

UNOFFICIAL COPY

EXHIBIT "A"
Legal Description

LOT 93 IN ZEMON'S CAPITOL HILL SUBDIVISION, UNIT NUMBER 5, BEING A
SUBDIVISION OF PART OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF
SECTION 21, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

99019165

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date OCT 28 1998

Signed Nadine McClurry

At Cook County Department of Public Health Official Title Deputy Registrar
1010 Lake Street Suite 300 Oak Park, Illinois 60301

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

160

REGISTRATION DISTRICT NO.	160				
REGISTERED NUMBER					
DECEASED-NAME	FIRST MIDDLE LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. COUNTY OF DEATH	WILMA	I. AGE-LAST BIRTHDAY (MRS)	2. FEMALE	3. FEBRUARY 21, 1995	
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	COOK	5a. 64	5b. UNDER 1 YEAR	5c. UNDER 1 DAY	5d. AUGUST 21, 1930
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	PARK RIDGE IL	6b. LUTHERAN GENERAL HOSPITAL	6c. INPATIENT		
7. Chicago, IL	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	8a. MARRIED	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		
10. SOCIAL SECURITY NUMBER	11. RECEPTIONIST	11b. KIND OF BUSINESS OR INDUS. (TRY)	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
13a. 301 W. DENVER DRIVE	13b. DES. PLAINES	13c. DIRECT MAIL	13d. INSIDE CITY (YES/NO)		
13b. ILLINOIS	13c. ZIP CODE	13d. RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY))	13e. YES/NO		
13c. ILLINOIS	13d. 60018	13e. WHITE	13f. YES/NO		
FATHER-NAME	FIRST MIDDLE LAST	MOTHER-NAME	FIRST MIDDLE LAST		
15. Herbert		16. ISABELLE STRAUSS			
17a. CAROL BERNERO REGISTRAR	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
18. PART I	17b. HOSP. REC.	17c. 1761775 DEMPSTER ST. PARK RIDGE, IL 60068			
Immediate Cause (final disease or condition resulting in death)	(a) Several consecutive heart failure				
CAUTIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	(b) Several consecutive heart failure				
PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I, improvement under observation	(c) Several consecutive heart failure				
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION				
20a. IDENTITY OF ATTENDEE WHO RECEIVED AND LAST SAW HIM/HER (GIVEN)	20b. MONTH, DAY, YEAR	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)			
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	21b. 2/20/95	NO			
22a. SIGNATURE	22b. DATE SIGNED (MONTH, DAY, YEAR)				
Michael J. Munger	2/21/95				
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22d. ILLINOIS LICENSE NUMBER				
Michael J. Munger, MD, 3605 N Arlington HTS Rd, Arlington HTS, IL 60004	36-57443				
23. NAME OF ATTENDING PHYSICIAN OTHER THAN CERTIFIER (TYPE OR PRINT)	NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
23a. BUREAU OF CREMATION, REMOVAL, SPEECH, BURIAL	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. BURIAL	24b. St. Michael The Archangel	Palatine, Illinois	Palatine, Illinois	Illinois	24d. Feb. 25, 1995
25a. FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25b. Maltz Funeral Home	Victor S. Grenda	410 E. Rand Rd.	Illinois	60056	
26a. LOCAL REGISTRAR'S SIGNATURE	FURNERAL DIRECTOR'S SIGNATURE				
26b. REGISTRAR	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26c. REGISTRAR	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26d. REGISTRAR	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				

VR200 (Rev. 5-89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

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