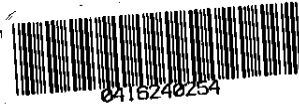


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AFFIDAVIT OF HEIRSHIP

The undersigned affiant, Michael P. Shaughnessy, being duly sworn, on oath says, and also covenants the following:

- a. That the date of death of Michael J. Shaughnessy was September 18, 2003.
- b. That the decedent was the owner of the land. Loretta Jean Shaughnessy died April 2002 ²⁰⁰⁰
- c. That the value of the decedent's estate for Federal Tax purposes is \$ 760,000.00
- d. That the decedent died testate.
If testate was it probated? No.
- e. That the number of times the decedent was married was once.
- f. The name of each spouse was and also it states whether the marriage dissolution. Loretta Jean Shaughnessy is deceased.
- g. That the number of children born of their marriage was 7.
- h. That the number of adopted children was 0.
- i. That the above listed children are competent.
- j. That the name of all our children are Michael P. Shaughnessy divorced and not since remarried, Kathleen M.s Fiscelli divorced and not since remarried, James M. Shaughnessy divorced and not since remarried, Timothy M. Shaughnessy married to Susan Shaughnessy, Peggy A. Zaffino married to William Zaffino, Daniel M. Shaughnessy divorced and not since remarried, and Amy L. Ruge married to Keith Ruge.
- k. That the age of children are: Michael is 50, Kathleen is 49, James is 47, Timothy is 46, Peggy is 45, Daniel is 43 and Amy is 43.
- l. That the children listed above are the children from the decedent.
- m. That the children listed above are born of the deceased.



Doc#: 0416240254
Eugene "Gene" Moore Fee: \$54.00
Cook County Recorder of Deeds
Date: 08/10/2004 11:20 AM Pg: 1 of 4

P.N.T.N.

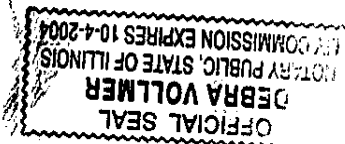
HCB

I the affiant, Michael P. Shaughnessy certify that the above information is true and correct.

Michael P. Shaughnessy

5/14/04
Date

Debra Vollmer
Notary Public



prepared by/mail to: Beth Mann
15127 So. 73rd Ave. Suite F
Orland Park, Illinois 60462

UNOFFICIAL COPY SEP 22 2003

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

PRECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS	STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E PARENTS CAUSE N P CERTIFIER DISPOSITION	1. DECEASED—NAME FIRST MIDDLE LAST Michael J. Shaughnessy		2. SEX Male	
	3. DATE OF DEATH (MONTH, DAY, YEAR) September 18, 2003			
	4. COUNTY OF DEATH Cook		AGE—LAST BIRTHDAY (YRS) NOS. DAYS	5d. DATE OF BIRTH (MONTH, DAY, YEAR) July 11, 1932
	5a. 71		5b.	5c.
	6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Palos Heights		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Palos Community Hospital	
			6c. Emer. Rm.	
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) None
	9. SOCIAL SECURITY NUMBER 331-26-5086		11a. USUAL OCCUPATION Engineer	11b. KIND OF BUSINESS OR INDUSTRY Construction
	10. RESIDENCE (STREET AND NUMBER) 6329 Knollwood		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 10 College (1-4 or 5+)	13. INSIDE CITY (YES/NO) Yes
	13a. 6329 Knollwood		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. Oak Forest	13d. COUNTY Cook
13e. STATE Illinois		13f. ZIP CODE 60452	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White	
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:				
15. FATHER—NAME FIRST MIDDLE LAST Francis Shaughnessy		16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST Theresa Ivers		
17a. INFORMANT'S NAME (TYPE OR PRINT) Timothy Shaughnessy		17b. RELATIONSHIP Son	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 60452 5429 Jessica Dr. Oak Forest, IL	
18. 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. Immediate Cause (Final disease or condition resulting in death) → (a) Rheumatic heart Disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Years.		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Renal FAILURE				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Renal FAILURE		19a. AUTOPSY (YES/NO) NO		
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION	20c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO	
21a. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 9/6/03		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes	21c. HOUR OF DEATH 10:45 A.M.	
22a. SIGNATURE <i>John J. Humpfrey</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) 9/19/03		
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 14640 JOHN HUMPHREY DR OAKWOOD PK DE 60462		22d. ILLINOIS LICENSE NUMBER 036 051397		
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY OR CREMATORY—NAME St. Mary	24c. LOCATION CITY OR TOWN STATE Evergreen Park, IL	
24d. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Hickey Memorial Chapel 4201 W. 147th Street Midlothian, IL 60445		25. DATE (MONTH, DAY, YEAR) Sep. 22, 2003		
25a. FUNERAL DIRECTOR'S SIGNATURE <i>Edward J. Hickey</i>		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012293		
25c. LOCAL REGISTRAR'S SIGNATURE <i>David D. Orr</i>		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 22 2003		
26a.		26b.		

UNOFFICIAL COPY

MAY 17 2004

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

REGISTRATION DISTRICT NO. 16-11	STATE OF ILLINOIS		NUMBER
REGISTERED NUMBER 295	MEDICAL CERTIFICATE OF DEATH		
1. DECEASED—NAME FIRST MIDDLE LAST LORETTA J. SHAUGHNESSY	SEX 2.FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. APRIL 29, 2000	
4. COUNTY OF DEATH COOK	AGE—LAST BIRTHDAY (YRS) 5a. 67	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.
6a. BREMEN TOWNSHIP		6b. OAK FOREST HOSPITAL	6c. INPATIENT
7. CHICAGO, IL	8a. MARRIED	8b. Michael J. Shaughnessy	9. NO
10. 338-26-1677	11a. HOMEMAKER	11b. OWN HOME	12. 12
13a. 15900 S. CICERO	13b. BREMEN TOWNSHIP	13c. NO	13d. COOK
13e. ILLINOIS	13f. 60452	14a. WHITE	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
15. MICHAEL DALE LYNCH	16. MARGARET MURPHY		
17a. PEARL BULLOCK	17b. MEDICAL RECORDS	17c. 15900 S. CICERO, OAK FOREST, ILLINOIS	
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) → (a) SEPSIS SYNDROME DUE TO, OR AS A CONSEQUENCE OF		18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 19a. 1	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION	
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON APRIL 29, 2000		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO	
22a. SIGNATURE → <i>[Signature]</i>		22b. APRIL 29, 2000	
22c. A AHMED MD, 15900 S. CICERO, OAK FOREST, ILLINOIS 60452		22d. 036-66059	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE (MONTH, DAY, YEAR)	
24a. BURIAL		24d. MAY 2, 2000	
25a. HICKEY MEMORIAL CHAPEL, 4201 W. 147TH, MIDLOTHIAN, IL 60445		25c. 034-012293	
26a. <i>[Signature]</i>		26b. May 1, 2000	

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LEGAL DESCRIPTION

LOT 32 IN BEECHEN AND DILL'S RIDGEWOOD ESTATES, BEING A SUBDIVISION OF PART OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 8, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

28-08-303-014

Property of Cook County Clerk's Office