

C-082-1115

92022061

DOCUMENT # 31-61-98 signed September 11, 1975 and recorded September 11, 1975 has been paid in full. mortgage for \$5,000.00 from John J. Luberdia and Florence G. Luberdia, husband and wife, to San Benedetto and Linda Benedetto.

Linda Benedetto
Linda Benedetto

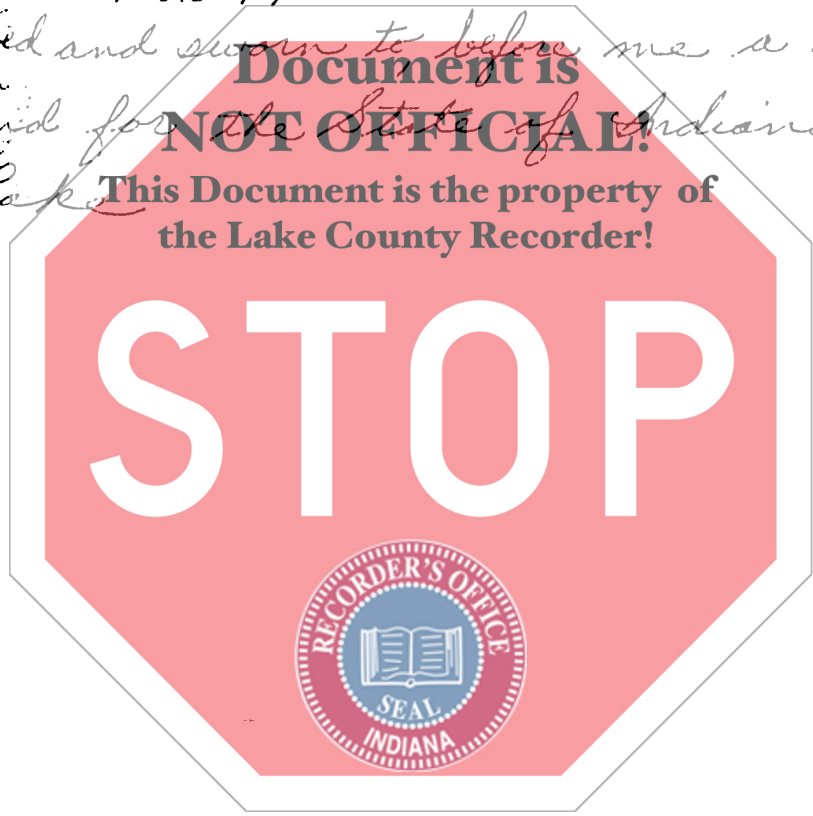
Carole J. Fife Notary March 14, 1992 Date

*My Commission expires
4-25-94*

*Subscribed and sworn to before me a Notary Public
in and for the State of Indiana County
of Lake*

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**



ROBERT E. ...
REC'D. ...

APR 10 11 17 AM '92

STATE OF INDIANA
LAKELAND
FILED ...

Prepared by Linda Benedetto

900

NORTHERN INDIANA TITLE SERVICES, INC.
102 EAST ...
LANSING, INDIANA 45802
763-0727 or 696-0100

REGISTRATION
DISTRICT NO. 16:10
REGISTERED
NUMBER

STATE OF ILLINOIS

STATE FILE
NUMBER

MEDICAL CERTIFICATE OF DEATH

621896

October 11, 1978

DECEASED - NAME FIRST MIDDLE LAST Sam Benedetto SEX 2. Male DATE OF DEATH 3. October 6, 1978

RACE 4a. White ORIGIN OR DESCENT 4b. Italian AGE - LAST BIRTHDAY (YRS) 5a. 70 UNDER 1 YEAR 5b. UNDER 1 DAY 5c. DATE OF BIRTH (MO., DAY, YEAR) 8. Jan 16, 1908 COUNTY OF DEATH 7a. Cook

CITY, TOWN, VLG. OR ROAD DISTRICT NUMBER 6. Chicago HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. Michael Reese Hospital IF HOSP OR INST INDICATE DOOR OF EMER. RM INPATIENT (SPECIFY) 7d. Inpatient

STATE OF BIRTH (IF NOT IN U.S. NAME COUNTRY) 8. Pennsylvania CITIZEN OF WHAT COUNTRY 9. United States MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. Linda DeRosa

SOCIAL SECURITY NUMBER 2. 316-24-8874 USUAL OCCUPATION 13a. Owner KIND OF BUSINESS OR INDUSTRY 13b. Tavern & Grocery U.S. WAR VETERAN (IF YES, GIVE NO.) 13c. None WAR OR DATES OF SERVICE 13d. None

RESIDENCE STREET AND NUMBER 4a. 4139 Indianapolis CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. East Chicago INSIDE CITY (Y/N) 14c. Yes COUNTY 14d. Lake STATE 14e. Indiana

FATHER - NAME FIRST MIDDLE LAST 5. Adam Benedetto MOTHER - MAIDEN NAME FIRST MIDDLE LAST 16. This Document is the property of the Lake County Recorder!

DECEASED'S SIGNATURE 7a. I. Boyle REL. SIGNATURE 17b. Records MAILING ADDRESS 17c. 2229 S. Ellis Ave. Chicago, Ill. 60616

DEATH WAS CAUSED BY 18. IMMEDIATE CAUSE 19. (a) Adenocarcinoma of Left Lung (b) (c)

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) (c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) 19a. No IF YES, WERE FINDINGS CORROBORATED IN DETERMINING CAUSE OF DEATH? 19b.

DATE OF OPERATION, IF ANY. 20a. MAJOR FINDINGS OF OPERATION 20b.

I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 21a. 11-28-77 TO (MONTH, DAY, YEAR) 21b. 10-6-78 AND LAST SAW HIM/LER ALIVE ON (MONTH, DAY, YEAR) 21c. 10-6-78 HOUR OF DEATH 21d. 12:00 A.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE 22a. Arthur A. Billings MD DATE SIGNED 22b. 10-6-78

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 104 South Michigan Avenue Chicago, Illinois 60603 ILLINOIS LICENSE NUMBER 22d. 36-30938

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY) 23. CEMETERY OR CREMATORY - NAME 24a. Burial LOCATION 24b. St. Joseph Cemetery CITY OR TOWN 24c. Hammond, Indiana STATE 24d. Oct 9, 1978

FUNERAL HOME 25a. Chicago - Suburban Morticians, 244 East 138th Street, Chicago, Illinois 60627

FUNERAL DIRECTOR'S SIGNATURE 25b. Leo V. Hennessy FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 7030

LOCAL HEALTH OFFICER'S SIGNATURE 26a. Murray C. Brown CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60602 DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. OCT 7 1978

STATE OF ILLINOIS
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Murray C. Brown, M.D., 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 by virtue of the laws 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.

DEPARTMENT OF HEALTH
CITY OF CHICAGO



This Certified Copy VALID
When MULTICOLOR SEAL And
BLUE SIGNATURE Are Affixed.