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DEPT-01 RECORDING \$29.50
11/07/95 11118100
1622 * 5K * 95 * 26425 *
COOK COUNTY RECORDER

FOR RECORDER'S OFFICE USE ONLY

DESCRIPTION OF ATTACHED INSTRUMENT:

Letters of office Decedent's Estate

PREPARER:

Dorothy DADIS 16655 Millard Chicago Ill 60623 Phone 762-4725

DATE OF INSTRUMENT: Nov. 6 - 1995



Dorothy DADIS
16655 Millard
Chicago 911 60623

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12/14/11

Property of Cook County Clerk's Office

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
County Department, Probate Division

Estate of LEE MCKENZIE

No. 91 P 8187

Docket 984

Deceased Page

.R DEPT-01 RECORDING \$29.50
T07777 TRAN 2691 11/07/95 11:18:00
\$38 \$1622 0 SK *-95-764251
COOK COUNTY RECORDER

LETTERS OF OFFICE-DECEDENT'S ESTATE

DOROTHY DAVIS

has been appointed

INDEPENDENT ADMINISTRATOR

of the estate of

LEE MCKENZIE

deceased,

who died JULY 18

19 91

and is authorized to take possession of and collect the estate of the decedent and to do all acts required by law.

Witness,

AUGUST 16

19 91

AURELIA PUCINSKI

Clerk of court

LS

CERTIFICATE

I certify that this is a copy of the letters of office now in force in this estate.

Witness,

NOVEMBER 6

19 95

Aurelia Pucinski

Clerk of court

LI

AURELIA PUCINSKI, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

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.....
EDWARD J. ROSEWELL COOK COUNTY TREASURER
11/06/95 Receipt : 1500 Employee : JIM Page : 1

P I N : 16-23-315-002-0000 Volume : 000570

Address : NONE

Name : MCKINZIE LEE

Mailing : NONE

Legal Description :

Sub-Division Name : LANSINGHS 2ND ADD LT2-3,18-19 PT LT 4&17

Legal : LANSINGHS SECOND ADD TO CHICAGO, A SUB OF LOTS 2, 3, 4, 17, 18, &
19 (EX THE W 146.17 FT OF SAID LOTS 4 & 17) IN J H KEDZIES SUB (SEE A)
SEE A) ABOVE VACATED 10-13-1894 DOC 2117289 REC DATE: 08/25/
1874 DOC NO: 00180482

ST-TN-RG	BLOCK	PT	LOT
23-39-13		S	000000B

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613348

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.10

DECEASED—NAME: **Mattie McKenzle** (LAST, MIDDLE, FIRST) SEX: **Female** DATE OF DEATH: **June 30, 1985**

RACE: **American** (WHITE, NEGRO, OTHER) DATE OF BIRTH: **Dec. 20, 1905** COUNTY OF DEATH: **COOK**

CITY, TOWNSHIP, COUNTY: **Chicago** HOSPITAL OR OTHER INSTITUTION: **Rush Pres St Luke's Medical Center**

CITIZENSHIP: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Lee McKenzle**

SOCIAL SECURITY NUMBER: **NA** USUAL OCCUPATION: **House Keeper** KIND OF BUSINESS OR INDUSTRY: **Home**

RESIDENCE: **1665 S. Millard** CITY, TOWNSHIP, COUNTY: **Chicago** INSIDE CITY (YES/NO): **Yes**

FATHER—NAME: **Abe** MOTHER—MAIDEN NAME: **Emiley Jefferson**

15. INFORMANT NAME (TYPE OR PRINT): **Gwen Hellyn** RELATIONSHIP: **Clerk** MAILING ADDRESS: **1753 W. Congress Pkwy Cng. IL. 60612**

16. DEATH WAS CAUSED BY: **Cardio Pulmonary Arrest** (ENTER ONLY ONE CAUSE PER LINE 16a, 16b, AND 16c)

16a. **Cardio Pulmonary Arrest** (DUE TO OR AS A CONSEQUENCE OF)

16b. **Probable Cardiac Arrhythmia** (DUE TO OR AS A CONSEQUENCE OF)

16c. **Incipient Cardiac Disease** (DUE TO OR AS A CONSEQUENCE OF)

PART B. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH (LIST IN ORDER OF IMPORTANCE)

17a. **None**

17b. **None**

17c. **None**

17d. **None**

17e. **None**

17f. **None**

17g. **None**

17h. **None**

17i. **None**

17j. **None**

17k. **None**

17l. **None**

17m. **None**

17n. **None**

17o. **None**

17p. **None**

17q. **None**

17r. **None**

17s. **None**

17t. **None**

17u. **None**

17v. **None**

17w. **None**

17x. **None**

17y. **None**

17z. **None**

18. DATE OF OPERATION, IF ANY: **June 30, 1985** MAJOR FINDINGS OF OPERATION: **None**

19. HOPITALIC NOTI ATTEND THE DECEASED AND LAST SAW NUMBER ALIVE ON: **June 30, 1985** HOUR OF DEATH: **2:37 P.M.**

20. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE(S) STATED.

21. SIGNATURE: **Paul K. Hamashiro** (TYPE OR PRINT) LICENSE NUMBER: **22336-37056**

22. NAME AND ADDRESS OF CERTIFIER: **Dr. Paul K. Hamashiro, 1753 W. Congress Pkwy Cng. IL. 60612**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

24. CEMETERY OR CREMATION: **Oakridge** LOCATION: **Hillside Illinois** DATE: **June 26, 1985**

25. FUNERAL HOME: **Biggs & Biggs Funeral Home Inc. 3246 W. Jackson Blvd. Chgo, Ill 60624**

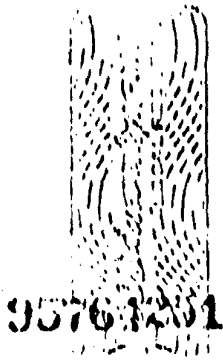
26. FUNERAL DIRECTOR'S SIGNATURE: **Samuel L. Lewis** LICENSE NUMBER: **7990**

27. LOCAL REGISTRAR'S SIGNATURE: **Edward J. D. MPA** DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **June 6, 1985**

28. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS (BASED ON 1978 U.S. STANDARD CERTIFICATE) VR 200 REV. 5/82

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LOUQUE C. EDWARDS M.D. M.P.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 OF 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 AS A RECORDED KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



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

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