

2

STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **99.0**
LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) **JOSEPH HAMADY** 2. SEX **MALE** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **OCTOBER 4, 2008**

4. COUNTY OF DEATH **WILL** 5a. AGE AT LAST BIRTHDAY (Years) **91** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **JULY 18, 1917**

7a. CITY OR TOWN **JOLIET** 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **SALEM VILLAGE**

7c. PLACE OF DEATH (Check only one: see instructions)
 IF DEATH OCCURRED IN A HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival
 IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

8. BIRTHPLACE (City and State or Foreign Country) **GARY, IN.** 9. SOCIAL SECURITY NUMBER **312-05-4475** 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **CLARA SZOKA** 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) **2469 SULLIVAN STREET** 13b. APT. NO. 13c. CITY OR TOWN **LAKE STATION** 13d. INSURANCE COVERAGE LIMITS? Yes No

14. FATHER'S NAME (First, Middle, Last) **MICHAEL HAMADY** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **MARY MAYERNIK**

16a. INFORMANT'S NAME **CLARA HAMADY** 16b. RELATIONSHIP **WIFE** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **2469 SULLIVAN ST, LAKE STATION, IN. 46405**

17. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **CALVARY CEMETERY** 19. LOCATION - CITY, TOWN AND STATE **PORTAGE, IN.** 20. DATE OF DISPOSITION (Month/Day/Year) **OCTOBER 9, 2008**

21a. FUNERAL HOME NAME **GERHARZ FUNERAL HOME** STREET AND NUMBER **501 STATE STREET** CITY OR TOWN **LEMONT** STATE **ILLINOIS** ZIP **60439**

21b. FUNERAL DIRECTOR'S SIGNATURE *[Signature]* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-012112**

22. LOCAL REGISTRAR'S SIGNATURE *[Signature]* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **OCT 07 2008**

CAUSE OF DEATH (See instructions and examples)
 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson's Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Coronary artery disease**
 Due to (or as a consequence of):
 b. **Atherosclerosis**
 Due to (or as a consequence of):
 c. **Dementia, Arthritis**
 Due to (or as a consequence of):

25. WAS AN AUTOPSY PERFORMED? Yes No
 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown
 28. IF FEMALE:
 Not pregnant within past 12 months Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but time unknown
 Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months

29. MANNER OF DEATH
 Natural Suicide Could not be determined
 Accident Homicide Pending Investigation

30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) 33. INJURY AT WORK? Yes No

34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY:
 Driver/Operator Pedestrian
 Passenger Other (Specify)

37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON **9-28-08** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **10-4-08** 40. TIME OF DEATH **11:30** A.M. P.M.

41. CERTIFIER (Check only one):
 Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
 Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) **D.B. Boleme 100 BATSON Ct. Ste 24 Lenox IL 60451** 43. PHYSICIAN'S LICENSE NUMBER **036-084685**

44. TITLE OF CERTIFIER **M.D.** 45. DATE CERTIFIED (Month/Day/Year) **10-7-08** 46. SIGNATURE OF CERTIFIER *[Signature]*

620085279

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

John J. Cicero
 John J. Cicero
 Executive Director &
 Local Registrar
 Will County Health Department
 OCT 07 2008

FILED
 NOV 17 2008
 EGGY HOLINGA KATONA
 LAKE COUNTY AUDITOR

Date Issued: 017800

EXHIBIT "A"

LEGAL DESCRIPTION

PARCEL 1:

LOTS 16, 17 AND 18, IN BLOCK 9 IN EAST GARY REAL ESTATE COMPANY'S FIRST ADDITION TO EAST GARY, IN THE CITY OF LAKE STATION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 10 PAGE 9, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL 2:

A PART OF THE SOUTH HALF OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 7 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHWEST CORNER OF SAID 5 ACRE TRACT; THENCE NORTH 330 FEET, MORE OR LESS, TO THE NORTHWEST CORNER THEREOF; THENCE EAST 375 FEET; THENCE SOUTH 165 FEET; THENCE WEST 250 FEET; THENCE SOUTH 165 FEET TO THE SOUTH LINE OF SAID TRACT; THENCE WEST 125 FEET TO THE PLACE OF BEGINNING, BEING THE SAME LAND AS WAS FORMERLY CONTAINED IN LOTS 11 TO 30, BOTH INCLUSIVE, AND THE VACATED STREETS AND ALLEYS ADJOINING SAID LOTS, ON THE RECORDED PLAT OF DAVIS SUBDIVISION OF SAID 5 ACRES, AS SHOWN IN PLAT BOOK 2, PAGE 47, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

EXCEPTING THEREFROM THE EAST 92 FEET OF THE WEST 125 FEET OF THE NORTH 132 FEET OF THE SOUTH 165 FEET.

PINS: 45-09-16-183-025-000-021; 45-09-16-183-026-000-021; AND 45-09-16-183-017-000-021

Consideration less than \$100.00

This Deed is a conveyance from the Grantee to the Grantee's Revocable Trust for estate planning purposes.

