File #: O2011-824, **Version:** 1

City of Chicago Richard M. Daley, Mayor
Department of Revenue
Hugh P. Murphy Director
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hup^/vww.ci.chi.il.ui

BUI OUNf. CHICAGO TOGETHER

DISABLED PERMIT PARKING

REMOVAL APPLICATION
FOR SIGN REMOVAL REGARDING PROHIBITED PARKING
EXCEPT FOR DISABLED PERMIT NUMBER "f^ir Jlg
(Please print or type.)
*NAME OF DISABLED INDIVIDUAL: Ag cta A **
REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

1HQH S. Kernc-H-

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE) botiUt (PHONE NUMBER)
REASON FOR REMOVAL: ^ ,r, & o~ S^nl
NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN MAINTENANCE FEE:
7 ¥t» V $* ^^<tai^^
(Please provide information only if billing information differs.)
ILLINOIS VEHICLE T .TCENSE NUMBER: ^f-/^ 3 ^
(W or V plates)
ILLINOIS DISABLED PLACARD NUMBER: ^ /2266>_
(Secretary of State Disabled Placard)
CERTIFICATION; THE ABOVE INFORMATION IS CORRECT TO THE
BEST OF MY KNOWLEDGE: An+£. /JZ.^^*
(Signature of Applicant)
FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.
APPLICANT: DO NOT WRITE BELOW THIS LINE
ALDERMANIC CERTIFICATION:
(AJdermaiuc Signature)
(Ward)
(Date)
AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES, BY THE ALDERMAN, AT THE TIME THE DISABLED SIGN REMOVAL ORDINANCE IS INTRODUCED.

DECEDENTS LEGAL NAII|::',?'5? -£#vV JV
7 ROSIE BP^DD':?>V->:;.:'^':\' '•••
■■■-.■"■<;:y^.-.---|
r ■■>■■
FEMALES

^OATE.9P0EATH.VC..;J;'
-li;jUNE 22; 20l6 '
COUNTY OF DEATH^!^I^^r! AGE AT. LAST BIRTHDAY^Ue ^]j'^Syj-7i^A^'Ui'^i.-. /:MTE-OFjBIRTH;^WrM^^i1i-^^L^llilc!>-:
IvCOOK • '^i' ." ••87*YEARS'- -.v^teM^! Wi;" :.'^ANUARY'Oi; 1923v^^;:V'^^^K -iJ-
CITY, OR TOWN V.
- OAK LAWN
HOSPITAL OR OTHER INSTITUTION NAME'!•*•.;***•■'•>/•'.w£-:~?;;V?-Vv f;V
CHRIST HOSPITAL & MED CNTR v-^:- ^r^,:'^
PLACE OF DEATH • , " INPATIENT

i

BIRTHPLACE-- 'V
' BOBO. MS .
SOCIAL SECURITY NUMBER 337-20-4920 " '■
MARITAL STATUS AT,TIME OR,DEATH
WIDOWED ' ■'■'■'K ■ ■■
■SURVIVING SPOUSE^S NAME|:;il/.g;■ ,^(jg
_..lj;iTO,vBrt
iEVER IN U.S. ARMED.:
rjpRCES? .NO' i
RESIDENCE
■7404'S BENNETT
•APT. NO.. . -
HOUSE:' '
CITY OR TOWN'.
•CHICAGO
INSIDE CITY LIMITS? , I
I COUNTY ••• • •.. ^ ,• - i !'*COOK-'f-'-'-:^?V^
STATE i\

mom

ZIP CODE- . ! 60649 W
tFather'S name' I" v^ftsS&Sin. :i.£S '< ^T?iPRY' PATTERSON .--'T'>
.-.MOTHER'S NAME TOIORTOFIRSTMARRIAGE |- i
^•MAMIE5HUFF#^#^yi.^#«-3»^^" i- i ■
INFORMANTSNAME??(j^j^'.: AY^I'fjJl^'-i't-ljfS
^'sarah^illiamsc; ••• ^"-^f
RELATIONSHIPS
•DAUGHTER

SHIRS!

jMAILINGADDRESS^rJI^v:;;^^^
•r'-7404 S B E N N ETT, C HICAGO, :It;'60649' '•<*
METHOD.OF DISPOSITION.'./'!' .
Sli BURIAL •■ """V"
:f^CE'0F DISPOSITION^? & ^ LINCOLN CEMETERY^>■■'":' •• ":*
LOCATION V CITY OR-TOV/N APOSTATE 4
"CHICAGO! IL'*; :; •"•> :
^OAte^F^Spqs#K)N;S;:^^^ "JUNE 29; 2010 " '
FUNERALHOME ?J**)^S.:\XA" ⁰ '
!$DOT^NASH:FUNERAL:HOMEiLTD^ ^^W^t^^^nw;:;^.
LOCAL REGISTRAR'S;NAME-ij!-'>f.'v.V^^
^DAVID-ORR^Sf^^*^
£ DATE'Fte D WW L^CAL*^ ■
CAUSE OF DEATHjJ;tjV:PART:^ |IMMED^E'CAul^^

pli!?ili«|rM^;

Duft'to'tor aaacbnioquerice oOi-.v;;"***"-//
PART IL-Entaathar»fcn0f^
WAS/^^tpP§Y>EWpRMEp^
WERE AUTOPSY FINDINGS USED TO • >'Xi •]'••' ibMPLETEVCAUSFOF peATH?VvN/AS^:!J.
DID TOBACCO USE:CONTRIBUTE;TO DEATH?c©j;^
TEMALE PREGNANCY STATUS
^ NOT APPLICABLE?!
"NATURAL'?"?' ~-: V'*"-#' T:
■DATE^OF^NJURYSVv^iSWW^^
•TIMEOBINJURY;:. ip-ys.rj[1]
raceofjnjury ,<f; ^ ^ u^ p. ^ ' IB*»«'«':^2j^1
LOCATION.OFMNjWRY.^V.fe'.
j}^.SS¥.IT; .. ..

ATTEND)THEDECEASE0?i{S^
DATE LASTSEEN ^LrVEj
ft j UNEi22^20lO?<
^as;)^!MlVe}^ine^
^CORONER c'0NTACTED?5f NOS fiifi r
,DATE:PRONOUNCED".%:S^Sft:^ESfe'^
CERTIFIER^S-^|§9;|^^pgH^t:^^
^tPHYSICIAN^-.^^:-*^^^??^
riSATECERTIFIED^ii^SgS ^! I Lb;j;^!
I^E/App^ESSANP'ilp'cPP^OFj^ ^PJHYSICIAN!.SoLICENSE;NyMBER^V,'~-f
^AkH^MR^We|b'^|?i54^
|<f>|