



Doc#: 0907910013 Fee: \$38.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 03/20/2009 10:55 AM Pg: 1 of 2

KATHLEEN O'MALLEY, hereinafter referred to as affiant, states under oath that the affiant resides at 5435 N. Lieb Avenue, Chicago, Illinois 60630; that the affiant was acquainted with RICHARD P. O'MALLEY, 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 20 IN GEORGE C. FIELD'S FOREST GLEN SUBDIVISION IN THE NORTH HALF OF SECTION 9, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 13-09-128-004-0000

Address(es) of Real Estate: 5435 N. Lieb Avenue, Chicago, Illinois 60630

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 May 13, 1999 leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property, was \$ 105,000 and that the value of the above property individually was \$ 100,000

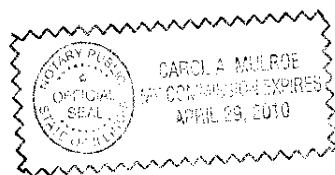
That the Illinois Inheritance Tax and the Federal Estate Tax, if any, due from the decedent's estate, has been paid in full;

Kathleen O'Malley
AFFIANT

SUBSCRIBED AND SWORN TO before me this 12th day of September, 2008.

Carol A. Mulroe
NOTARY PUBLIC

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



UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statues relating to the registrar of birth , stillbirth and death.

Date FEB 14 2001 Signed Madeline Mc Curry
At Cook County Department of Public Health Official Title Deputy Registrar
1010 Lake Street Suite 300 Oak Park, Illinois 60301

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER
DECEASED-NAME
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER
99, 034618

1. COUNTY OF DEATH RICHARD FIRST MIDDLE LAST
2. AGE LAST BIRTHDAY (YRS) 71 UNDER 1 YEAR 2 MONTHS 13 DATES OF BIRTH (MONTH DAY YEAR)
3. DATE OF DEATH (MONTH DAY YEAR) MAY 20, 1928
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER COOK HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)
5. DATE OF BIRTH (MONTH DAY YEAR) MAY 20, 1928

6a. DESPLAINES 6b. HOLY FAMILY HEALTH CARE CENTER 6c. INPATIENT
7. IRELAND 8. MARRIED 8a. MARRIED 8b. KATHLEEN GIBBONS 8c. GIBBONS
9. YES
10. 349-26-0568 11a. FOREMAN 11b. AT&T 12. 8 13. YES 13d. COOK
13a. 5435 N LIEB 13b. CHICAGO 13c. CHICAGO 13d. COOK
14a. ILLINOIS 14b. WHITE 14c. YES 14d. YES 14e. YES 14f. YES 14g. YES 14h. YES 14i. YES 14j. YES 14k. YES 14l. YES 14m. YES 14n. YES 14o. YES 14p. YES 14q. YES 14r. YES 14s. YES 14t. YES 14u. YES 14v. YES 14w. YES 14x. YES 14y. YES 14z. YES

15. FATHER-NAME FIRST MIDDLE LAST
16. MOTHER-NAME FIRST MIDDLE LAST
17a. KATHLEEN O'MALLEY 17b. WIFE 17c. 5435 N LIEB CHICAGO IL 60630
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.
19. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH)
20. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
21. PART II. Other significant conditions contributing to death (but not resulting in the underlying cause given in PART I).

22a. DATE OF OPERATION, IF ANY
22b. MAJOR FINDINGS OF OPERATION
22c. (DD) MONTH AND LAST THE DECEASED (MONTH DAY YEAR) AND LAST SAW HIM/HER ALIVE ON
22d. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22e. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
22f. NAME OF A TYPING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. ORIGINAL CREATION, REMOVAL, (SPECIFY)
24a. BURIAL, FUNERAL HOME
24b. ALL SAINTS CEMETERY
24c. DESPLAINES ILLINOIS
24d. DESPLAINES ILLINOIS
24e. DATE (MONTH DAY YEAR)
25a. FUNERAL HOME
25b. CHAS W FREEMAN
25c. 034-012345
25d. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
25e. MAY 18 1999

26a. REGISTRAR
26b. REGISTRAR
26c. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
26d. MAY 18 1999

27. LOCAL REGISTRAR SIGNATURE
28. REGISTRAR SIGNATURE
29. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
30. MAY 18 1999

31. REGISTRAR SIGNATURE
32. REGISTRAR SIGNATURE
33. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
34. MAY 18 1999

35. REGISTRAR SIGNATURE
36. REGISTRAR SIGNATURE
37. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
38. MAY 18 1999

39. REGISTRAR SIGNATURE
40. REGISTRAR SIGNATURE
41. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
42. MAY 18 1999