

UNOFFICIAL COPY

CERTIFICATE OF DEATH

Certificate No. 3597-111778

DATE FILED

Jul 18 1987

1. NAME OF DECEASED

JACOBKADLAN

MEDICAL CERTIFICATE OF DEATH

(To be filled in by the Physician)

PLACE OF DEATH: NEW YORK CITY Name of hospital or institution: A. BORGHESE (if not hospital, street address: MANHATTAN, 760 PARK AVE.)2. DATE AND HOUR OF DEATH: July 18 1987 11:45 SEX: MALE AGE: 966. I HEREBY CERTIFY THAT: (Check one)
 I attended the deceased.
 I am a physician or other qualified person who attended the deceased.from January 5 1992 to July 18 1987 and was not known to be suffering from any disease or condition which would have caused death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES.Witness my hand this 17 day of JULY 1987 Signature: Jack Nelson M.D.
Name of Physician: Jack Nelson Address: 121 E 80 ST NY 10022

PERSONAL PARTICULARS

(To be filled in by Family Member)

7. USUAL RESIDENCE: STATE: NEW YORK COUNTY: NEW YORK CITY: NEW YORK ADDRESS: 760 PARK AVE8. MARITAL STATUS (check one): Never Married Married or Separated Widowed Divorced
CITIZENSHIP: U.S.A. OCCUPATION: FILE TRANSLIT9. DATE OF BIRTH OF DECEDENT: 12 23 1892 AGE AT DEATH: 9613. USUAL OCCUPATION (Kind of work done during most of working lifetime, do not enter "and")
ENTREPRENEUR - PHARMACEUT15. BIRTHPLACE (State or Foreign Country): RUSS.17. NAME OF MOTHER OF DECEDENT: DAVID KADLAN19. NAME OF SPOUSE (Name): JEAN DAVIDSON RELATIONSHIP TO DECEASED: WIFE ADDRESS: 82 E 64 ST NY NY20. NAME OF FUNERAL HOME: FRENCH CROFT ADDRESS: HARTS DATE, NEW YORK DATE OF BURIAL: 7-19-8721. NAME OF FUNERAL HOME: PLAZA METONIA CHAYL IN. ADDRESS: 630 HOSPITAL AVE N.Y.C.

BUREAU OF VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made therein, as no inquiry as to the facts has been provided by law.

John A. Scanlon
JOHN A. SCANLON
CITY REGISTRAR



Do Not accept this transcript unless it bears the raised seal of the Department of Health. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

BUREAU OF VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

DATE ISSUED

AUG 5 1987INDEX NUMBER A 533087

UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

RELEASE OF MORTGAGE OR TRUST
DEED BY INDIVIDUAL (ILLINOIS)

CAUTION: Consult a lawyer before using this form under the terms
of warranties, including merchantability warranties, are provided

With Certificate attached

1177-137

**FOR THE PROTECTION OF THE
OWNER, THIS RELEASE SHALL
BE FILED WITH THE RECORDER
OF DEEDS OR THE REGISTRAR
OF TITLES IN WHOSE OFFICE
THE MORTGAGE OR DEED OF
TRUST WAS FILED.**

[Handwritten signature]

*J.M. Davidson, as Successor Trustee (to Original Trustee,
Jacob M. Kaplan, deceased) of the Joan K. Davidson Grantor Trust, dtd. 1/7/80, the
KNOW ALL MEN BY THESE PRESENTS, That Elizabeth K. Fonseca Grantor Trust,
dtd 2/8/80, the Richard D. Kaplan Grantor Trust, dtd 7/15/80 and Mary E. Kaplan Grantor Trust
dtd 7/15/80

LEGAL FOLLOWING MORTGAGE
RECORDED IN THE REGISTERED

of the County of New York and State of New York for and in consideration of the payment of
the indebtedness secured by the Mortgage hereinafter mentioned, and the cancellation of all the notes
thereby secured, and of the sum of one dollar, the receipt whereof is hereby acknowledged, does hereby
REMISE, RELEASE, CONVEY, and QUIET CLAIM unto Lee M. Rothenberg, Jr. *divorced and not*
(NAME AND ADDRESS) the Mortgagees, Remained
3501 Doria Lane, Olympia Fields, Illinois 60461, his

heirs, legal representatives and assigns, all the right title, interest, claim or demand whatsoever the
undersigned may have acquired in, through or by a certain Mortgage bearing date the 20th day of
January, 1984, and recorded in the Recorder's Office of Cook County, in the State of
Illinois, in book _____ of records, on page _____, as document 3319924, to the premises
therein described as follows, situated in the County of Cook, State of

Illinois, to wit: Lot 3 in Block 2 in A.G. Briggs and Son's Arcadia, being a
Subdivision in Section 14, Township 35 North, Range 13, East
of the Third Principal Meridian in Cook County, Illinois
according to the Plat recorded in the Office of the Recorder
of Deeds as document number 16821660 (which has the common
address of 3501 Doria Lane, Olympia Fields, Illinois).

together with all the appurtenances and privileges thereunto belonging or appertaining.

Witness my hand and seal, this 10th day of January, 1989

[Handwritten signature: J. M. Davidson]

J. M. DAVIDSON, not individually but as
Successor Trustee, as aforesaid

(SEAL)

This instrument was prepared by Jerome Marks, Rudnick & Wolfe, 203 N. LaSalle,
(NAME AND ADDRESS) Chicago, Illinois 60601

1177-137

Recorder's Office

UNOFFICIAL COPY

RELEASE DEED

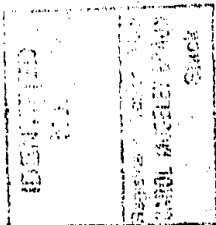
TO

ADDRESS OF PROPERTY:

DATE:

GEORGE E. COLE
LEGAL FORMS

3777437
3777437
3777437



Julian Akerberg
Rudnick + Wolfe
203 N. LaSalle
Suite 1700
Chicago IL 60601
1548-352 (212)

Property of Cook County Clerk's Office

a notary public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY that I, M. Davidson, as Successor Trustee (to Original Trustee, Jacob M. Kaplan, deceased) of the Joan K. Davidson Grantor Trust, dtd, 1/7/80, the Blawelle K. Fomaca Grantor Trust, dtd, 8/9/80, the Richard D. Kaplan Grantor Trust, dtd, 7/15/80 and Mary E. Kaplan Grantor Trust dtd 7/15/80, personally known to me to be the same person, whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he as such ~~Julian Akerberg~~ Blawelle Kaplan signed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal this 19th day of January 1989

Notary Public in and for the County of Cook, State of Illinois
Blawelle Kaplan
Commission expires

STATE OF New York
COUNTY OF Westchester
SS