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SMALL ESTATE AFFIDAVIT / AFFIDAVIT OF HEIRSHIP

FOR CLAUDE J. KILLORAN

09197956

9862/0017 30 001 Page 1 of 10

1999-12-28 11:34:53

Cook County Recorder

75.50

I, DIANE MCARDLE, on oath state:

1. My residence and post office address is 11224 S. Lawler, Worth, Illinois.

2. The Decedent's name is CLAUDE J. KILLORAN.

UPON INFORMATION AND BELIEF:

3. The date of the Decedent's death was November 27, 1979 and I have attached a copy of the death certificate hereto.

4. The Decedent's place of residence immediately before his death was 11224 S. Lawler, Worth, Illinois.

5. No letters of office are now outstanding on the Decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to the best of my knowledge.

6. The gross value of the Decedent's entire personal estate, including the value of all property passing to any party either by intestacy or under a will, does not exceed \$50,000.00. Said property consisted of: none.

The estate consisted of a one-half (1/2) interest in a single family building located at 11224 S. Lawler, Worth, Illinois, and an interest property located at 2100 W. 63rd St., Chicago, Illinois which was sold under Contract in 1979.

7. (a) All of the Decedent's funeral expenses have been paid.

8. There is no known unpaid claimant or contested claim against the Decedent.

9. The Decedent was married once and then to LOUISE KILLORAN. The marriage was terminated by the death of CLAUDE J. KILLORAN. During said marriage did Decedent had no children.

10. The Decedent was survived by the following:

Name and Place of
Residence

Relationship

LOUISE KILLORAN
11224 S. Lawler Ave.
Worth, IL

Wife

#31446



INTEGRITY TITLE
420 LEE STREET
DES PLAINES, IL 60016

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11. (a) The Decedent left no will. The name, place of residence, age and relationship of decedent's heir, and the portion of the estate said heir is entitled to under the law where decedent died intestate, is:

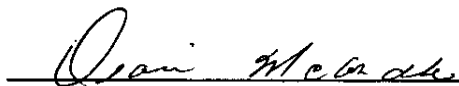
Name and Place of Residence	Relationship	Portion of Estate
LOUISE KILLORAN 11224 S. Lawler Ave. Worth, IL	Wife	100% 09197956

Affiant is unaware of any dispute or potential conflict as to the heirship of the Decedent.

12. The property described in Paragraph 6 of this Affidavit should be distributed as follows:

Name	Specific Sum or Property to be Distributed	
LOUISE KILLORAN 11224 S. Lawler Ave. Worth, IL	100%	09197956

The foregoing statement is made under the penalties of perjury.

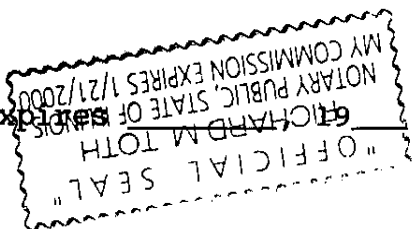

DIANE MCARDLE

State of Illinois, County of Cook, ss.

I, the undersigned, Notary in and for said County, in the State aforesaid, DO HEREBY CERTIFY that DIANE MCARDLE, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered this instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 16th day of December, 1999.

Commission expires




Notary Public

I, DAVID D. ORR, County Clerk of the County of Cook, in the State of Illinois, 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 WHEREOF, 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 D. Orr
County Clerk

09197956

REGISTRATION DISTRICT NO. 16.0F
REGISTERED NUMBER

STATE OF ILLINOIS

08122

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

79-062959

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. CLAUDE J. KILLORAN					2. MALE	3. NOVEMBER 27, 1979	
RACE - (WHITE, BLACK, AMERICAN INDIAN OR DESCENT, INDIAN, ETC.) (SPECIFY)		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MO., DAY, YEAR)	
4a. WHITE		4b. IRISH		5a. 73	5b. MOS. DAYS	5c. HOURS MIN.	
6. MARCH 31, 1906		7a. COOK		7d. D.O.A.			
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 DOA, OP/EMER. RM. INPATIENT (SPECIFY)	
7b. OAK LAWN		7c. CHRIST HOSPITAL					
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
8. MINNESOTA		9. U.S.A.		10. MARRIED		11. LOUISE DICKENSON	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)	
12. 345-28-3893		13a. OPERATOR ENGINEER		13b. LOCAL #150		13c. YES	
RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
14a. 11224 SO. LAWLER AVE.		14b. WORTH		14c. YES		14d. COOK	
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST
15. MARK KILLORAN					16. ANN HENNESSEY		
INFORMANT'S SIGNATURE		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Louise Killoran		17b. WIFE		17c. 11224 SO. LAWLER AVE., WORTH, IL 60482			
18. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. IMMEDIATE CAUSE		(a) Myocardial Infarction				Minutes	
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STANDING THE UNDERLYING CAUSE LAST.		(b) Arteriosclerotic Heart Disease				Years	
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		Diabetes Mellitus				AUTOPSIED (YES/NO)	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION				19a. NO	
20a.		20b.				19b.	
I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)		TO (MONTH, DAY, YEAR)		AND LAST SAW HIM, HER ALIVE ON (MONTH, DAY, YEAR)		HOUR OF DEATH	
21a. 2-29-64		21b. 11-26-79		21c. 11-6-79		21d. 10:20 A.M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		22a. SIGNATURE				DATE SIGNED (MONTH, DAY, YEAR)	
22a. Armin F. Schick M.D.		22b. 11-26-79					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER				22c. 36-19727	
22c. DR. ARMIN F. SCHICK M.D. 3759 W. 95TH ST., EVERGREEN PARK, IL							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION		DATE (MONTH, DAY, YEAR)	
24a. BURIAL		24b. HOLY SEPULCHRE		24c. WORTH, ILLINOIS		24d. NOV. 30, 1979	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	
25a. SHEEHY FUNERAL HOME, INC. 10727 SO. PULASKI RD., CHICAGO, ILLINOIS						60655	
FUNERAL DIRECTOR'S SIGNATURE		FUNDATIONAL DIRECTOR'S ILLINOIS LICENSE NUMBER				25c. 6592	
25b. Robert J. Sheehy							
LOCAL REGISTRAR'S SIGNATURE		DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				26b. NOV 28 1979	
26a. JOSEPH E. DUFFY							
ACTING REGISTRAR							

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Property of Cook County Clerk's Office

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SMALL ESTATE AFFIDAVIT / AFFIDAVIT OF HEIRSHIP

FOR LOUISE KILLORAN

09197956

I, DIANE MCARDLE, on oath state:

1. My residence and post office address is 11224 S. Lawler, Worth, Illinois.
2. The Decedent's name is LOUISE KILLORAN.

UPON INFORMATION AND BELIEF:

3. The date of the Decedent's death was December 24, 1983 and I have attached a copy of the death certificate hereto.
4. The Decedent's place of residence immediately before his death was 11224 S. Lawler, Worth, Illinois.
5. No letters of office are now outstanding on the Decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to the best of my knowledge.
6. The gross value of the Decedent's entire personal estate, including the value of all property passing to any party either by intestacy or under a will, does not exceed \$50,000.00. Said property consisted of: none.

The entire estate consisted of a single family building located at 11224 S. Lawler, Worth, Illinois, and an interest property located at 2100 W. 63rd St., Chicago, Illinois which was sold under Contract in 1979.

7. (a) All of the Decedent's funeral expenses have been paid.
8. There is no known unpaid claimant or contested claim against the Decedent.
9. The Decedent was married twice. The first marriage was in the 1920's to MR. MCARDLE, first name unknown. This marriage ended with the death of Mr. MCARDLE approximately 1940-41. During said marriage did Decedent had two children, to wit:

1. GENEVIEVE MCARDLE, who died in the 1920's or 1930's at the age of approximately 4 years old.

2. STEVE MCARDLE, who died on April 20, 1993.

The Decedent was then married to CLAUDE J. KILLORAN. The marriage was terminated by the death of CLAUDE J. KILLORAN ON November 27, 1979.

