



TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B.&M.

Section 25: SW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$

APN: 005-460-13

TOGETHER with any and all improvements situate thereon.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining; and the reversion and reversions, remainder and remainder, rents, issues and profits thereof.

3. That **ALEXANDER G. PAUL**, being one of the persons described in the foregoing described Deed as a grantee and joint tenant, died in the City of Downers Grove, County of DuPage, State of Illinois, on the 30th day of November, 1992. That a certified copy of the death certificate of **ALEXANDER G. PAUL** is attached to this Affidavit and made a part thereof.

4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said **ALEXANDER G. PAUL**, the deceased joint tenant, in and to the foregoing described property, and vesting title thereto solely in **RUTH K. PAUL** as the surviving joint tenant of **ALEXANDER G. PAUL**.

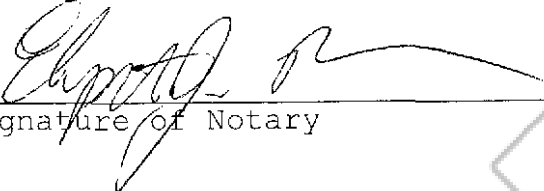
DATED this 7 day of March, 2011.

  
BARBARA R. CARD

State of Illinois  
County of DuPage

On the 2<sup>nd</sup> day of March, 2011, before me Elspeth J. Roza, the undersigned Notary, personally appeared **BARBARA R. CARD**, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same individually and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
Signature of Notary

(Attach seal or stamp of Notary)

OFFICIAL SEAL  
ELSPETH J. ROZA  
Notary Public - State of Illinois  
My Commission Expires May 27, 2013



DECEDENT'S BIRTH NO. REGISTRATION DISTRICT NO. **22.0** 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. **ALEXANDER G. PAUL MALE** 3. **NOVEMBER 30, 1992**

COUNTY OF DEATH **DUPAGE** AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. **DUPAGE** 5a. **76** 5b. **76** 5c. **76** 5d. **December 25, 1915**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OR INPATIENT (SPECIFY)

6a. **Downers Grove** 6b. **GOOD SAMARITAN HOSPITAL** 6c. **INPATIENT**

A. DECEASED

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

7. **Chicago, IL** 8a. **Married** 8b. **Ruth krist** 9. **Yes**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. **[REDACTED]** 11a. **Traffic Manager** 11b. **Cash Register** 12. **12** (Elementary/Secondary (9-12) College (1-4 or 5+))

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

13a. **485 N. Beverly Ave** 13b. **Villa Park** 13c. **Yes** 13d. **DuPage**

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

13e. **Illinois** 13f. **60181** 14a. **White** 14b.  NO  YES SPECIFY:

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST

15. **Christian Paul** 16. **Sophia Zeier**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. **LISA MENSIK** 17b. **CLERK** 17c. **3815 HIGHLAND AVE DOWNERS GROVE, IL 60515**

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

Immediate Cause (Final disease or condition resulting in death) (a) **Multisystem Organ Failure**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) **Thoracic Aneurysm Repair** 60 days

STATING THE UNDERLYING CAUSE LAST. (c) **THORACIC AORTIC ANEURYSM**

4. PART II. other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

5. **Respiratory failure, renal failure, Gastrointestinal bleeding, Pneumonia** 19a. **NO** 19b. **NO**

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

20a. **9/21/92** 20b. **Dissected thoracic Aneurysm** 20c.  YES  NO

19. (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH

21a. **11/27/92** 21b. **NO** 21c. **12:37 AM**

22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)

22a. SIGNATURE **Stephen M. Rowley** 22b. **11/30/92**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. **Stephen M Rowley 2340 Highland, Suite 510 Lombard 60148** 22d. **036-070452**

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

23. **Alan Brown**

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. **Burial** 24b. **Chapel Hill West** 24c. **Elmhurst, Illinois** 24d. **12-3-92**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. **Steuerle Funeral Home 350 S. Ardmore Ave Villa Park, Illinois 60181**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. **[Signature]** 25c. **034-014364**

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. **James P. Paulissen, M.D. Nelson Deputy** 26b. **DEC - 2 1992**

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1969 U.S. AND 1970 CERTIFICATE)

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

**James P. Paulissen, M.D.**  
James P. Paulissen, M.D.