



# UNOFFICIAL COPY

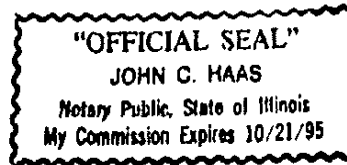
Affiant makes this affidavit for the purpose of inducing any title insurance company to issue its title insurance policy, describing the above-mentioned property.

IN WITNESS WHEREOF, the Affiant has affixed her signature hereto this 23rd day of August, 1995.

*Doris E. Leininger*  
DORIS E. LEININGER, Affiant

Subscribed and sworn to before me this 23rd day of August, 1995.

*John C. Haas*  
Notary Public



### LEGAL DESCRIPTION

Lot 6 in Block 4 in Prospect Heights Manor Unit 2, a Subdivision of the West 1/2 of the North East 1/4 of Section 27, Township 42 North, Range 11 East of the Third Principal Meridian (except the North 1/2 of the North West 1/4) in Cook County, Illinois.

Property Address: 15 S. Maple Lane, Prospect Heights, Illinois 60070

Permanent Index Number: 03-27-204-005

95594858

This instrument prepared by: John C. Haas, Attorney at Law, 115 S. Emerson St., Mt. Prospect, IL 60056 (708) 255-5400

UNOFFICIAL COPY

I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date

DEC 27 1994

Signed

*Nadine McCurry*

At Cook County Department of Public Health Official Title Deputy Registrar  
1010 Lake Street Suite 300 Oak Park, Illinois 60301

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH  
STATE FILE NUMBER 594858

REGISTRATION DISTRICT NO. <u>16.0</u>	REGISTERED NUMBER	CEASED NAME	FIRST NAME	MIDDLE NAME	LAST NAME	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
			WILLIAM	H.	LEININGER	Male	Dec. 23, 1994
CITY OF DEATH	COUNTY	TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER ONE, STREET AND NUMBER)	AGE - LAST BIRTHDAY (MRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
Cook		Prospect Heights	15 S. Maple	65			June 14, 1929
PLACE OF BIRTH AND STATE OR TERRITORY (IF FOREIGN, GIVE COUNTRY)	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	USUAL OCCUPATION	NAME OF SURVIVING SPOUSE (IF DECEASED, GIVE DATE OF DEATH)				
Chicago, Ill.	Married	Manager	Doris F. Fyfe				
SOCIAL SECURITY NUMBER			NAME OF BUSINESS OR INDUSTRY				
0325 26 0325			11b Telephone				
EVIDENCE (STREET AND NUMBER)			11c Manager				
15 S. Maple			11d Telephone				
DATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE HAWAIIAN OR PACIFIC ISLANDER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY		
Illinois	60070	White	11b Prospect Heights	Yes	Cook		
FATHER-NAME	FIRST	MIDDLE	LAST	MOTHER-NAME	FIRST	MIDDLE	LAST
Elmer			Leininger	Myrtle			Edginton
MOTHER'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP)					
Mrs. Doris Leininger	Spouse	15 S. Maple, Prospect Heights, IL 60070					
Immediate Cause (Final Determination of Cause) (Including underlying or contributing conditions)	(a) Immediate Cause (Final Determination of Cause) (Including underlying or contributing conditions)	(b) Due to, OR AS A CONSEQUENCE OF	(c) Due to, OR AS A CONSEQUENCE OF				
	4 months						
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST							
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION						
1010 (DO NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON)	MONTH, DAY, YEAR	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH	DATE SIGNED (MONTH, DAY, YEAR)	ILLINOIS LICENSE NUMBER	NOTE: IF AN INQUIRY WAS MADE, YOU MUST BE NOTIFIED	
21a	10/17/94	NO	3:00 A.M.	12/23/94	3634203		
21b TO THE BEST OF MY KNOWLEDGE, A DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED							
22a SIGNATURE (TYPE OR PRINT)	NAME AND ADDRESS OF CERTIFIER	TYPE OF DEATH					
<i>William Blumhardt</i>	67500 Curtis Blvd, Palmdale, CA 91366	Illinois License Number					
22b							
22c							
23 BIRTH REGISTRATION	CEMETERY OR CREMATORY NAME	LOCATION	STATE	DATE	MONTH, DAY, YEAR		
	1000 Cemetery	Culver, Indiana			Dec. 27, 1994		
24a	24b	24c	24d				
Burial	1000 Cemetery	Culver, Indiana	Mount Prospect, IL 60056				
25a	25b	25c	25d				
FRIEDRICH'S FUNERAL HOME INC, 320 West Central Road, Mount Prospect, IL 60056		034-0099902	Dec 27 1994				

25a FRIEDRICH'S FUNERAL HOME INC, 320 West Central Road, Mount Prospect, IL 60056

25b

25c 034-0099902

25d Dec 27 1994

REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER

CEASED NAME

FIRST NAME

MIDDLE NAME

LAST NAME

SEX

DATE OF DEATH (MONTH, DAY, YEAR)

CITY OF DEATH

COUNTY

TOWN, TWP. OR ROAD DISTRICT NUMBER

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER ONE, STREET AND NUMBER)

AGE - LAST BIRTHDAY (MRS)

UNDER 1 YEAR

UNDER 1 DAY

DATE OF BIRTH (MONTH, DAY, YEAR)

PLACE OF BIRTH AND STATE OR TERRITORY (IF FOREIGN, GIVE COUNTRY)

MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

USUAL OCCUPATION

NAME OF SURVIVING SPOUSE (IF DECEASED, GIVE DATE OF DEATH)

NAME OF BUSINESS OR INDUSTRY

11b Telephone

11c Manager

11d Telephone

DATE

ZIP CODE

RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE HAWAIIAN OR PACIFIC ISLANDER)

CITY, TOWN, TWP. OR ROAD DISTRICT NO.

INSIDE CITY (YES/NO)

COUNTY

FATHER-NAME

FIRST

MIDDLE

LAST

MOTHER-NAME

FIRST

MIDDLE

LAST

MOTHER'S NAME (TYPE OR PRINT)

RELATIONSHIP

MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP)

Immediate Cause (Final Determination of Cause) (Including underlying or contributing conditions)

(a) Immediate Cause (Final Determination of Cause) (Including underlying or contributing conditions)

(b) Due to, OR AS A CONSEQUENCE OF

(c) Due to, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

DATE OF OPERATION, IF ANY

MAJOR FINDINGS OF OPERATION

1010 (DO NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON)

MONTH, DAY, YEAR

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

HOUR OF DEATH

DATE SIGNED (MONTH, DAY, YEAR)

ILLINOIS LICENSE NUMBER

NOTE: IF AN INQUIRY WAS MADE, YOU MUST BE NOTIFIED

DATE

MONTH, DAY, YEAR

BURIAL REGISTRATION

CEMETERY OR CREMATORY NAME

LOCATION

STATE

DATE

MONTH, DAY, YEAR

24a

24b

24c

24d

25a

25b

25c

25d

UNOFFICIAL COPY

Property of Cook County Clerk's Office

95594858