

UNOFFICIAL COPY

RELEASE OF ESTATE'S INTEREST IN REAL ESTATE

Decedent, Mary O'Rourke, 6579 N. Onarga, Chicago, Illinois 60631,
(name and address)

who died on November 27, 1973, owned the following described real estate at the time of death:
(date of death)

An undivided one-half interest in the Southeasterly 1/2 of Lot 52 in Munday's Addition to Chicago of Lot 1 and the Northeasterly 33 feet of Lots 2, 3, 4, 5 and 6 in the Subdivision of that part of the East 1/2 of the Southeast 1/4 of Section 36, Township 41 North, Range 12 East of the Third Principal Meridian, lying North of the railroad, also part of Block 26 in Edison Park, in the Town of Maine, in Cook County, Illinois.

The real estate is commonly known as 6579 N. Onarga, Chicago, Illinois 60631
(street address or other identification)

The undersigned was appointed independent representative of decedent's estate on JUNE 6, 2003
by the Circuit Court of Cook County, County Department, Probate Division (Case No. 03 P 4006, Docket _____, Page _____) and is acting as independent representative on the date of this instrument.

Title to the real estate passed at decedent's death to the following heirs or legatees:

Name	Address	Share
Maureen Cavanaugh	6579 N. Onarga, Chicago, Illinois 60631	100%

Acting pursuant to Par. 28-8(i) and Par. 26-1(a) of the Illinois Probate Act of 1975, the undersigned releases the estate's interest in the real estate and confirms the title of the above heirs or legatees.

Date: JUNE 9, 2003

Maureen Cavanaugh
Maureen Cavanaugh
Independent Representative (print name)

This instrument prepared by Drost, Kivlahan & McMahon, Ltd., 11 S. Dunton Avenue, Arlington Heights, IL 6000
(name and address)

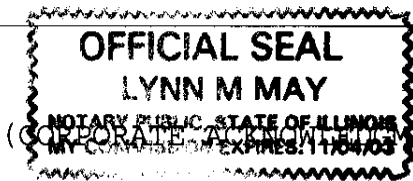
Mail to Drost, Kivlahan & McMahon, Ltd., 11 S. Dunton Avenue, Arlington Heights, IL 60005

(INDIVIDUAL ACKNOWLEDGMENT)

State of Illinois
County of _____

The foregoing instrument was acknowledged before me on JUNE 9, 2003
(date)

by Maureen Cavanaugh



Lynn M May
Notary Public (print name)

Doc#: 0325949247
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 09/16/2003 02:51 PM Pg: 1 of 2



State of Illinois
County of _____

The foregoing instrument was acknowledged before me on _____
(date)

by _____
(name and title of officer or agent)

of _____, a _____
(name of corporation) (state or place of incorporation)

corporation, on behalf of the corporation.

Notary Public (print name)

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY

CITY OF CHICAGO - BOARD OF HEALTH

UNOFFICIAL COPY

DECEMBER 4, 1961

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, Samuel L. Andelman, M.D., 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 of 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 pursuance of said laws and ordinances.

This Certified Copy VALID
Only When Original BLUE
SEAL AND BLUE SIGNATURE
Are Affixed.



VS&R 200
Based on the 1958
Revision of the
U. S. Standard
Certificate of Death
080
539
443X
STAT. CLASSIF.
1
2
3
110-60M (Rev. 1-54)
Printed by the authority
of the State of Illinois

ORIGINAL 640

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS 9-139

STATE FILE NO. 17615

DECEDENT'S BIRTH NO. [REDACTED]

DIST. NO. [REDACTED] 16.10

1. PLACE OF DEATH a. COUNTY Cook, ILLINOIS		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township or road dist.) OR TOWN CHICAGO		c. CITY (If outside corporate limits, write RURAL and give township or road dist.) OR TOWN Chicago	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street name and location) 6579 N. Onarga ave.		d. STREET ADDRESS (If rural, give location) 6579 N. Onarga ave.	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) M. c. (Last) O'Rourke			4. DATE OF DEATH (Month) (Day) (Year) March 16, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 6, 1883
9. AGE (In years last birthday) 72	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public relation	10b. KIND OF BUSINESS OR INDUSTRY Packing Company	11. BIRTH PLACE Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Michael J. O'Rourke	14. MOTHER'S MAIDEN NAME Margaret O'Shaunessy	17. INFORMANT (If possible follow Special Instructions on this item) a. Signature <i>Mary J. O'Rourke</i> b. Address 6579 N. Onarga Ave. c. Relationship to the deceased wife
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 366-07-6574	
18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), or (c) Direct cause (a) Hypertensive heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, but not related to the disease or condition causing death			INTERVAL BETWEEN ONSET AND DEATH Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT (specify) SUICIDE HOMICIDE		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20d. HOW DID INJURY OCCUR	
21a. TIME (Month) (Day) (Year) (Hour) OF INJURY		21b. INJURY OCCURRED While at work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 1-8-54 to 3-16-55, that I last saw the deceased alive on 3-9-55 and that death occurred at 8:45 p.m. from the causes and on the date stated above.			
23a. SIGNATURE J. J. O'Donoghue M.D. (Degree or Title)		23b. ADDRESS AND PHONE NO. 5350 Broadway	
23c. DATE SIGNED 3-17-1955		23d. RECEIVED FOR FILING ON: 1955 MAR 18 PM 1 58	
24. BURIAL - REMOVAL - CREMATION (date) March 19, 1955		24a. PLACE Cemetery All Saints Location Des Plaines, Ill.	
24b. FIRM NAME JOHN E. MALONEY CO., Address 1359 W. DEVON AVE.		24c. LOCAL REGISTRAR: <i>Stewart R. Bundeser</i> Address CHICAGO, ILLINOIS	
24d. SIGNATURE <i>J. E. Maloney</i> License Number 190		24e. RESERVED FOR STATE OFFICE	

VS&R 200 DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics