

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

DAVID ORR  
COUNTY CLERK

Tax key No: 15 433-5  
7225 Pierce St.  
Merrillville, IN 46410

80226 2004 045420

|                      |  |                                     |                   |
|----------------------|--|-------------------------------------|-------------------|
| DECEASED'S BIRTH NO. | REGISTRATION DISTRICT NO. <b>16-36</b> | STATE OF ILLINOIS                   | STATE FILE NUMBER |
|                      | REGISTERED NUMBER <b>20471</b>         | <b>MEDICAL CERTIFICATE OF DEATH</b> |                   |

|   |  |  |  |
|---|--|--|--|
| 1. DECEASED-NAME<br>FIRST MIDDLE LAST<br><b>John I. Lee</b>       |  | 2. SEX<br><b>Male</b>  | 3. DATE OF DEATH (MONTH, DAY, YEAR)<br><b>August 12, 2002</b>  |
| 4. COUNTY OF DEATH<br><b>Cook</b>                                 | 5a. AGE-LAST BIRTHDAY (YRS)<br><b>68</b>   | 5b. UNDER 1 YEAR<br>MOS. DAYS  | 5c. UNDER 1 DAY<br>HOURS MIN.  |
| 6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER<br><b>Skokie</b>     | 6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)<br><b>Rush Northshore Hospital</b> | 6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)<br><b>Inpatient</b> |  |
| 7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)<br><b>Korea</b> | 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)<br><b>Married</b>  | 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)<br><b>Cynthia Byon</b>                 | 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)<br><b>NO</b>   |
| 10. SOCIAL SECURITY NUMBER<br><b>154-30-3399</b>                  | 11a. USUAL OCCUPATION<br><b>Exacutive</b>  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Finencial</b>                                      | 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)<br>Elementary/Secondary (0-12) <b>6</b><br>College (1-4 or 5+) <b>6</b>   |
| 13a. RESIDENCE (STREET AND NUMBER)<br><b>8100 Keystone</b>        | 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.<br><b>Skokie</b>  | 13c. INSIDE CITY (YES/NO)<br><b>Yes</b>  | 13d. COUNTY<br><b>Cook</b>   |
| 13e. STATE<br><b>IL</b>   | 13f. ZIP CODE<br><b>60076</b>  | 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)<br><b>Asian</b>                  | 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)<br><input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: |

|  |                                     |  |  |
|--|-------------------------------------|--|--|
| 15. FATHER-NAME FIRST MIDDLE LAST<br><b>Moon Hyung Lee</b> |                                     | 16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST<br><b>Ung Cho Lee</b>   |  |
| 17a. INFORMANT'S NAME (TYPE OR PRINT)<br><b>Paul Lee</b>   | 17b. RELATIONSHIP<br><b>Lee Son</b> | 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)<br><b>1130 W. Armitage Chicago, IL.60614</b> |  |

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| 18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| (a) <b>SEPSIS</b><br>DUE TO, OR AS A CONSEQUENCE OF   | <b>2 weeks</b>                               |
| (b) <b>PNEUMONIA</b><br>DUE TO, OR AS A CONSEQUENCE OF  |  |
| (c) <b>GASTRIC CA</b>   |  |

|                                |                                  |   |
|--------------------------------|----------------------------------|---|
| 20a. DATE OF OPERATION, IF ANY | 20b. MAJOR FINDINGS OF OPERATION | 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|--------------------------------|----------------------------------|---|

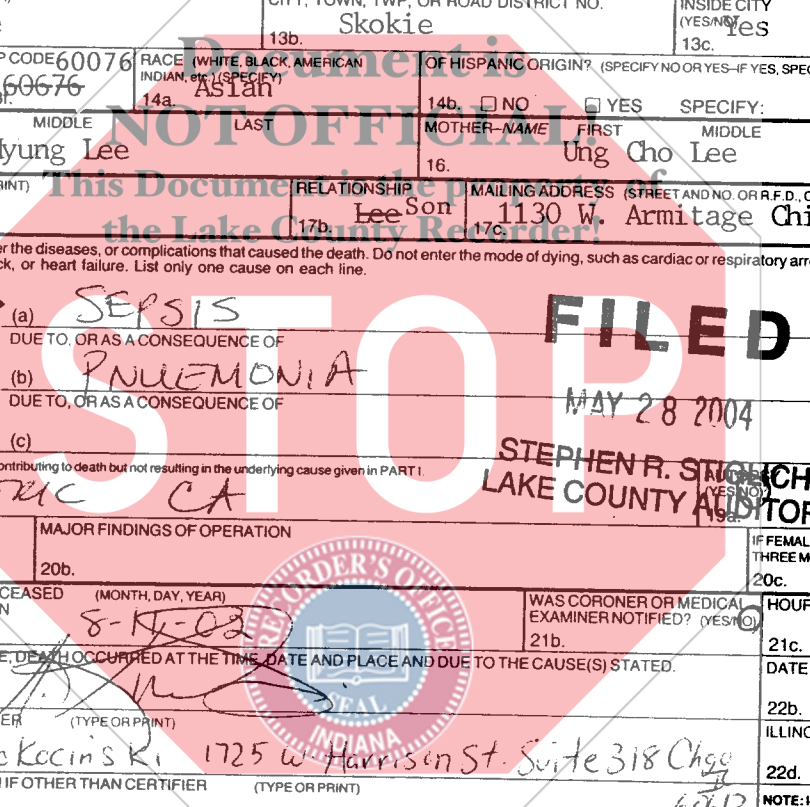
|  |  |  |
|--|--|--|
| 21a. 1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON<br><b>8-11-02</b> | 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)<br><b>NO</b> | 21c. HOUR OF DEATH<br><b>6:05 P.M.</b> |
|--|--|--|

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|--|---|
| 22a. SIGNATURE<br><i>[Signature]</i>   | 22b. DATE SIGNED (MONTH, DAY, YEAR)<br><b>8-15-02</b> |
| 22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)<br><b>Albene Kokocin's R. 1725 W. Harrison St. Suite 318 Chgo 60612</b> | 22d. ILLINOIS LICENSE NUMBER<br><b>036 074 437</b>    |

|  |   |  |  |
|--|---|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (SPECIFY)<br><b>Burial</b> | 24b. CEMETERY OR CREMATORY-NAME<br><b>Memorial Park</b> | 24c. LOCATION CITY OR TOWN STATE<br><b>Skokie, IL.</b> | 24d. DATE (MONTH, DAY, YEAR)<br><b>Aug. 16, 2002</b> |
|--|---|--|--|

|   |  |   |  |
|---|--|---|--|
| 25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP<br><b>25a Suh Asian American Funeral Services Inc. 6150 N. Cicero Ave. Chicago, IL. 60646</b> |  | 25b. FUNERAL DIRECTOR'S SIGNATURE<br><i>[Signature]</i>                     | 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br><b>034-015359</b> |
| 26a. LOCAL REGISTRAR'S SIGNATURE<br><b>Lowell Huckleberry</b>   |  | 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)<br><b>AUG 15 2002</b> |  |

DECEASED  
#138  
C. corr. by #138  
D. SHD 8/15/02  
E. VM  
#17b corr. by FM by SHD 8/15/02 YH  
CERTIFIER  
DISPOSITION



Chicago Life Insurance Company

9176