

UNOFFICIAL COPY

NOTICE OF FORECLOSURE LIS PENDENS

I, the undersigned,
pursuant to Section 2-1901
of the Illinois Code of
Civil Procedure (735 ILCS
5/2-1901) and Section 1503
of the Illinois Mortgage
Foreclosure Law (735 ILCS
5/15-1503) state that on
MAR 17 1995

an action, numbered

9501 2463

and known as Commercial
Credit Loans, Inc. vs.
Johnson was filed by
Commercial Credit Loans,
Inc., Plaintiff, in the
Circuit Court of Cook
County to foreclosure the
mortgage recorded (or
registered) in the office
of the Cook County Recorder
of Deeds as Document Number

. DEPT-01 RECORDING 423.50
. T#0004 TRAN 3873 03/21/95 11:01:00
. #3454 + LF *-95-187706
. COOK COUNTY RECORDER

86-150493, is now pending, and affects the mortgaged real estate described
as follows:

LOT 628 IN WEDDELL AND COX'S ADDITION TO ENGLEWOOD, A SUBDIVISION OF THE
EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 20, TOWNSHIP 38 NORTH, RANGE 14,
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 20-20-330-035.

The common address of the mortgaged real estate is 7030 S. Elizabeth,
Chicago, IL 60636.

The title holder(s) of record is/are George Johnson and other defendants
are Laverna Johnson, Security Pacific Financial Services, Peoples Gas Light
& Coke Company, City of Chicago, "_____" Brown, "_____" Noel, "_____"
Williams, Unknown Owners, Unknown Tenants and Nonrecord Claimants.

95187706

By: _____

Arnold Scott Harris
Attorney for Plaintiff

95187706

PREPARED BY

AND RETURN TO: Ms. Penny Land, Harris & Harris, Ltd., 100 South Wacker
Drive, Chicago, Illinois 60606

UNOFFICIAL COPY

Property of Cook County Clerk's Office

95187706

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <i>16.0</i>		REGISTERED NUMBER		DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
				WALTER MICHAEL WALES		2. MALE	3. JULY 1 1992	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS. MOS. DAYS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)			
4. COOK		5a. 70 72	5b.	5c.	5d. APRIL 19 1922- 1920			
6a. PALOS HEIGHTS		6b. PALOS COMMUNITY HOSPITAL			6c. INPATIENT			
7. CHICAGO ILLINOIS		8a. MARRIED		8b. SUZANNE B WALES (ADAMS)			9. YES	
10. 360-05-4756		11a. ACCOUNTANT		11b. INSURANCE		12. 2		
13a. 6119 W 127TH PLACE		13b. PALOS HEIGHTS		13c. YES		13d. COOK		
14a. WHITE		14b. XNO		14c. YES		14d. SPECIFY:		
15. MICHAEL WALES		16. STEPHANIE ZALESKI		17a. MARYLYN R SLUIS				
17b. RECORD		17c. 123 & 80 AV PALOS HEIGHTS ILLINOIS						
18. PART I:		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)		(a) Hepatic failure						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Malignant lymphoma						
PART II. Other significant conditions contributing to death but not resulting as the underlying cause (under PART I).		Pancytopenia						
19a. NO		19b.						
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. YES		20d. NO		
21a. (DID) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		21b. 6/30/92		21c. NO		21d. HOUR OF DEATH		
21e. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21f. 16:20		21g. P.M.		21h. DATE SIGNED		
22a. SIGNATURE		22b. DAVID A. DOHSE DO.		22c. 7/2/92		22d. ILLINOIS LICENSE NUMBER		
22e. NAME AND ADDRESS OF CERTIFIER		22f. DAVID A. DOHSE		22g. 14300 S. RAVINIA AVE STE 102		22h. 034-068886		
22i. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		22j. 60902		NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		23a. BURIAL		23b. RESURRECTION MAUSOLEUM		23c. JUSTICE, ILLINOIS		
23d. FUNERAL HOME		23e. BLAKE-LAMB FUNERAL HOME		23f. 4727 W. 103rd ST.		23g. OAK LAWN ILLINOIS 60453		
23h. FUNERAL DIRECTOR'S SIGNATURE		23i. Rosemarie Lamb		23j. 2834-011832		23k. DATE FILED BY LOCAL REGISTRAR, MONTH, DAY, YEAR		
23l. LOCAL REGISTRAR'S SIGNATURE		23m. KAREN L. SCOTT, M.D.		23n. Registrar		23o. July 5, 1992		

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: JUL 06 1992

At Cook County Department of Public Health

1010 Lake St. Oak Park, Illinois 60301

Official Title Chief Deputy Registrar

95157717

Property of Cook County Clerk's Office

37

411119196