

# UNOFFICIAL COPY

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7926/0107 91 DOS Page 1 of 3  
2002-04-04 09:26:56  
Cook County Recorder 25.50

## Deceased Joint Affidavit

State of Illinois )

) SS:

County of Cook)

COOK COUNTY

RECORDER

EUGENE "GENE" MOORE

ROLLING MEADOWS

Date: 11-30-01

Commitment No. DD15331



0020382903

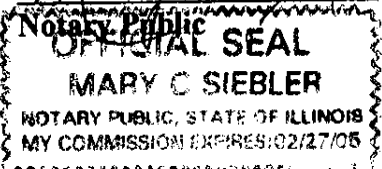
John McGrath, being first duly sworn, for the purpose of inducing American Title to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says:

1. That he/she resides at: 4736 N. Leamington, Chicago, IL 60630
2. That he/she was acquainted with Brigid McGrath who died on May 20, 2000 as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
  - Leaving no Last Will and Testament
  - Leaving a Last Will and Testament, a copy of which is attached
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ \_\_\_\_\_.

John T. McGrath  
Affiant's Signature

Subscribed and Sworn to  
Before me this 21 day  
Of March, 2002

Mary C. Siebler



John McGrath  
4736 N. Leamington  
Chicago, IL 60630

0120182903

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

**MAY 23 2000**

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

*Sheila Lyne RSM*  
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

*John McGrath*  
 4736 N. Leamington  
 MAIL TO Chicago, IL 60630

REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS		STATE FILE NUMBER <b>608154</b>	
DECEASED-NAME <b>BRIGID ANN MCGRATH</b>		SEX <b>FEMALE</b>		DATE OF DEATH (MONTH DAY YEAR) <b>MAY 20, 2000</b>	
CITY OF DEATH <b>COOK</b>		UNDER 1 YEAR MOS 5a. DAYS 5b. HOURS 5c.		DATE OF BIRTH (MONTH DAY YEAR) <b>JULY 12, 1943</b>	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <b>CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) <b>4736 N. LEAMINGTON AVENUE</b>		IF HOSP. OR INST. INDICATE D.O.A. OR EMER. PAT. INPATIENT (SPECIFY) <b>HOSPICE</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>IRELAND</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>		WAS DECEASED EVER IN U.S. ARMED SERVICES? (YES/NO) <b>NO</b>	
SOCIAL SECURITY NUMBER <b>343-60-5815</b>		USUAL OCCUPATION <b>AIDE</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5-1) <b>12</b>	
RESIDENCE (STREET AND NUMBER) <b>4736 N. LEAMINGTON AVENUE</b>		CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>CHICAGO</b>		INSIDE CITY (YES/NO) <b>YES</b>	
STATE <b>ILLINOIS</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER) <b>WHITE</b>		COUNTY <b>COOK</b>	
FATHER-NAME FIRST MIDDLE LAST <b>MICHAEL O'KELLY</b>		MOTHER-NAME FIRST MIDDLE LAST <b>BRIDIE FARNAM</b>		MIDDLE <b>BRIDIE</b>	
INFORMANT'S NAME (TYPE OR PRINT) <b>JOHN TOM MCGRATH</b>		RELATIONSHIP <b>HUSBAND</b>		MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP) <b>17c. 4736 N. LEAMINGTON, CHICAGO, IL 60630</b>	
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.					
Immediate Cause (Final disease or condition resulting in death) <b>(a) Cardiovascular arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF <b>(b) Metastatic cancer (breast)</b>					
DUE TO, OR AS A CONSEQUENCE OF <b>(c)</b>					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO) <b>NO</b>	
20b. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>5/18/00</b>		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>YES ( ) NO (X)</b>		19a. NO 19b.	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED <b>5/18/00</b>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>		HOUR OF DEATH <b>6:00 P. M.</b>	
22a. SIGNATURE <b>Elizabeth Feldman, MD</b>		22b. ILLINOIS LICENSE NUMBER <b>036069793</b>		DATE SIGNED (MONTH DAY YEAR) <b>MAY 22, 2000</b>	
22c. NAME AND ADDRESS OF CERTIFIER <b>ELIZABETH FELDMAN, MD 5132 N. ELSTON, CHICAGO, IL 60630</b>		22d. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED		DATE OF DEATH (MONTH DAY YEAR) <b>MAY 24, 2000</b>	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		STATE <b>ILLINOIS</b>		DATE (MONTH DAY YEAR) <b>MAY 24, 2000</b>	
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		CITY OR TOWN <b>DES PLAINES, ILLINOIS</b>		STATE <b>ILLINOIS</b>	
24a. FUNERAL HOME <b>GIBBONS FUNERAL HOME</b>		STREET AND NUMBER OR R.F.D. <b>5917 W. IRVING PARK ROAD</b>		CITY OR TOWN <b>CHICAGO</b>	
24b. GIBBONS FUNERAL HOME		STATE <b>ILLINOIS</b>		ZIP <b>60634</b>	
25a. FUNERAL DIRECTOR'S SIGNATURE <i>Colleen Gibbons Cahill</i>		25b. LOCAL REGISTRAR'S SIGNATURE <i>Sheila Lyne RSM</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-015124</b>	
25b. LOCAL REGISTRAR'S SIGNATURE <i>Sheila Lyne RSM</i>		25c. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <b>MAY 23 2000</b>		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <b>MAY 23 2000</b>	
26a. LOCAL REGISTRAR'S SIGNATURE <i>Sheila Lyne RSM</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <b>MAY 23 2000</b>		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <b>MAY 23 2000</b>	

