

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.

LAKE COUNTY
FILED FOR RECORD
David Orr

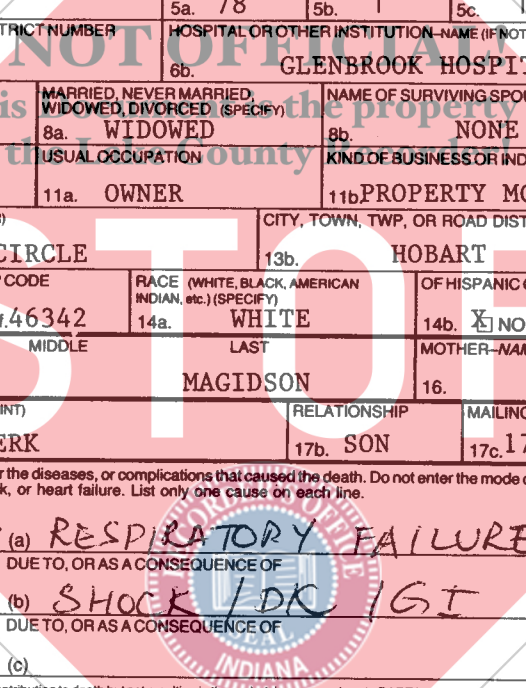
COMMUNITY TITLE COMPANY
FILE NO L 34870 2006 066846

2006 AUG 02 AM 10:55

MICHAEL A. BROWN
RECORDER

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)		
1.		Frieda Berk			2. Female		3. February 6, 2006		
4. COOK		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
		5a. 78		5b. MOS. DAYS		5c. HOURS MIN.		5d. FEBRUARY 5, 1928	
6a. GLENVIEW		6b. GLENBROOK HOSPITAL			6c. INPATIENT		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)		
7. CHICAGO, IL.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			WAS DECEASED EVER IN ARMED FORCES? (YES/NO)		
8a. WIDOWED		8b. NONE					9. NO		
10. [REDACTED]		11a. OWNER		11b. PROPERTY MGM.		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
						12. 12		College (1-4 or 5+)	
13a. 6868 AVOCET CIRCLE		13b. HOBART			INSIDE CITY (YES/NO)		COUNTY		
					13c. YES		13d. LAKE		
13e. INDIANA		13f. 46342		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		SPECIFY:	
14a. WHITE									
15. MORRIS		16. ASNA			16. SUPERFINE				
17a. BRAD E. BERK		17b. SON		17c. 17648 U.S. 12, NEW BUFFALO, MI.					
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) RESPIRATORY FAILURE								2 day	
(b) SHOCK / DK / GI BLEED									
(c)									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.									
19a. NO		19b.		AUG 2 2006					
20a.		20b.			PEGGY HO		OFFENSE: WAS THERE A PREGNANCY IN PAST 12 MONTHS? (YES/NO)		
							LAKE COUNTY YES/NO		
21a. 2:40 pm 2/6/06 Glenbrook Hosp RL		21b. YES		21c. 2:40 P. M.					
22a. SIGNATURE		22b. 2/7/06			22c. FLORA KATSNELSON, M.D.		22d. 036-113246		
22a. SIGNATURE		22b. 2/7/06			22c. FLORA KATSNELSON, M.D.		22d. 036-113246		
22c. FLORA KATSNELSON, M.D.		22d. 036-113246			22e. 800 BIESTERFIELD RD, ELK GROVE, IL. 60007		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
24a. BURIAL		24b. BETHEL CEMETERY		24c. PORTAGE, INDIANA		24d. 2-8-06			
25a. MRAZEK & RUSS FUNERAL SERVICE 3601 W. DIVERSEY CHICAGO, ILLINOIS 60647		25b. [Signature]			25c. 034-014579		25d. 11/2		
26a. David Orr		26b. February 08, 2006			26c. [Signature]		26d. [Signature]		

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FILED

AUG 2 2006

PEGGY HO
LAKE COUNTY YES/NO

21c. 2:40 P. M.

22b. 2/7/06
22c. FLORA KATSNELSON, M.D.
22d. 036-113246

24d. 2-8-06

25b. [Signature]
25c. 034-014579
25d. 11/2

26b. February 08, 2006
26c. [Signature]
26d. [Signature]