

UNOFFICIAL COPY

STATE OF ILLINOIS }
COUNTY OF COOK } ss.



Order No.: Prepared by and

Doc#: 0403608020
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 02/05/2004 11:13 AM Pg: 1 of 2

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. Thompson deceased who, at the time of death, was one of the
owners of the land in Cook County, Illinois, described as:

The West 1/2 of the South 1/3 of the North 3/8 (except the South 132 feet
of the West 1/2 of said North 3/8 thereof) of the West 1/2 of the South-
east Quarter of Section 10, Township 37 North, Range 12, East of the
Third Principal Meridian in Cook County, Illinois (consisting of a parcel
measuring approximately 199 feet by 658 feet, containing 3 acres more or
less and located at the Southeast corner of Kean Avenue at or about 101st
Street).

10101 South Kean Avenue, Palos Hills, IL 60465
Pin# 23-10-400-008-0000

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

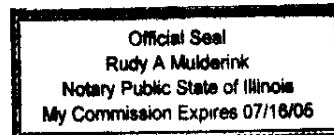
That the deceased died:

- 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.

Date December 20, 2000

Signed Juditha Dank
 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
 STATE FILE NUMBER
MEDICAL CERTIFICATE OF DEATH

NO. 16.0
 REGISTRATION DISTRICT NO.
 REGISTERED NUMBER
 DECEASED-NAME **CHARLES A. THOMPSON** FIRST MIDDLE LAST
 SEX **2. MALE**
 DATE OF BIRTH (MONTH, DAY, YEAR) **3. DECEMBER 14, 2000**
 DATE OF DEATH (MONTH, DAY, YEAR) **5. OCTOBER 5, 1929**

1. COUNTY OF DEATH **COOK**
 4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **PALOS HEIGHTS**
 6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO ILLINOIS**
 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
 8b. CHICAGO ILLINOIS
 8c. CHICAGO ILLINOIS
 8d. CHICAGO ILLINOIS
 8e. CHICAGO ILLINOIS
 8f. CHICAGO ILLINOIS
 8g. CHICAGO ILLINOIS
 8h. CHICAGO ILLINOIS
 8i. CHICAGO ILLINOIS
 8j. CHICAGO ILLINOIS
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 8q. CHICAGO ILLINOIS
 8r. CHICAGO ILLINOIS
 8s. CHICAGO ILLINOIS
 8t. CHICAGO ILLINOIS
 8u. CHICAGO ILLINOIS
 8v. CHICAGO ILLINOIS
 8w. CHICAGO ILLINOIS
 8x. CHICAGO ILLINOIS
 8y. CHICAGO ILLINOIS
 8z. CHICAGO ILLINOIS

10. SOCIAL SECURITY NUMBER **339-20-7511**
 10a. RESIDENCE (STREET AND NUMBER)
 10b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
 10c. COUNTY
 10d. STATE

13a. **9658 WOODEN PATH DRIVE**
 13b. **PALOS HILLS**
 13c. **ILLINOIS**
 13d. **COOK**
 13e. **60465**
 13f. **WHITE**
 13g. **WHITE**
 13h. **WHITE**
 13i. **WHITE**
 13j. **WHITE**
 13k. **WHITE**
 13l. **WHITE**
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 13u. **WHITE**
 13v. **WHITE**
 13w. **WHITE**
 13x. **WHITE**
 13y. **WHITE**
 13z. **WHITE**

15. FATHER-NAME **THOMAS THOMPSON** FIRST MIDDLE LAST
 15a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
 15b. CHICAGO ILLINOIS
 15c. CHICAGO ILLINOIS
 15d. CHICAGO ILLINOIS
 15e. CHICAGO ILLINOIS
 15f. CHICAGO ILLINOIS
 15g. CHICAGO ILLINOIS
 15h. CHICAGO ILLINOIS
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 15v. CHICAGO ILLINOIS
 15w. CHICAGO ILLINOIS
 15x. CHICAGO ILLINOIS
 15y. CHICAGO ILLINOIS
 15z. CHICAGO ILLINOIS