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10. There Decedent was survived by the following:

Name and Place of Residence	Relationship
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09197956

Steve McArdle 11224 S. Lawler Worth, Illinois	Son
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11. (a) The Decedent left no will. The name, place of residence, age and relationship of decedent's heir, and the portion of the estate said heir is entitled to under the law where decedent died intestate, is:

Name and Place of Residence	Relationship	Portion of Estate
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Steve McArdle 11224 S. Lawler Worth, Illinois	Son	100%
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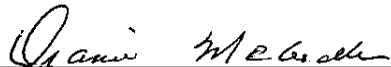
Affiant is unaware of any dispute or potential conflict as to the heirship of the Decedent.

12. The property described in Paragraph 6 of this Affidavit should be distributed as follows:

Name	Specific Sum or Property to be Distributed
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Steve McArdle	100%
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The foregoing statement is made under the penalties of perjury.


DIANE MCARDLE

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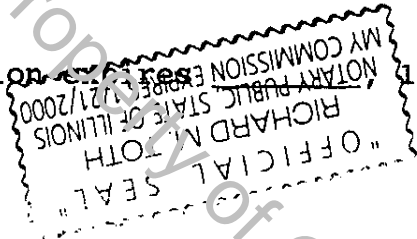
09197956

State of Illinois, County of Cook, ss.

I, the undersigned, Notary in and for said County, in the State aforesaid, DO HEREBY CERTIFY that DIANE MCARDLE, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered this instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 16th day of December, 1999.

Commission expires _____ 19____.



[Signature]
Notary Public

I, DAVID D. ORR, County Clerk of the County of Cook in the State of Illinois, and a 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 WHEREOF, 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 D. Orr
County Clerk

09197956

BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		STATE FILE NUMBER 9548 88 071068	
DECEASED—NAME				SEX		DATE OF DEATH	
1. LOUISE KILLORAN				2. FEMALE		3. DECEMBER 24, 1983	
RACE—WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		ORIGIN OR DESCENT		AGE—LAST BIRTHDAY (YRS.)		DATE OF BIRTH (MO., DAY, YEAR)	
4a. WHITE		GERMAN		5a. 76		6. AUGUST 29, 1907	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		COUNTY OF DEATH		IF HCSP OR INST. INDICATED CAUSE OF DEATH, EM. INPATIENT (SPECIFY)	
7a. PALOS HEIGHTS		7c. PALOS COMMUNITY HOSPITAL		7b. COOK		7d. D.O.A.	
STATE OF BIRTH (IF NOT U.S.A. NAME, COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
8. ILLINOIS		9. U.S.A.		10. WIDOWED		11. NONE	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		WAS DECEASED ELDERLY IN U.S. ARMY OR NAVY (SPECIFY YES OR NO)	
12. 352-24-2934		13a. R. N.		13b. CHRIST COMMUNITY HOSPITAL		13c. NO	
RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
14a. 11224 SO. LAWLER AVENUE		14b. WORTH		14c. YES		14d. COOK	
FATHER—NAME		MOTHER—MAIDEN NAME		STATE		14e. ILLINOIS	
15. ALFRED DICKENSON		16. MARGARET LENNERTZ					
INFORMANT NAME (TYPE OR PRINT)		RELATIONSHIP		MARRIAGE ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE)			
17a. STEVE MCARDLE		17b. SON		17c. 5800 W. 107TH ST., CHICAGO RIDGE, IL.			
18. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. IMMEDIATE CAUSE							
(a) Cardiac arrhythmia						months	
(b) Anterior wall heart disease							
(c)							
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I		Chronic Pulmonary disease				AUTOPSY (YES/NO) NO	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION				IF FEMALE, WAS THERE A PREG. MANIFEST IN PAST THREE MONTHS? YES/NO NO	
20a.		20b.					
1. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)		HOUR OF DEATH	
21a.		11-30-83		21b. NO		21c. 9:55 A.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MO., DAY, YR.)					
22a. SIGNATURE		22b. 12-27-83					
NAME AND ADDRESS OF CERTIFIER		60463 ILLINOIS LICENSE					
22c. 60463 ILLINOIS LICENSE		22d. 36-35573					
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.					
23.							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		DATE (MONTH, DAY, YEAR)	
24a. BURIAL		24b. HOLY SEPULCHRE		24c. WORTH, ILLINOIS		24d. DEC. 28, 1983	
FUNERAL HOME		NAME		STREET AND NUMBER OR R. F. D.		CITY OR TOWN	
25a. ANDREW J. McGANN & SON FUNERAL HOME, 10727 SO. PULASKY RD., CHICAGO, IL. 60655							
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. Andrew J. McGann		25c. 5959					
LOCAL REGISTRAR'S SIGNATURE		DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. KAREN L. SCOTT, M.D.		26b. December 28, 1983					
REGISTRAR							
VR 200 REV. 6/82		Illinois Department of Public Health - Office of Vital Records				(BASED ON 1978 U.S. STANDARD CERTIFICATE)	

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SMALL ESTATE AFFIDAVIT / AFFIDAVIT OF HEIRSHIP

FOR STEVE MCARDLE

09197956

I, DIANE MCARDLE, on oath state:

1. My residence and post office address is 11224 S. Lawler, Worth, Illinois.

2. The Decedent's name is STEVE MCARDLE.

3. The date of the Decedent's death was April 20, 1993 and I have attached a copy of the death certificate hereto.

4. The Decedent's place of residence immediately before his death was 11224 S. Lawler, Worth, Illinois.

5. No letters of office are now outstanding on the Decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to the best of my knowledge.

6. The gross value of the Decedent's entire personal estate, including the value of all property passing to any party either by intestacy or under a will, does not exceed \$50,000.00. Said property consisted of: none.

The entire estate consisted of a single family building located at 11224 S. Lawler, Worth, Illinois, and an interest property located at 2100 W. 63rd St., Chicago, Illinois which was sold under Contract in 1979.

7. (a) All of the Decedent's funeral expenses have been paid.

8. There is no known unpaid claimant or contested claim against the Decedent.

9. The Decedent was once, in 1974, to DIANE MCARDLE. This marriage ended with the death of STEVE MCARDLE IN THE 1993. During said marriage did Decedent had no children.

10. There Decedent was survived by the following:

Name and Place of Residence	Relationship
Diane McArdle 11224 S. Lawler Worth, Illinois	Wife

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11. (a) The Decedent left no will. The name, place of residence, age and relationship of decedent's heir, and the portion of the estate said heir is entitled to under the law where decedent died intestate, is:

Name and Place of Residence	Relationship	Portion of Estate
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Diane McArdle
11224 S. Lawler
Worth, Illinois

Wife

100%

09197956

Affiant is unaware of any dispute or potential conflict as to the heirship of the Decedent.

12. The property described in Paragraph 6 of this Affidavit should be distributed as follows:

Name	Specific Sum or Property to be Distributed
------	--

Diane McArdle

100%

The foregoing statement is made under the penalties of perjury.

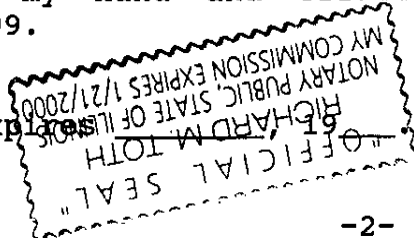
Diane McArdle
DIANE MCARDLE

State of Illinois, County of Cook, ss.

I, the undersigned, Notary in and for said County, in the State aforesaid, DO HEREBY CERTIFY that DIANE MCARDLE, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered this instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 16th day of December, 1999.

Commission expires



Richard M. Roth
Notary Public

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EXHIBIT "A"
LEGAL DESCRIPTION

09197956

LOT FORTY-THREE (43), IN E. A. CUMMING'S SUBDIVISION OF BLOCKS TWO (2) AND SEVEN (7), BLOCKS THREE (3) AND SIX (6) EXCEPT THE EAST 340 FEET, AND LOTS ONE (1) AND TWO (2) IN BLOCK FIVE (5), ALL IN THE SUBDIVISION OF THE SOUTH HALF OF THE SOUTHWEST QUARTER OF SECTION EIGHTEEN (18), TOWNSHIP THIRTY-EIGHT (38) NORTH, RANGE FOURTEEN (14), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN# 20-18-213-024

Property of Cook County Clerk's Office