

UNOFFICIAL COPY

Warranty Deed
Individual to Individual

GEORGE E. COLE
LEGAL FORMS

TO

Cancelled 4/15/96
0250
31.57 96
37.5

CITY OF CHICAGO
REAL ESTATE TRANSFER TAX
REPT. OF REVENUE FEB 21 1996
PB. 1119

STATE OF ILLINOIS
NOTARY PUBLIC
Cancelled 4/15/96

State of Illinois, County of Cook ss I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Thomas W. Gill and (deceased) Laverne Gill, his wife

"OFFICIAL SEAL"
IMPRES Sercia personally known to me to be the same person whose name is subscribed to the Notary Public State of Illinois appearing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 15th day of April 1996
Commission expires May 20 1996
Una Garcia
NOTARY PUBLIC

This instrument was prepared by Velia Jara 958 West 18th Place Chicago, IL 60608
(Name and Address)

MAIL TO:

Velia Jara (Name)
958 West 18th Place (Address)
Chicago, IL 60608 (City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:
Velia Jara
(Name)
958 West 18th Place
(Address)
Chicago, IL 60608
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

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Certified Copy of a Death Record

OCCIDENTAL BIRTH NO PERMANENT INK See Page 4 of Chapter 1 Hospital or Post-1911 This Book for INSTRUMENTS	REGISTRATION DISTRICT NO 16.92 REGISTERED NUMBER 519	STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH	STATE FILE NUMBER
DECEASED			
1. DECEASED--NAME FIRST MIDDLE LAST THOMAS W. GILL		2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) APRIL 8, 1987
4. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) WHITE		5. ORIGIN OR DESCENT (IRISH, ITALIAN, POLISH, PORTUGUESE, SWEDISH, SWISS, GERMANY, OTHER) IRISH	6. DATE OF BIRTH (MONTH, DAY, YEAR) MARCH 1, 1918
7a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER PROVISO TOWNSHIP		7b. HOSPITAL OR OTHER INSTITUTION--NAME (IF NOT IN FULL, GIVE ABBREVIATION) FOSTER G. MCGAW HOSPITAL	7c. IF HOSP. OR INST. INDICATED, DO NOT CHECK THIS ITEM 7d. INPATIENT
8. STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) ILLINOIS		9. CITIZEN OF WHAT COUNTRY USA.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED
11. SOCIAL SECURITY NUMBER 361-01-4249		12. USUAL OCCUPATION DRIVER	13. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) LaVerne Albrecht
14. RESIDENCE (STREET AND NUMBER) 945 SO CLINTON		15. CITY, TOWN, TWP. OR ROAD DISTRICT NO. OAK PARK	16. COUNTY COOK
17. FATHER--NAME FIRST MIDDLE LAST THOMAS - GILL		18. MOTHER--MAIDEN NAME FIRST MIDDLE LAST ELIZABETH - KENNEDY	
19. INFORMANT NAME (TYPE OR PRINT) LISA GERMAN		20. HOSPITAL RECORDS HOSPITAL RECORDS	21. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 2160 S 1ST AVENUE MAYWOOD, ILLINOIS 60153
CAUSE			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, AND 1c) PART I IMMEDIATE CAUSE 1a) Septic shock 1b) Esophageal adenocarcinoma with liver metastasis 1c) Hypercalcemia			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 48h 1 year
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I Hypercalcemia			23. AUTOPSY (YES/NO) No
24. DATE OF OPERATION, IF ANY 4/8/87		25. MAJOR FINDINGS OF OPERATION 90230860	26. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>
CERTIFIER			
27. SIGNATURE [Signature]		28. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 2160 S 1st Avenue Maywood, IL 60153	29. ILLINOIS LICENSE NUMBER 036-070234
DISPOSITION			
30. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		31. CEMETERY OR CREMATORY--NAME QUEEN OF HEAVEN	32. LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) HILLSIDE, ILLINOIS 04/11/87
33. FUNERAL HOME NAME ADOLF/BERWYN FUNERAL HOME, LTD. 2921 S. Harlem Ave. Berwyn, IL 60402		34. FUNERAL DIRECTOR'S SIGNATURE Anthony G. Adolf	35. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 6772
36. LOCAL REGISTRAR'S SIGNATURE [Signature]		37. BROADVIEW, ILLINOIS 60153	38. DATE BASED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) April 9, 1987

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE APR 9 1987 SIGNED [Signature]
 AT BROADVIEW, ILLINOIS 60153 Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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