**UNOFFICIAL COPY**

AMERICAN TITLE CORPORATION  
27990 Converse Road ♦ Island Lake, IL 60042  
(847) 487-9200 ♦ fax (847) 487-9753

**OWNERSHIP SEARCH**

ACAPS #: 101111902006000  
ATC FILE #: 0015331  
Customer Name: John T. McGrath  
Address: 4736 N. Leamington  
City, State, Zip Code: Chicago, IL 60630

Grantees of Last Recorded Conveyance (Legal Vesting):

John and Brigid McGrath, husband and wife, as Tenants by the Entirety

---

Legal Description:

LOT 31 IN BLOCK 3 IN SUNNYSIDE ADDITION TO JEFFERSON PARK,  
BEING A SUBDIVISION OF THAT PART OF LOT 5 AND THE SOUTH ½ OF  
LOT 4 LYING NORTHEAST OF MILWAUKEE AVENUE ALSO, THAT PART OF  
LOT 2 LYING SOUTHWEST OF THE RAILROAD OF SCHOOL TRUSTEES  
SUBDIVISION OF SECTION 16, TOWNSHIP 40 NORTH, RANGE 13, EAST OF  
THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN# 13-16-200-020-0000


**Deceased Joint Affidavit**

State of Illinois )  
                          ) SS:  
County of Cook)

Date: 11-30-01  
Commitment No. DD15331

John McGrath, being first duly sworn, for the purpose of inducing American Title to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says:

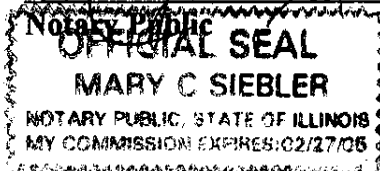
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4. That said decedent died:
  - Leaving no Last Will and Testament
  - Leaving a Last Will and Testament, a copy of which is attached
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ \_\_\_\_\_.

 AMERICAN TITLE CORPORATION  
27990 CONVERSE RD  
ISLAND LAKE, IL 60042  
MAIL TO

John T. McGrath  
Affiant's Signature

Subscribed and Sworn to  
Before me this 21 day  
of March, 2002

Mary C. Siebler



UNOFFICIAL COPY

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**608154**

**COPY**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**MAY 23 2000**

DECEASED-NAME <b>BRIGID ANN MCGRATH</b>		FIRST MIDDLE LAST		SEX <b>FEMALE</b>	DATE OF DEATH (MONTH, DAY YEAR) <b>MAY 20, 2000</b>
1. COUNTY OF DEATH <b>COOK</b>	2. AGE-LAST BIRTHDAY (YRS) <b>56</b>	3. UNDER 1 YEAR <b>5A. 5B. 5C.</b>	4. UNDER 1 DAY <b>5D. 5E.</b>	5. DATE OF BIRTH (MONTH, DAY YEAR) <b>JULY 12, 1943</b>	6. IF HOSP. OR INST. PATIENT (SPECIFY) <b>HOSPICE</b>
7. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>CHICAGO</b>	8. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>4736 N. LEAMINGTON AVENUE</b>	9. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>JOHN TOM</b>		10. IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>NO</b>	
11. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>IRELAND</b>	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	13. NAME OF BUSINESS OR INDUSTRY <b>HOME HEALTH CARE</b>		14. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>12</b>	
15. SOCIAL SECURITY NUMBER <b>343-60-5815</b>	16. USUAL OCCUPATION <b>AIDE</b>	17. KIND OF BUSINESS OR INDUSTRY <b>HOME HEALTH CARE</b>		18. INSIDE CITY (YES/NO) <b>YES</b>	
19. RESIDENCE (STREET AND NUMBER) <b>4736 N. LEAMINGTON AVENUE</b>	20. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>CHICAGO</b>	21. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) <b>NO</b>		22. COUNTY <b>COOK</b>	
23. STATE <b>ILLINOIS</b>	24. ZIP CODE <b>60630</b>	25. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) <b>WHITE</b>		26. MOTHER-NAME (MAIDEN) LAST <b>BRIDIE BARNAN</b>	
FATHER-NAME <b>MICHAEL O'KELLY</b>		27. RELATIONSHIP <b>HUSBAND</b>		28. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>176 HUSBAND 4736 N. LEAMINGTON, CHICAGO, IL 60630</b>	
INFORMANT'S NAME (TYPE OR PRINT) <b>JOHN TOM MCGRATH</b>		19. PART I. Immediate Cause (Final disease or condition resulting in death) <b>Cardiac arrest</b>			
20. Underlying Cause (Final disease or condition resulting in death) <b>metastatic cancer (breast)</b>		21. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) <b>metastatic cancer (breast)</b>			
22. DATE OF OPERATION, IF ANY <b>5/18/00</b>		23. MAJOR FINDINGS OF OPERATION <b>Cardiac arrest</b>		24. AUTOPSY (YES/NO) <b>NO</b>	
25. DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) <b>5/18/00</b>		26. WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>		27. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>NO</b>	
28. SIGNATURE OF CERTIFIER <b>Elizabeth Feldman, MD</b>		29. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>5132 N. ILSTON, CHICAGO, IL 60630</b>		30. DATE SIGNED (MONTH, DAY, YEAR) <b>MAY 22, 2000</b>	
31. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		32. ILLINOIS LICENSE NUMBER <b>036069793</b>		33. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED	
34. FUNERAL HOME <b>GIBBONS FUNERAL HOME</b>		35. CEMETERY OR CREMATORY-NAME <b>ALL SAINTS</b>		36. LOCATION <b>DES PLAINES, ILLINOIS</b>	
37. FUNERAL DIRECTOR'S SIGNATURE <b>Sheila Lyne RSM</b>		38. STREET AND NUMBER OR R.F.D. <b>5917 W. IRVING PARK ROAD</b>		39. CITY OR TOWN <b>CHICAGO</b>	
40. LOCAL REGISTRAR'S SIGNATURE <b>Sheila Lyne RSM</b>		41. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-015124</b>		42. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>MAY 23 2000</b>	

**Sheila Lyne RSM**  
LOCAL REGISTRAR

AMERICAN TITLE CORPORATION  
27990 CONVERSE RD  
ISLAND LAKE, IL 60042

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH