

UNOFFICIAL COPY

That the total value of the decedent's estate, including the taxable interest in the above property was \$ 290,000

That the value of the property individually was \$130,000

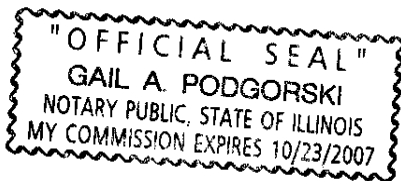
That Affiant hereby covenants and agrees, for herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the title company may suffer, expend or incur by reason of the issuance of said policy free and clear

of the following objections:

1. Claims against the estate of **James Woods Jr.** the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the Will of said decedent;
4. Rights to contribution.

Margaret Woods
Margaret Woods

Subscribed and sworn to before me this 5th day of OCTOBER, 2006



Gail A. Podgorski
Notary Public

=====
Mail Back to:
KOLPAK AND LERNER
6767 N. Milwaukee Ave.
Suite #202
Niles, Illinois 60714
(847) 647-0336



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Lot thirty five--(35)-- In Robbins Meadow LANE, Unit No.1
being a Subdivision in the North Half ($\frac{1}{2}$) of the Southeast
Quarter ($\frac{1}{4}$) of Section 13, Township 41 North, Range 12,
East of the Third Principal Meridian in Cook County, Illinois,
according to plat registered as Document No. 1483166.-----

Property of Cook County Clerk's Office

UNOFFICIAL COPY

| DECEDENT'S BIRTH NO. | | REGISTRATION DISTRICT NO. <i>16-0B</i> | | 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—NAME FIRST MIDDLE LAST | | | SEX | | DATE OF DEATH (MONTH, DAY, YEAR) | | | |
| | | 1. JAMES WOODS Jr. | | | 2. MALE | | 3. JUNE 22, 1992 | | | |
| A | | COUNTY OF DEATH | | AGE—LAST BIRTHDAY (YRS) | | UNDER 1 YEAR | | DATE OF BIRTH (MONTH, DAY, YEAR) | | |
| | | 4. COOK | | 5a. 55 | | 5b. 55 | | 5d. SEPTEMBER 27, 1936 | | |
| B | | CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | | IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) | | |
| | | 6a. PARK RIDGE | | 6b. LUTHERAN GENERAL HOSPITAL | | | | 6c. INPATIENT | | |
| C | | BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) | | WAS DECEASED EVER IN ARMED FORCES? (YES/NO) | | |
| | | 7. Scotland | | 8a. MARRIED | | 8b. MARGARET Donnachie | | 9. NO | | |
| D | | SOCIAL SECURITY NUMBER | | USUAL OCCUPATION | | KIND OF BUSINESS OR INDUSTRY | | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) | | |
| | | 10. 340 38 4204 | | 11a. Engineer | | 11b. Education | | 12. 12 | | |
| E | | RESIDENCE (STREET AND NUMBER) | | CITY, TOWN, TWP. OR ROAD DISTRICT NO. | | INSIDE CITY (YES/NO) | | COUNTY | | |
| | | 13a. 1338 W ARCADIA | | 13b. MORTON GROVE | | 13c. Yes | | 13d. COOK | | |
| PARENTS | | STATE | | ZIP CODE | | RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) | | OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN) | | |
| | | 13e. ILLINOIS | | 13f. 60053 | | 14a. WHITE | | 14b. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: | | |
| 1 | | FATHER—NAME FIRST MIDDLE LAST | | | MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST | | | | | |
| | | 15. JAMES WOODS | | | 16. MARY WEIR | | | | | |
| 2 | | INFORMANT'S NAME (TYPE OR PRINT) | | | RELATIONSHIP | | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) | | | |
| | | 17a. D. PARADISE - REGISTRAR | | | 17b. HOSP REC | | 17c. 17775 DEMPSTER, PARK RIDGE, IL, 60066 | | | |
| 3 | | PART I | | Enter the disease 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. | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| | | Immediate Cause (Final disease or condition resulting in death) | | (a) Leung Cancer | | | | | | |
| 4 | | CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | | (b) DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| | | | | (c) DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| 5 | | PART II. Other significant conditions contributing to death but not resulting in the ultimate cause given in PART I. | | | | | | | AUTOPSY (YES/NO) | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) |
| | | | | | | | | | 19a. YES | 19b. YES |
| N | | DATE OF OPERATION, IF ANY | | MAJOR FINDINGS OF OPERATION | | | | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? | | |
| | | 20a. | | 20b. | | | | 20c. YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| P | | (DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON | | | | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) | | HOUR OF DEATH | | |
| | | 21a. 6/22/92 | | | | 21b. NO | | 21c. 3:20p. | | |
| CERTIFIER | | TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. | | | | | | DATE SIGNED (MONTH, DAY, YEAR) | | |
| | | 22a. SIGNATURE William C. Schultz | | NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 9129 W DUNCAN RD MORTON GROVE, IL | | | | 22b. 6/24/92 | | |
| DISPOSITION | | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) | | | | | | ILLINOIS LICENSE NUMBER | | |
| | | 22c. WILLIAM SCHULZ, MD | | | | | | 22d. 036-069101 | | |
| 23. | | BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY—NAME | | LOCATION CITY OR TOWN STATE | | DATE (MONTH, DAY, YEAR) | | |
| | | 24a. Burial | | 24b. All Saints | | 24c. Des Plaines, Illinois | | 24d. June 25, 1992 | | |
| 25. | | FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP | | | | | | | | |
| | | 25a. Simkins Funeral Home 6251 Dempster St. Morton Grove, Illinois 60053 | | | | | | | | |
| 26. | | FUNERAL DIRECTOR'S SIGNATURE | | | | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER | | |
| | | 25b. Michael Simkins | | | | | | 25c. 034-14418 | | |
| 26. | | LOCAL REGISTRAR'S SIGNATURE (TYPE OR PRINT) | | | | | | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) | | |
| | | 26a. REGISTRAR Laurie Brown | | | | | | 26b. June 25, 1992 | | |

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 June 25, 1992 SIGNED *Laurie Brown*
 AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

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 in all courts and places of the facts therein stated.