

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. Thompson 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. Thompson deceased who, at the time of death, was one of the

owners of the land in Cook County, Illinois, described as:

Lot 2 in Los Palos Phase I being a subdivision of part of the Northwest 1/4 of the Northeast 1/4 and part of the Southwest 1/4 of the Northeast 1/4 of Section 10, Township 37 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

9652 Wooded Path Drive, Palos Hills, Il. 60465
Pin# 23-10-206-002-0000

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

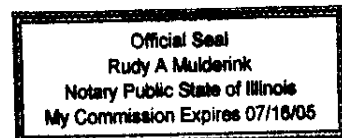
That the deceased died:

- 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. Thomson



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

Rudy A. Mulderink
Notary Public

Christa R. Thomson
(Affiant's Signature)

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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.

Date December 20, 2000

Signed *J. Regina Dank*
At Cook County Department of Public Health Official Title Chief Deputy Registrar,
1010 Lake Street, Oak Park, Illinois 60301

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER CHARLES A. THOMPSON

DECEASED-NAME FIRST MIDDLE LAST

COUNTY OF DEATH COOK

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

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO ILLINOIS

SOCIAL SECURITY NUMBER 339-20-7511

RESIDENCE (STREET AND NUMBER) 9658 WOODED PATH DRIVE

STATE ILLINOIS

FATHER-NAME THOMAS

INFORMANT'S NAME (TYPE OR PRINT) CHRISTINA THOMPSON

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

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

DATE OF OPERATION, IF ANY

20a. DID NOT ATTEND THE DECEASED AND LIST SAW HIM/HER ALIVE, IN AND TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME AND PLACE AND DUE TO THE CAUSE(S) STATED.

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

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

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial

24a. Burial NAME Hills Funeral Home Ltd. 10201 S. Roberts Rd. Palos Hills, IL 60465

24b. Burial LOCATION Palms Springs, IL

25b. LOCAL REGISTRAR'S SIGNATURE Karen L. Scott, M.D.

26a. REGISTRAR

AGE-LAST BIRTHDAY (YRS) 71

UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN DATE OF BIRTH (MONTH, DAY, YEAR) OCTOBER 5, 1929

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

NAME OF SURVIVING SPOUSE (MARRIED NAME, IF NOT) CHRISTINA GRINDER

KIND OF BUSINESS OR INDUSTRY HORSE BUSINESS

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

FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE

RELATIONS? MARRIED

MAILING ADDRESS (STREET AND NO. CITY, STATE, ZIP) 9658 WOODED PATH DRIVE PALOS HILLS ILLINOIS 60465

19a. AUTOPSY (YES/NO) NO

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

21c. HOUR OF DEATH 6:30A

22b. DATE SIGNED (MONTH, DAY, YEAR) 12/17/00

22d. ILLINOIS LICENSE NUMBER 36-081840

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26a. REGISTRAR

ON

BASED ON 1989 U.S. STANDARD CERTIFICATE