17a. CHRISTINA THOMPSON
 17b. WIFE
 17c. 9658 WOODEN PATH DRIVE
 17d. PALOS HILLS
 17e. ILLINOIS
 17f. COOK
 17g. 60465
 17h. WHITE
 17i. WHITE
 17j. WHITE
 17k. WHITE
 17l. WHITE
 17m. WHITE
 17n. WHITE
 17o. WHITE
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 17s. WHITE
 17t. WHITE
 17u. WHITE
 17v. WHITE
 17w. WHITE
 17x. WHITE
 17y. WHITE
 17z. WHITE

18. PART I. Immediate Cause (Final disease or condition resulting in death)
Myocardial Infarction
 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.
 (a) DUE TO, OR AS A CONSEQUENCE OF
 (b) DUE TO, OR AS A CONSEQUENCE OF
 (c) DUE TO, OR AS A CONSEQUENCE OF

19. DATE OF OPERATION, IF ANY
 20. MAJOR FINDINGS OF OPERATION
 21. DATE OF OPERATION (MONTH, DAY, YEAR)
12-14-00
 22. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
NO
 23. HOUR OF DEATH
6:30A
 24. DATE SIGNED (MONTH, DAY, YEAR)
12/17/00
 25. ILLINOIS LICENSE NUMBER
22436-081840
 26. NOTE: IF AN INMATE WAS INVOLVED IN THIS DEATH THE COMPLETION OF MEDICAL EXAMINER MUST BE NOTIFIED.

27. NAME AND ADDRESS OF CLERKER (TYPE OR PRINT)
Michael Heniff 1255 802 Ave Palos Hills IL 60463
 28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CLERKER (TYPE OR PRINT)
Michael Heniff 1255 802 Ave Palos Hills IL 60463
 29. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF APPLICABLE)
Christina Gruiner
 30. KIND OF BUSINESS OR INDUSTRY
Horse Business
 31. LOCAL OR BUSINESS OR INDUSTRY
Horse Business
 32. LOCAL OR BUSINESS OR INDUSTRY
Horse Business
 33. LOCAL OR BUSINESS OR INDUSTRY
Horse Business
 34. LOCAL OR BUSINESS OR INDUSTRY
Horse Business
 35. LOCAL OR BUSINESS OR INDUSTRY
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 42. LOCAL OR BUSINESS OR INDUSTRY
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 43. LOCAL OR BUSINESS OR INDUSTRY
Horse Business
 44. LOCAL OR BUSINESS OR INDUSTRY
Horse Business
 45. LOCAL OR BUSINESS OR INDUSTRY
Horse Business
 46. LOCAL OR BUSINESS OR INDUSTRY
Horse Business
 47. LOCAL OR BUSINESS OR INDUSTRY
Horse Business
 48. LOCAL OR BUSINESS OR INDUSTRY
Horse Business
 49. LOCAL OR BUSINESS OR INDUSTRY
Horse Business
 50. LOCAL OR BUSINESS OR INDUSTRY
Horse Business

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
24b. Fairmount-Willow Hill
 24c. CITY OR TOWN
Willow Springs, IL
 24d. STATE
IL
 24e. DATE (MONTH, DAY, YEAR)
Dec. 18, 2000
 24f. ZIP
60465
 24g. FUNERAL HOME
Hills Funeral Home Ltd. 10201 S. Roberts Rd. Palos Hills, IL 60465
 24h. FUNERAL DIRECTOR'S SIGNATURE
Frank J. Leonard
 24i. LOCAL REGISTRAR'S SIGNATURE
Karen L. Scott, M.D.
 24j. REGISTRAR
Juditha Dank
 24k. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
DEC 20 2000
 24l. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
DEC 20 2000