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That the value of all assets passing to the Affiant are free from any federal or state estate taxes.

Affiant makes this affidavit for the purpose of a Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

*Gregory Lee*  
Affiant

Subscribed and Sworn to  
before me this 2<sup>nd</sup> day  
of May 1997.

*Eric G. Matlin*  
Notary Public



PROPERTY of Cook County Clerk's Office

97329538

*at*

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## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1603	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER 1392		
DECEASED-NAME FIRST MIDDLE LAST	SEX	DATE OF DEATH MONTH DAY YEAR
1. ALEX LEE	2. MALE	3. NOVEMBER 30, 1996
COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS. MO. DAYS)	DATE OF BIRTH (MONTH DAY YEAR)
4. COOK	5a. 71	5b. OCTOBER 15, 1925
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER, ONE STREET AND NUMBER)	IF HOSP. OR INST. SPECIFY I.C.A. OF DEATH (SEE INSTRUCTIONS)
6a. EVANSTON	6b. ST. FRANCIS HOSPICE	6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MARRIAGE IF WIFE)
7. CHICAGO, ILLINOIS	8a. MARRIED	8b. AGNES SAMPSON
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	INDUSTRY OF BUSINESS OR INDUSTRY
10. 356-14-6916	11a. OWNER	11b. AUTO
EDUCATION (SPECIFY ONLY HIGH SCHOOL COMPLETION)	CITY, TOWN, OR ROAD DISTRICT NO.	COUNTY
12. 12	13a. 6714 N. CENTRAL PARK	13b. COOK
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY)
13c. ILLINOIS	13d. 60645	14a. WHITE
FATHER-NAME FIRST MIDDLE LAST	MOTHER-NAME FIRST MIDDLE LAST	OF HISPANIC ORIGIN? (SPECIFY YES-IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)
15. ABE LEE	16. SYLVIA GERSHBERG	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
REPORTER'S NAME (PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. ONLY IF CITY OR TOWN, STATE, ZIP)
17a. AGNES LEE	17b. WIFE	17c. 6714 N. CENTRAL PARK, LINCOLNWOOD, IL 60645
18. PART I. Immediate Cause (Final disease or condition resulting in death)		
(a) PNEUMONIA		18a. WEEKS
(b) CHRONIC OBSTRUCTIVE PULMONARY DISEASE		18b. YEARS
PART II. END STAGE RENAL DISEASE		
DATE OF OPERATION, IF ANY	MAJOR FINDING(S) OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY DURING THESE MONTHS?
20a.	20b.	20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
19a. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON	19b. DID EXAMINER OR MEDICAL EXAMINER NOTIFY? (YES/NO)	HOUR OF DEATH
21a. 11-30-96	21b. NO	21c. 3:40 P.M.
22a. SIGNATURE: <i>Wolf Peddinghaus MD</i>		22b. DATE SIGNED: 22. DEC. 1, 1996
22c. WOLF D. PEDDINGHAUS M.D. 800 AUSTIN EVANSTON, IL 62202		22d. ILLINOIS LICENSE NUMBER: 22e. 36-53477
23. BURIAL OR CREMATION	CEMETERY OR CREMATORY-NAME	LOCATION CITY OR TOWN STATE
23a. BURIAL	23b. SHALOM MEMORIAL PARK	23c. ARLINGTON HEIGHTS ILLINOIS
23d. DATE: 23e. DECEMBER 4, 1996	FURNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP	
23f. WEINSTEIN FAMILY SERVICES 111 SKOKIE BLVD. WILMETTE ILLINOIS 60091	FURNERAL DIRECTOR'S SIGNATURE	
23g. <i>Julia Weinstein</i>	23h. 23i. 031-006819	
23j. LOCAL REGISTRAR'S SIGNATURE: <i>C. Lucia Brown</i>	23k. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)	
23l. 23m. 10 DEC 3, 1996		

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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 DECEMBER 3, 1996 SIGNED *C. Lucia Brown*  
AT EVANSTON LOCAL REGISTRAR  
OFFICIAL TITLE

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 in all courts and places of the facts therein stated.

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