



Doc#: 0527939002 Fee: \$26.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 10/06/2005 11:59 AM Pg: 1 of 2

JOAN O. MC CARTHY, hereinafter referred to as affiant, states under oath that the affiant resides at 1451 Suffolk Avenue, Westchester, Illinois 60154; that the affiant was acquainted with JOHN P. MC CARTHY, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property located as hereinafter described:

(The Above Space For Recorder's Use Only)

LOT 271 IN GEORGE P. NIXON AND COMPANY'S SECOND TERMINAL ADDITION TO WESTCHESTER IN THE NORTH HALF OF SECTION 21, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, COMMONLY KNOWN AS 1451 SUFFOLK AVENUE, WESTCHESTER, ILLINOIS.

Permanent Index Number (PIN): 15-21-09-011-0000

Address(es) of Real Estate: 1451 Suffolk Avenue, Westchester, Illinois 60154

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on April 1, 2005 leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property, was \$350,000.00 and that the value of the above property individually was \$200,000.00.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, due from the decedent's estate, has been paid in full;

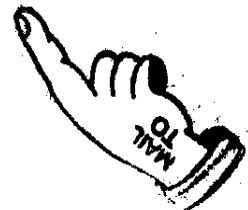
TRANSFER STAMP
CERTIFICATION OF COMPLIANCE
Village of Westchester
C.A. Heilman 10/4/05

Joan O. McCarthy
AFFIANT

SUBSCRIBED AND SWORN TO
before me this 4th day of August, 2005.

THIS INSTRUMENT WAS PREPARED BY:
John G. Mulroe
Attorney at Law
6687 North Northwest Highway
Chicago, Illinois 60631

Carol A. Mulroe
NOTARY PUBLIC



UNOFFICIAL COPY

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16-92</u>	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER <u>423</u>	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST 1. JOHN P MCCARTHY		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. APRIL 1, 2005
	COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YRS) 5a. 75	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. August 7, 1929
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. PROVISO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. FOSTER G. MCGAW HOSPITAL	IF HOSP. OR INST. INDICATE D.O.A. OPERER, AM. INPATIENT (SPECIFY) 6c. Inpatient
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Joan Ogden
	SOCIAL SECURITY NUMBER 10. 354 22 1991		USUAL OCCUPATION 11a. Buyer	KIND OF BUSINESS OR INDUSTRY 11b. Retail
	RESIDENCE (STREET AND NUMBER) 13a. 1451 Suffolk		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Westchester	INSIDE CITY (YES/NO) 13c. Yes
	STATE 13f. Illinois		ZIP CODE 13f. 60154	RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY) 14a. White
	FATHER-NAME FIRST MIDDLE LAST 15. Paul McCarthy		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Jeannette Cooper	
	INFORMANT'S NAME (TYPE OR PRINT) 17a. DALJIT MANN		RELATIONSHIP 17b. RECORDS	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. MAYWOOD, ILLINOIS 60153
	18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Cerebral Vascular Accident		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF	
PART II. Other significant conditions contributing to death but not resulting in the under- and cause given in PART I.		AUTOPSY (YES/NO) 19a. NO		
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		
WHO (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 04/01/05		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH 21c. 11:30 P.M.		
22a. SIGNATURE Elizabeth Mynarczyk		DATE SIGNED (MONTH, DAY, YEAR) 22b. 4/2/05		
NAME AND ADDRESS OF CERTIFIER Elizabeth Mynarczyk		ILLINOIS LICENSE NUMBER 22d. 125-047975		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Michael A. McDermott		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY-NAME 24b. Queen of Heaven		
FUNERAL HOME 25a. Conboy-Westchester; 10501 Carmak Rd.; Westchester, Illinois 60154		LOCATION CITY OR TOWN STATE 24c. Hillside, Illinois		
FUNERAL DIRECTOR'S SIGNATURE Michael A. McDermott		DATE (MONTH, DAY, YEAR) 24d. April 6, 2005		
LOCAL REGISTRAR'S SIGNATURE Michael A. McDermott		FUNERAL DIRECTOR'S LICENSE NUMBER 25c. 039-10279		
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. April 4, 2005		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. April 4, 2005		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE APR 04 2005 SIGNED Michael A. McDermott
AT BROADVIEW, ILLINOIS Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.