

UNOFFICIAL COPY

STATE OF ILLINOIS }
COUNTY OF COOK } ss.

Order No.: Prepared by and

MAIL TO: Rudy Mulderink, Esq.

9748 South Roberts Road #10

Palos Hills, Illinois 60465

Christa R. Thompsen being duly
sworn state that she resides at

9658 Wooded Path Drive in the

City of Palos Hills. That she was acquainted with
Charles A. Thompsen deceased who, at the time of death, was one of the
owners of the land in Cook County, Illinois, described as:

The South 132.0 Feet of the West 1/2 of the North 3/8 of the West 1/2
of the Southeast 1/4 of Section 10, Township 37 North, Range 12, East of
the Third Principal Meridian in Cook County, Illinois.

10103 South Kean Avenue, Palos Hills, Illinois 60465
Pin # 23-10-400-002-0000

That the deceased died December 14, 2000, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

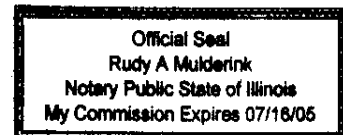
That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be
filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit
Court of Cook County, Illinois about January 11, 2001.

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
\$25,000.00 dollars.

Affiant makes this affidavit for the purpose of removing the name of the deceased from title,
from the above mentioned property.

Subscribed and sworn to before me by the said
Christa R. Thompsen



this 22nd day of January, A.D. 2004

Rudy A. Mulderink
Notary Public

Christa R. Thompsen
(Affiant's Signature)

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 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.

December 20, 2000

Date

Signed

Josephina Danek
Chief Deputy Registrar

At Cook County Department of Public Health Official Title Chief Deputy Registrar,
1010 Lake Street, Oak Park, Illinois 60301

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION NO. 16.0
DISTRICT NO.

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST
CHARLES A. THOMPSON

SEX 2 MALE

DATE OF DEATH (MONTH, DAY, YEAR)
3 DECEMBER 14, 2000

1. COUNTY OF DEATH
COOK

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
PALOS HEIGHTS

AGE- LAST BIRTHDAY (YRS)
5a. 71

UNDER 1 YEAR UNDER 1 DAY
5b. 5c. 5d.

DATE OF BIRTH (MONTH, DAY, YEAR)
5d. OCTOBER 5, 1929

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
6b. PALOS COMMUNITY HOSPITAL.

IF HOSE OR INST. INDICATE D.O.A. OPERATOR, N.A., N.A.T.A. (SPECIFY)
8c. INPATIENT

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
CHICAGO ILLINOIS

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8a. MARRIED

NAME OF SURVIVING SPOUSE (Maiden Name, if wife)
6b. CHRISTISTA GRUNIER

KIND OF BUSINESS OR INDUSTRY
11b. Horse

EDUCATIONAL LEVEL (SPECIFY) HIGHEST GRADE COMPLETED
9. 12 YRS

10. SOCIAL SECURITY NUMBER
339-20-7511

11a. USUAL OCCUPATION
Stable Owner

11b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.
Palos Hills

INSIDE CITY
13c. YES

COUNTY
13d. COOK

13a. RESIDENCE (STREET AND NUMBER)
9658 WOODED PATH DRIVE

13b. PALOS HILLS

14b. YES YES SPECIFY
14c. YES YES SPECIFY

14d. YES YES SPECIFY

14e. YES YES SPECIFY

13a. STATE
ILLINOIS

13b. ZIP CODE
60465

13c. FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
14a. WHITE

14b. MOTHER'S MIDDLE LAST
THOMPSON

14c. MOTHER'S FIRST MIDDLE LAST
MARIE ROBINSON

14d. MOTHER'S FIRST MIDDLE LAST
MARIE ROBINSON

14e. MOTHER'S FIRST MIDDLE LAST
MARIE ROBINSON

15. FATHER-NAME FIRST MIDDLE LAST
THOMAS THOMPSON

15. INFORMATION NAME (TYPE OR PRINT)
THOMPSON

15. RELATIONSHIP
17b. WIFE

15. MAILING ADDRESS (STREET AND NO.)
9658 WOODED PATH DRIVE

15. CITY, TOWN, TWP. OR ROAD DISTRICT NO.
PALOS HILLS

15. STATE
ILLINOIS

17a. CHRISTISTA THOMPSON

17b. WIFE

17c. MAILING ADDRESS (STREET AND NO.)
9658 WOODED PATH DRIVE

17d. CITY, TOWN, TWP. OR ROAD DISTRICT NO.
PALOS HILLS

17e. STATE
ILLINOIS

18. PART I. Immediate Cause (Final disease or condition resulting in death)
Meningeal Infarction

18. PART II. Other significant conditions contributing to death but not the underlying cause given in PART I.

19a. AUTOPSY (YES/NO)
NO

19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
NO

19c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
YES NO

20a. DATE OF OPERATION, IF ANY

20b. MAKE FINDINGS OF OPERATION
20c. HOURS OF OPERATION
6:30A

20d. DATE SIGNED
12/17/00

20e. ILLINOIS LICENSE NUMBER
60463

20f. DATE SIGNED
12/17/00

20g. ILLINOIS LICENSE NUMBER
22036-081840

21a. DATE AND TIME DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21b. DATE AND TIME DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21c. DATE SIGNED
12-14-00

21d. DATE SIGNED
12-14-00

21e. DATE SIGNED
12-14-00

21f. DATE SIGNED
12-14-00

22a. SIGNATURE OF CERTIFIER (TYPE OR PRINT)
Michael Heniff

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
1255 802 Ave Palos Hills IL

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

22d. ILLINOIS LICENSE NUMBER
60463

22e. DATE SIGNED
12/17/00

22f. ILLINOIS LICENSE NUMBER
22036-081840

23. BURIAL, CREMATION, REMOVAL, (SPECIFY)

23a. CEMETERY OR CREMATORY-NAME
Palramount-Willow

23b. LOCATION
24 Willow Springs, IL

23c. CITY OR TOWN
Willow Springs, IL

23d. STATE
IL

23e. DATE (MONTH, DAY, YEAR)
Dec. 18, 2000

24a. FUNERAL HOME

24b. NAME
Hills Funeral Home Ltd.

24c. STREET AND NUMBER OR R.F.D.
10201 S. Roberts Rd.

24d. CITY OR TOWN
Palos Hills, IL

24e. STATE
IL

24f. ZIP
60465

25a. FUNERAL DIRECTOR'S SIGNATURE
Frank J. Leonard

25b. NAME
Frank J. Leonard

25c. ILLINOIS LICENSE NUMBER
034-010273

25d. DATE SIGNED
DEC 20 2000

25e. ILLINOIS LICENSE NUMBER
034-010273

25f. DATE SIGNED
DEC 20 2000

26a. LOCAL REGISTRAR'S SIGNATURE
KAREN L. SCOTT, M.D.

26b. NAME
KAREN L. SCOTT, M.D.

26c. CITY OR TOWN
Oak Park, IL

26d. STATE
IL

26e. DATE SIGNED
DEC 20 2000

26f. DATE SIGNED
DEC 20 2000