

# UNOFFICIAL COPY



Doc#: 0913516039 Fee: \$46.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 05/15/2009 02:13 PM Pg: 1 of 6

Property of Cook County Clerk's Office

Deceased Joint Tennt Affidavit

Documents Attached :

- Affidavit
- Will
- Death certificate



**UNOFFICIAL COPY**

**SKOKIE HEALTH DEPARTMENT  
SKOKIE, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2009 0007829

DATE ISSUED 04/17/2009

DECEDENT'S LEGAL NAME MAURICE J MCCARTHY JR			SEX MALE	DATE OF DEATH APRIL 03, 2009	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 70 YEARS	DATE OF BIRTH JUNE 27, 1938		
CITY OR TOWN SKOKIE		HOSPITAL OR OTHER INSTITUTION NAME MIDWEST PALLIATIVE & HOSPICE CARECENTER			
PLACE OF DEATH HOSPICE FACILITY					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 330-30-9415	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME SHEILA KELLY		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1700 WILDBERRY DRIVE		APT. NO. D	CITY OR TOWN GLENVIEW		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60025	FATHER'S NAME MAURICE J MCCARTHY SR		MOTHER'S NAME PRIOR TO FIRST MARRIAGE CATHERINE O'CONNOR
INFORMANT'S NAME SHEILA MCCARTHY		RELATIONSHIP WIFE	MAILING ADDRESS 1700 WILDBERRY DRIVE, GLENVIEW, IL 60025		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION PRISONS CREMATORY	LOCATION - CITY OR TOWN AND STATE LOMBARD, IL	DATE OF DISPOSITION APRIL 08, 2009	
FUNERAL HOME DONNELLAN FAMILY FUNERAL SERVICES, 10045 SKOKIE BLVD, SKOKIE, IL, 60077					
FUNERAL DIRECTOR'S NAME JOSEPH G DONNELLAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011866		
LOCAL REGISTRAR'S NAME CATHERINE COUNARD			DATE FILED WITH LOCAL REGISTRAR APRIL 6, 2009		
CAUSE OF DEATH - PART I: ACUTE MYELOGENOUS LEUKEMIA					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. _____ Due to (or as a consequence of):			
		c. _____ Due to (or as a consequence of):			
Due to (or as a consequence of):					
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in Part I.			WAS AN AUTOPSY PERFORMED? NO		
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
DID TOBACCO USE CONTRIBUTE TO DEATH? NO	FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:23 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED APRIL 04, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MONICA MALEC, 2050 CLAIRE COURT, GLENVIEW, ILLINOIS, 60025				PHYSICIAN'S LICENSE NUMBER 038090849	

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

APR 17 2009

Catherine A. Conard, M

# UNOFFICIAL COPY

## LAST WILL AND TESTAMENT

OF

**Maurice J. McCarthy**

APR 17 2009

\*\*\*\*\*

I, Maurice J. McCarthy, of Glenview, Illinois, being of sound mind and memory, do make and declare this to be my Last Will and Testament, hereby revoking all prior Wills and Codicils that I may have made.

I.

I am married to Sheila, and all references in this will to my wife are to her. I have one adopted daughter, Moira, born October 6, 1980. Additionally, I have a granddaughter, Shael, born December 10, 2001. If I do not leave property in this will to a child, grandchild, or any other relative, my failure to do so is intentional. I am confident that my wife will make provisions for them in her will or trust or both.

II.

The expenses of my last illness, my funeral and administration of my estate, wherever situated, any estate or inheritance taxes payable by reason of my death, including interest and penalties, shall be paid out of and charged generally against the principal of my residuary estate without apportionment or proration. My Executor shall not attempt to recover any such payments, except to the extent my Executor shall have the right to recover taxes payable by reason of property over which I have a power of appointment or by reason of property in which I have an income interest for life.

III.

I leave all of my personal property to my wife, Sheila. This includes, but is not limited to, all financial accounts and other financial assets, such as policies of insurance, and all of my personal and household effects.

IV.

I leave any residuary estate, that is, any property not otherwise effectively disposed of, wherever situated, now owned by or hereafter acquired by me, which at the time of my death shall belong to me or be subject to my disposal by will, to my wife, Sheila, if she survives me for thirty (30) days. If my wife does not so survive me, the residuary estate goes to my daughter Moira, if she survives me for thirty (30) days, or if she does not so survive me, to her descendants, per stirpes.

Initials:

*MJM*  
Testator

**UNOFFICIAL COPY**

V.

I nominate and appoint my wife, Sheila, currently of Glenview, Illinois, as Executrix of this Will. If the Executrix shall resign or fail, refuse, or cease to act as Executrix, I nominate and appoint my daughter Moira, as Successor Executrix. No surety or other security shall be required on the bond of any Executrix or Successor Executrix acting hereunder.

I give to my Executrix the following powers, and any others that may be granted by law, to be exercised in its discretion without Court order:

- (a) To retain any property of my estate;
- (b) To sell any real or personal property of my estate for cash or on credit, at public or private sales, for any purpose; to exchange any such property for other property; to grant options to purchase or acquire any such property; and to determine the prices and terms of sales, exchanges, and options;
- (c) To operate, maintain, repair, rehabilitate, alter, improve or remove any improvements on real estate; to make leases and subleases for terms of any length; to subdivide real estate; to grant easements, give consents and make contracts relating to real estate or its use; to release or dedicate any interest in real estate;
- (d) To employ attorneys, auditors, depositories, and agents, with or without discretionary powers; to exercise in person or by proxy all voting and other rights with respect to stocks and other securities; and to keep my property in bearer form or in the name of the trustee or a nominee, with or without disclosure of any fiduciary relationship;
- (e) To collect, pay, contest, compromise or abandon claims of or against any estate wherever situated; and to execute contracts, conveyances and other instruments, including instruments containing covenants and warranties binding upon and creating a charge against my estate, and containing provisions excluding personal liability;
- (f) To enter into any transaction authorized by this Article with trustees, executors or administrators of any other trust or estate in which any beneficiary has any interest, even though any such trustee or representative is also Executrix;
- (g) To make any distribution or division of my estate in cash or in kind or both;
- (h) To allot different kinds or disproportionate shares of property or undivided interests in property among any beneficiaries, and to determine the value of any such property;
- (i) To make such elections under the tax laws applicable to my estate as my Executrix deems appropriate. No compensating adjustments between principle and income, nor with respect to any bequest or devise, shall be made even though the elections so made may affect the interests of a beneficiary. My Executrix's actions shall be binding on all beneficiaries.

IN WITNESS WHEREOF, I have hereunto set my hand seal to this my Last Will and Testament, consisting of two (2) typewritten pages, and I have placed my initials on both pages, this 10<sup>th</sup> day of May, 2008.

 (SEAL)  
Maurice J. McCarthy

Initials: MF  
Testator

