

UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS.
COUNTY OF DUPAGE)

On DEC 23 1996, before me, the undersigned, a Notary Public in and for said State, personally appeared DONALD M. GAWLIK, known to me or proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

NOTARY SEAL


Notary Public

My commission expires on: 6-28-98

"OFFICIAL SEAL"
LENITA M. AUBUCHON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 6/28/98



mail to: Lenita M. Aubuchon
2625 Butterfield Rd. Ste #138-S
Oakbrook, IL 60521

97057773

REGISTRATION NO. 16-10
 MEDICAL CERTIFICATE OF DEATH
 STATE OF ILLINOIS
 613992

REGISTERED NAME: SHARON
 SEX: FEMALE
 DATE OF BIRTH: JULY 10, 1986
 COUNTY OF DEATH: COOK

DEATH DATE: SEPT. 11, 1986
 TIME OF DEATH: 4:42 AM
 PLACE OF DEATH: HITCHELL HOSPITAL
 CITY OF DEATH: CHICAGO

DEATH CAUSE: CHADIC RESPIRATORY ARREST
 DEATH MANNER: ACCIDENTAL

DEATH PLACE: 5861 HARTLAND CHICAGO, ILL.
 DEATH TIME: 7:11-8:00 PM

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97057773
 July 18, 1986

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

LOUISE 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
 AND THAT I AM AWARE 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
 RECORD KEPT BY ME IN PURSUANCE OF
 SAID LAWS AND ORDINANCES.



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

DEPARTMENT OF HEALTH CITY OF CHICAGO

UNOFFICIAL COPY

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