	UNOF	FICIAL C	<b>, WIZUX</b> 6284	ら
DECEASED JOINT TEN	NANCY	NCY 5860/0067 33 001 Page 1 2003-03-17 6		
ALTIDATE			Cook County Recorder	28.50
STATE OF ILLINOIS	)			)(  <b>   </b>
COUNTY OF COOK	) SS )		0030362	<b>                  </b> 
Order No.				
MARY A. LYNN,	being duly sworn, s	states that she resides at 411	South SeeGwun Aven	ue Mount Prospect,
IL 60056.				
That she was acqua	inted with GENE	VIEVE M. LYNN, deceas	ed who, at the time of	her death, was one
of the owners of the land in	Look County, Ill	inois, described as:		
SEE LEGAL DESCRI	PTION AT TACHED.	•••		
That the deceased	died December 7,	2001 as evidenced by a c	certified copy of death	n certificate of the
deceased attached hereto.		0		
That the deceased of	lied:	4		
Leaving no La	ast Will & Testamo	ent.		
Leaving a Las	t Will & Testamen	t, a copy of which is attache	ed hereto. The original	of the proven Will
should be filed with the Cl	erk of the Probate	Division of the Circuit Cou	art of	County, Illinois.
X Leaving a La	st Will & Testamer	nt which was filed in the Ur	iproven Will Box of th	e Probate Division
of the Circuit Court of Coc	ok County, Illinois	about 11-06-02.	Op,	
That the total value	of the Decedent's	estate, including the taxab	le interest in the above	property was
\$ 125,000.00	_ and that the valu	ne of the above property inc	lividually was \$_250	,000.00
		Ma	ant's Signature	· · · · · · · · · · · · · · · · · · ·
Subscribed and sworn to be	efore me by the sa	id MARY A. LYNN, this <u>2</u>	GTH of Mais	h ,2003

Marjorie E. Major Notary Public, State of Illinois My Commission Exp. 11/28/2005

PREPARED BY: KATHLEEN MEERSMAN MURPHY

16 West Northwest Highway Mount Prospect, IL 60056

I.B.

IND THE SOUTH 20 FEET OF LOT 15.
OUNTRY CLUB SUBDIVISION BEING A S.
EAST QUARTER OF SECTION 11 AND THE S.
AST HALF OF THE NORTH EAST QUARTER OF SE.
41 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL
OOK COUNTY, ILLINOIS

PIN ON 11-401-022

YILS. See Gwin, MAPrespect, W-60056

I HEREBY CERTIFY THAT the is a rue and correct of the death record decedent named provisions of the Illinois office in accordance with the stillbirths and deaths registration of births, 7.数。 **DECEMBER 10, 2001** SIGNED: DATE: Cook County Department of Public Health Ťitle, Official Chief Deputy Registrar CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a, BUTTAT REGISTERED NUMBER STATE BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) COUNTY OF DEATH 13e. SOCIAL SECURITY NUMBER CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER REGISTRATION DISTRICT NO. 22a. SIGNATURE INFORMANT'S NAME RESIDENCE (STREET AND NUMBER) FUNERAL DIRECTOR'S SIGNATED FUNERAL HOME NAME OF ATTENDING PHY SIC AN IF OTHER THAN CERTIFIER NAME AND ADDRESS OF CERTIFIED TO THE BEST OF MY KNOWLEDGE, DEATH COS NAD LAST SAW HIM/HER ALIVE ON DATE OF OPERATION, IF ANY FATHER-NAME 13a DECEASED-NAME PART II. Other significant conditions contributing to death but not resulting in the underlying facts given in PART1. disease or condition resulting in death) Immediate Cause (Final Chicago, Illinois Illinoi Lauterburg 360-01-5458 Des Plaines Mary 411 S. Hugh Genevieve Cook REGISTRAR ? See-Gwun Avenue (TYPE OR PRINT Lynn Enter the diseases, or complications that caused the death. Do not enter to an ade of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. œ ŭ ZIP CODE SCOTT, M.D CEMETERY OR CREMATORY-NAME 0ehler 240 DUE TO, OR AS A CONSEQUENCE OF 0 DUE TO, OR AS A CONSEQUENCE OF 100 50056 FIRST WIDDLE 8a. Never Queen WIDOWED, DIVORCED (SPE MAJOR FINDINGS OF CHERATION USUAL OCCUPATION Interior Designer MEDICAL CERTIFICATE (MONTH, DAY, YEAR) illinois Department of Public Health—Division of Vital Records Funeral LIBRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 0f RACE (WHITE BLACK, AMERICAN INDIAN, 810) (SPECIFY)
14a. White 187 ) EHYDRATION 3 ATTHOMAS BIRT 5a. O.3 | 5b. | | | 5c. | | | 5d. | | EUT UGT Y Married Heaven MIDDLE 爨 Oakton Pavillion Nursing Center STREET AND NUMBER OF R.F.D. 200 LS. Home me (YRS) (TYPE OR PRINT) • CITY, TOWN, TWP, OR ROAD DISTRICT NO. 8 30 76 25 MOS DAYS STATE OF ILLINOIS 2000 KIND OF BUSINESS OR INDUSTRY NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 116 쁑 James ÷ Sister Lynn O LAST Prospect Furniture 24c, LOCATION DEMEN \$11 i. OKS (10~0),1 acaria **Z** OFHISPANIC ORIGIN? (SPECIF MOTHER-NAME 145 None Hillside, HOURS MIN. Northwest Hwy. Murray (ē S NO Mar, EXAMINER 9 CITY OR TOWN Female ۲ DATE OF BIRTH (MONTH, DAY, YEAR) Illinois DEATH 12 EDUCATION (SF Elementary/Secondar, **Z** See-Gwun Ave. February 14, FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER NOUR YESHIF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

AUTOPSY (YES:NO)

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

75423

19a.

**₹** 

195

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

(YES/NO)

HOUR OF DEATH

YES []

NO X

DATE SIGNED

(MONTH, DAY, YEAR)

5:15P

Ζ

ILLINOIS LICENSE NUMBER

12 -

0-0

MUST BE NOTIFIED.

DATE

(MONTH, DAY, YEAR)

240

Dec.

10,

2001

NOTE: IF AN INJURY WAS INVOLVED IN THIS

ER OR MEDICAL EXAMINER

08093984

ALK TO THE

COUNTY 134

GHEST GRADE COMPLETED)
College (1-4 or 5 + )

College

DATE OF DEATH

(MONTH, DAY,

STATE FILE NUMBER

December

7,

2001

OPJET EF. SM, INPATIENT (SPECIFY)

\_npat1ent

WAS DECEASED EVERINUS ARMED FORCES? (YES/NO O NO

1918

YESA'C

Yes

Cook

SPECIFY

McHale

(MAIDEN)

LAST

₹.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

WESK.S

.TOWN.

STATE, ZIP)

Prospect,

Arlington Hts.

60004

PBY LOCAL REGISTRAR (MONTH, DAY, YEAR)

034-011936

eember

Ş

(BASEDON 1989 U.S. STANDARD CERTIFICATE)