

UNOFFICIAL COPY



AMERICAN TITLE CORP.  
27990 CONVERSE ROAD  
ISLAND LAKE, IL 60042



0316849087

Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 06/17/2003 09:17 AM Pg: 1 of 3

DECEASED JOINT TENANCY

STATE OF ILLINOIS  
COUNTY OF COOK

Order No. 0030966

James P. Duff being duly sworn states that he/she resides at

PA -> 3502 Woodside Ave  
Brookfield, IL 60513-1747 indicate if residence is otherwise:

That he/she was acquainted with Eleanor Duff, deceased who, at the time of his/her death, was one of the owners of the land in COOK County, ILLINOIS, described as:

SEE ATTACHED LEGAL DESCRIPTION

That the deceased died Aug. 23, 2002 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died: (please check which one applies)

Leaving no Last Will & Testament

Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproved will should be filed with the Clerk of the Probate Division of the Circuit Court of COOK County, ILLINOIS.

Leaving a Last Will & Testament which was filed in the Unproved Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, ILLINOIS about \_\_\_\_\_

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of

\_\_\_\_\_ dollars.

Affiants make this affidavit for that purpose of inducing AMERICAN TITLE CORPORATION to issue its Title Insurance Policy, describing the above-mentioned property.

James P. Duff  
Affiant



Subscribed and sworn to before me by the said JAMES P DUFF this 3RD day of JUNE, A.D. 2003

Evelyn Maldonado

# UNOFFICIAL COPY of a Death Record

<b>DECEDENT'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER <u>1069</u>	<b>MEDICAL CERTIFICATE OF DEATH</b>		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  A..... DECEASED B..... C..... D..... E.....  PARENTS  1..... 2..... 3.....  CAUSE  4..... 5..... N..... P.....  CERTIFIER  22a..... 22b..... 22c.....  DISPOSITION  24a..... 24b..... 24c..... 24d..... 25a..... 25b..... 25c..... 26a.....	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. <u>ELEANOR F. DUFF</u>		<u>2. FEMALE</u>	<u>3. AUGUST 23, 2002</u>
	COUNTY OF DEATH <u>COOK</u>		AGE—LAST BIRTHDAY (YRS) 5a. <u>77</u>	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <u>APRIL 25, 1925</u>
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <u>PROVISO TOWNSHIP</u>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. <u>FOSTER G. MCGAW HOSPITAL</u>	IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. <u>INPATIENT</u>
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <u>CHICAGO, IL</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <u>WIDOWED</u>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. _____
	SOCIAL SECURITY NUMBER 10. <u>335-20-6655</u>		USUAL OCCUPATION 11a. <u>ADVERTISING</u>	KIND OF BUSINESS OR INDUSTRY 11b. <u>MONTGOMERY WARDS</u>
	RESIDENCE (STREET AND NUMBER) 13a. <u>3502 WOODSIDE AVENUE</u>		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. <u>BROOKFIELD</u>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <u>12</u>
	STATE 13e. <u>ILLINOIS</u>		ZIP CODE 13f. <u>60513</u>	INSIDE CITY (YES/NO) 13c. <u>YES</u>
	FATHER—NAME FIRST MIDDLE LAST 15. <u>FRANK McPARTLIN</u>		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. <u>GENOVIVE BEGIN</u>	
	INFORMANT'S NAME (TYPE OR PRINT) 17a. <u>BRENDA JORDAN</u>		RELATIONSHIP 17b. <u>HOSPITAL RECORDS</u>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. <u>2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153</u>
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) <u>ACUTE MYOCARDIAL INFARCTION</u>				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) <u>ARDS</u>				
(c) <u>ASPIRATION PNEUMONIA</u>				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
DATE OF OPERATION, IF ANY 20a. _____		MAJOR FINDINGS OF OPERATION 20b. _____	AUTOPSY (YES/NO) 19a. <u>NO</u>	
(DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. <u>AUG 22, 2002</u>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <u>NO</u>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH 21c. <u>12:50 A</u>		
22a. SIGNATURE <u>S. MALASRIE</u>		DATE SIGNED (MONTH, DAY, YEAR) 22b. <u>8/23/02</u>		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. <u>S. MALASRIE 2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153</u>		ILLINOIS LICENSE NUMBER 22d. <u>036-105677</u>		
23. _____		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>CREMATION</u>	CEMETERY OR CREMATORY—NAME 24b. <u>THE LAKES</u>	LOCATION CITY OR TOWN STATE 24c. <u>LAKE VILLA, IL</u>	DATE (MONTH, DAY, YEAR) 24d. <u>2002 AUGUST 28,</u>	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP				
25a. <u>CONBOY-WESTCHESTER; 10501 W. CERMAK RD., WESTCHESTER, IL 60154</u>				
FUNERAL DIRECTOR'S SIGNATURE 25b. <u>Jean Conboy Hanson</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <u>034-015497</u>		
LOCAL REGISTRAR'S SIGNATURE 26a. <u>Michael A. McDermott</u>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <u>August 28, 2002</u>		

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE AUG 28 2002 SIGNED Michael A. McDermott  
 AT BROADVIEW, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

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, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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ACAPS #: 103050503342000

ATC FILE #: 0030966

Customer Name: James P. and Susan Duff

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## LEGAL DESCRIPTION

LOTS 1 AND 2 IN BLOCK 3 IN HOLLYWOOD, A SUBDIVISION IN THE SOUTH WEST QUARTER OF SECTION 35, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE WEST 100 ACRES THEREOF AND EXCEPT RAILROAD RIGHT OF WAY) IN COOK COUNTY, ILLINOIS.

PIN# 15-35-304-014-0000

Property of Cook County Clerk's Office

*AMERICAN TITLE CORPORATION*

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[www.americantitlecorp.com](http://www.americantitlecorp.com)