

# UNOFFICIAL COPY

ESTATE OF )  
)  
Donald R. Mull, )  
)  
)  
Deceased. )  
)



Doc#: 0925926038 Fee: \$66.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/16/2009 10:29 AM Pg: 1 of 4

## AFFIDAVIT OF HEIRSHIP

RALPH D. MULL on oath states:

1. The decedent, DONALD R. MULL, died at Winfield, Illinois on September 23, 2001 at the age of 74 years.

2. I am of legal age. I reside at 4S311 Meadow Road, Naperville, DuPage County, Illinois. I am a son of the decedent.

3. The decedent was married once and only once to Betty Lou Mull.

4. The only children born to or adopted by decedent were Patricia A. Olson, David L. Mull, Sr., Robert S. Mull, Pamela L. Reyes, Charles M. Mull and myself.

5. Betty Lou Mull predeceased the decedent.

6. The decedent's children, Patricia A. Olson, David L. Mull, Sr., Robert S. Mull, Pamela L. Reyes, Charles M. Mull and Ralph D. Mull, all survived the decedent and all are competent adults.

7. Based on the foregoing, decedent left surviving as his only heirs: Patricia A. Olson, David L. Mull, Sr., Robert S. Mull, Pamela L. Reyes, Charles M. Mull and Ralph D. Mull, each of whom is of legal age and is mentally competent.

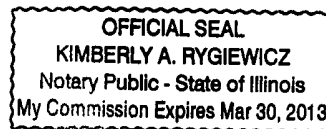
Further affiant sayeth not.

Ralph D. Mull  
Ralph D. Mull

Subscribed and Sworn to before me

this 23 day of July, 2009

Kimberly A. Rygielwicz  
Notary Public



# P.N.T.N.

C. J. 4

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The North ten (10) feet of Lot thirty-three (33)  
and the South twenty-three (23) feet of Lot thirty-  
four (34) in Block eleven (11) in Cochran's Third  
Addition to Edgewater in Section eight (8), Township  
forty (40) North, Range fourteen (14), East of the  
Third Principal Meridian, in Cook County, Illinois.

14-08-119-012

5323 N. Wayne Ave., Chicago, IL 60640

Property of Cook County Clerk's Office

Prepared by and mail to:

Cynthia E. Garcia  
Querrey & Harrow, Ltd.  
175 W. Jackson Blvd.  
Suite 1600  
Chicago, IL 60604

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DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>22.0</b>			STATE OF ILLINOIS			STATE FILE NUMBER	
REGISTERS NUMBER <b>04320</b>		<b>MEDICAL CERTIFICATE OF DEATH</b>							
<b>Type or Print In PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS</b>		DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. <b>Donald Ralph Mull</b>		2. <b>Male</b>			3. <b>September 23, 2001</b>				
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)				
4. <b>DuPage</b>		5a. <b>74</b>	5b. <b>74</b>	5c. <b>74</b>	5d. <b>June 1, 1927</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. <b>Winfield</b>		6b. <b>Central DuPage Hospital</b>			6c. <b>Inpatient</b>				
A DECEASED		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 U.S. ARMED FORCES? (YES/NO)		
7. <b>Joliet, IL.</b>		8a. <b>Widowed</b>		8b.		9. <b>Yes</b>			
B SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. <b>-4069</b>		11a. <b>Fireman</b>		11b. <b>National Laboratory</b>		12. <b>2</b>			
C RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
13a. <b>668 N. Lombard Avenue</b>		13b. <b>Lombard</b>		13c. <b>Yes</b>		13d. <b>DuPage</b>			
D STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)				
13e. <b>Illinois</b>		13f. <b>60148</b>	14a. <b>White</b>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:				
E PARENTS		FATHER—NAME FIRST MIDDLE LAST			MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST				
15. <b>Shelton Herbert Mull</b>		16. <b>Johanna Lilyers</b>							
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)						
17a. <b>Ralph Mull</b>		17b. <b>Son</b>	17c. <b>4S311 Meadow Rd., Naperville, IL. 60563</b>						
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, 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)		days							
(a) <b>Aspiration Pneumonia</b>									
(b) DUE TO, OR AS A CONSEQUENCE OF									
(c) DUE TO, OR AS A CONSEQUENCE OF									
CAUSE		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
4. <b>Chronic Obstructive Pulmonary Disease, Anemia</b>		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)					
5. <b>19a. No</b>		19b. <b>No</b>							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?				
20a.		20b.			20c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>				
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. <b>9/12/01</b>		21b. <b>NO</b>		21c. <b>5:52 A.M.</b>					
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 <b>Thomas Cornwell</b>		22b. <b>9/25/01</b>							
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER							
22c. <b>Thomas Cornwell MD 690 E. North Ave, #101 Carol Stream</b>		22d. <b>036-075646</b>							
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	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)		
24a. <b>Burial</b>		24b. <b>Woodlawn Memorial</b>		24c. <b>Joliet</b>	<b>Illinois</b>	24d. <b>9-27-2001</b>			
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE	ZIP	
25a. <b>Brust Funeral Home</b>		135 S. Main Street		Lombard		<b>Illinois</b>	60148		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER							
25b. <b>Ronald Foreman</b>		25c. <b>034-016737</b>							
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)							
26a. <b>Deland Lewis - Deputy</b>		26b. <b>SEP 25 2001</b>							

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**DuPage County Health Department**

111 North County Farm Road  
Wheaton, Illinois 60187

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

*Deland Lewis*

Local Registrar

Not valid without the embossed seal of  
DuPage County Health Department

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STATE OF ILLINOIS

STATE FILE NUMBER

PERMANENT CERTIFICATE [X]
TEMPORARY CERTIFICATE [ ]

REGISTRATION DISTRICT NO. 220
REGISTERED NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

DECEASED

B

C

D

PARENTS

1

2

3

4

5

CAUSE

N

P

H.G.

RIF

UNK

CERTIFIER

DISPOSITION

DECEASED-NAME: Betty L. Mull; SEX: Female; DATE OF DEATH: July 24, 1990; COUNTY OF DEATH: DuPage; AGE: 62; DATE OF BIRTH: June 16, 1928; CITY: DuPage; HOSPITAL: Elmhurst Memorial Hospital; BIRTHPLACE: Rolla, Missouri; MARRIED: Married; SURVIVING SPOUSE: Donald R. Mull; SOCIAL SECURITY NUMBER: 322-24-2383; USUAL OCCUPATION: Inspector; KIND OF BUSINESS: Manufacturing; RESIDENCE: 668 N. Lombard; STATE: Illinois; ZIP: 60148; RACE: White; OF HISPANIC ORIGIN: No; FATHER: Lawrence Holt; MOTHER: Tipword; RELATIONSHIP: Husband; ADDRESS: 668 N. Lombard, Lombard, IL 60148; CAUSE: ARTERIOSCLEROTIC HEART DISEASE; INJURY: NATURAL; DATE OF INJURY: July 24, 1990; TIME OF DEATH: 2:49P M.; CORONER'S SIGNATURE: Richard R. Ballinger; DEPUTY: John M. Uehler; BURIAL: Burial; CEMETERY: Woodlawn Memorial Park; LOCATION: Joliet Illinois; FUNERAL HOME: Brust Funeral Home; LOCAL REGISTRAR'S SIGNATURE: James P. Paulissen, M.D.; DATE FILED: JUL 25 1990

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

James P. Paulissen, M.D.
Local Registrar

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111 North County Farm Road Wheaton, Illinois 60187