

UNOFFICIAL COPY

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03/04/08 17:00:17 Page 1 of 2
2001-03-08 09:03:46
Cook County Recorder 43.50

State of Mississippi)
) SS.
County of NOXUBEE)



INA M. McNEIL a/k/a INA M. McNEIL MALDONODO, hereby referred to as the affiant, states under oath that the affiant resides at 974 Cedar Creek Road, ~~Marion~~ Madison, MS 39341; that the affiant was acquainted with JAMES E. McNEIL, the decedent; that at the time of death, the decedent was one of the owners of the property, said property, located in Cook County, Illinois, and legally described as follows:

Lot 26 in Block 4 in Lyman Bridges' Addition to Chicago, a Subdivision in the South East 1/4 of the North West 1/4 of Section 9, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

PIN # 16-09-119-029
Common Address: 5323 W. Race, Chicago, IL 60644

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on February 21, 1956, leaving a last will and testament;

That the total value of decedent's estate, including the taxable interest un the above property was \$ 50,000.00 and that the value of the above property individually was \$ 50,000.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce PROFESSIONAL NATIONAL TITLE NETWORK, INC., to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself, heirs, personal representatives or assignees, to forever indemnify, protect, defend and hold PROFESSIONAL NATIONAL TITLE NETWORK, INC., harmless and to reimburse the title company for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which said title company may suffer, expend, or incur by reason of issuance of said policy free and clear of the following objections:

1. Claims against the Estate of JAMES E. McNEIL, the decedent.
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent.
3. Legacies, if any, created by the will of said document.
4. Rights of Contribution.

X INA M. McNeil
INA M. McNEIL

Subscribed and sworn to before me this 16 day of November, 2000.

Carl J. McConnochie, Notary Public
NOTARY PUBLIC

Prepared by: **ROBERT G. PRORAK**, Counselor at Law, 5521 N. Cumberland, Suite 1109, Chicago, IL 60656
Mail to: **ROBERT G. PRORAK**, Counselor at Law, 5521 N. Cumberland, Suite 1109, Chicago, IL 60656

NOTARY PUBLIC, CIRCUIT CLERK
MY COMMISSION EXPIRES
1st DAY - JANUARY, 2004

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE **FEB 28 1986** Oak Park, Illinois.

SIGNED *[Signature]* OFFICIAL TYPE - LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

| | | | |
|---|--|-------------------------------------|-------------------------------------|
| REGISTRATION DISTRICT NO. | 16.035 | STATE OF ILLINOIS | STATE FILE NUMBER |
| REGISTERED NUMBER | 013 | MEDICAL CERTIFICATE OF DEATH | |
| DECEASED - NAME | FIRST MIDDLE LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 1. JAMES | | 2. MALE | 3. FEBRUARY 21, 1986 |
| RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) | AGE (LAST MONTH, DAY) | 4. MARRIED | 5. DATE OF BIRTH (MONTH, DAY, YEAR) |
| 4a. BLACK | 50 | 5b. NEVER MARRIED | 6. JUNE 3, 1935 |
| CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER | HOSPITAL OR OTHER INSTITUTION | 7a. SINGLE | 7b. WIDOWED |
| 7a. OAK PARK | WEST SUBURBAN HOSPITAL MEDICAL CENTER | 8. INMATE | 9. COOK |
| 8. ILLINOIS | CITIZEN OF WHAT COUNTRY | 10. MARRIED | 11. IMA BECK |
| 9. U.S.A. | 10. U.S.A. | 12. CATHOLIC | 13. CHURCH |
| 10. SOCIAL WORKER | 11. CATHOLIC | 14. YES | 15. YES |
| 11. SOCIAL SECURITY NUMBER | 12. KIND OF BUSINESS (INDUSTRY) | 16. YES | 17. YES |
| 410-50-3419 | 13. CATHOLIC | 18. YES | 19. YES |
| 12. RESIDENCE STREET AND NUMBER | 14. CITY, TOWN, VILLAGE OR ROAD DISTRICT NO. | 20. YES | 21. YES |
| 5323 W. RACE | 15. CHICAGO | 22. YES | 23. YES |
| 13a. CITY, TOWN, VILLAGE OR ROAD DISTRICT NO. | 16. CHICAGO | 24. YES | 25. YES |
| 14a. FATHER - NAME | 17. MOTHER - MAIDEN NAME | 26. YES | 27. YES |
| 15. GEORGE | 18. BEATRICE | 28. YES | 29. YES |
| 16. INFORMANT NAME (TYPE OR PRINT) | 19. MAPPING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) | 30. YES | 31. YES |
| 17a. Eileen Kelly | 20. ERIE AT AUSTIN, OAK PARK, ILLINOIS 60302 | 32. YES | 33. YES |

18. DEATH WAS CAUSED BY: **Bacterial meningitis**

19. IMMEDIATE CAUSE: **Streptococcus pneumoniae**

20. DATE OF OPERATION, IF ANY (MAJOR FINDINGS OF OPERATION): **None**

21. (a) **3 weeks**
 (b) **4 weeks**
 (c) **1 1/2 yrs**

22. (a) **3 weeks**
 (b) **4 weeks**
 (c) **1 1/2 yrs**

23. (a) **3 weeks**
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24. (a) **3 weeks**
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