTERMEDIATE CAUSE OF DEATH: Ex hypotensive varices (bleeding)  
 (c) UNDERLYING CAUSE OF DEATH: Ex heart catheter  
 17. DATE OF OPERATION: 6-26-1990  
 18. SIGNATURE OF PHYSICIAN: Edmund Zidarkowski  
 19. ADDRESS OF PHYSICIAN: 5149 N. Ashland Ave, Chicago, Ill. 60640

20. SIGNATURE OF REGISTRAR: [Signature]  
 21. DATE SIGNED: 6-27-90  
 22. TIME SIGNED: 4:10 PM  
 23. PLACE SIGNED: [Location]  
 24. SIGNATURE OF REGISTRAR: [Signature]  
 25. ADDRESS OF REGISTRAR: [Address]  
 26. SIGNATURE OF REGISTRAR: [Signature]  
 27. ADDRESS OF REGISTRAR: [Address]

JAMES W. MASTERSON, MPH, ACTING 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 OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THIS ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

95571133

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

JUN 28 1990

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Property of Cook County Clerk's Office  
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