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 riz 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

Subscribed and Sworn to before me

this 23 day of July, 2009

Joseph Public

OFFICIAL SEAL
KIMBERLY A. RYGIEWICZ
Notary Public - State of Illinois
My Commission Expires Mar 30, 2013

P.N.T.N.

C.F

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The North ten (10) feet of Lot thirty-three (33)

and the South twenty-three (23) feet of Lot thirtyfour (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 Droporty or Cook County Clork's Office 5323 N. Wayne Ave., Chicago, IL 60640

Prepared by and mail to;

Cynthia E. Garcia

Querrey & Harrow, Ltd.

175 W. Jackson Blvd.

Suite 1600

Chicago, TL 60604

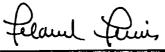
UNOFFICIAL COF

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 22	2.0		STATE O	FILLINOIS			TATE FILE JMBER	
	REGISTERE 0437	20	MEDICAL	. CERTIF	ICATE (OF DE	ATH		
Type or Print in	DECEASED-NAME	FIRST	MIDDLE	LAS	iT .	SEX	DATE OF DEATH		
PERMANENT INK See Funeral Directors,	1,	Donald		Mul1		z.Male	3. Septem		, 2001
Hospital, or Physicians Handbook for	COUNTY OF DEATH		AGE-LAST BIRTHDAY	UNDER 1 YE (YRS) MOS. DA	AR UNDER 1 DA		BIRTH (MONTH, DAY,	YEAR)	
INSTRUCTIONS	4. DuPage		5a. 74	5b.	5c.		ne 1, 192	7	
	CITY, TOWN, TWP, OR ROAD	DISTRICT NU		ROTHERINSTITUTI		_	ET AND NUMBER)	1	INST, INDICATE D.O.A. I, INPATIENT (SPECIFY)
A	6a. Winfield		J 00.	ntral DuPa	ge Hospit		PIANTE		atient ASDECEASEDEVERINUS
DECEASED	BIRTHPLACE (CITY AND STAT		RRIED, NEVER MARRIED, DOWED, DIVORCED (SPEC	CIFY)	UHVIVING SPOUSE	(MAIDEN NAME,	r Wire)	9	RMEDFORCES? (YES/NO
_	7. Joliet, IL.		Widowed UALOCCUPATION	8b. KIND OF BL	ISINESS OR INDUS	TRY EDUCA	TION (SPECIFY ONLY	HIGHEST GRAD	DE COMPLETED)
В	100	,		N	ational	Elementa	ry/Secondary (0-12)	College (1	-4 or 5 +)
C	10. ESIDENCE (STREET AND NU		a Fireman	I 116. La	boratory OR ROAD DISTRIC	12. T NO.	INSIDE CITY	COUNTY	
D	((0) 7 7						(YES/NO) 13c. Yes	13d. Dul	Page
E	13a 668 N. Lo	ZIPCODE	RACE (WHITE, BL	1		GIN? (SPECIFYN			XICAN, PUERTO RICAN, etc
	\wedge	13f. 601	INDIAN, etc.) (SPEC		ALL YOUR	☐ YES	SPECIFY:		
	13e. Illinois				14b. X NO	FIRST	MIDDLE	(M	MAIDEN) LAST
PARENTS	6.51 1.		lerbert Mul		16. Jo	hanna		Lilve	ers
	15. Shelt		terbert Mu.	RELATIONSHIP			TAND NO. OR R.F.D., C		
	17a. Ralph M.1.	•		17b. Son	17c 4S3	11 Mead	ow RdNa	pervil:	le,IL.60 <u>56</u>
1	18. PARTI.	Enter the disea	ases, or complications that c						APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
2		.hock, or hear	rt failure. List only one cau	se on each line.	^			<u>*</u>	/
3	Immediate Cause (Final disease or condition	\rightarrow at $/$	450119	tion 1	nevm	0414		10	1643
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	resulting in death)	(500	, JRAS A CONSEQUENCE						7
	CONDITIONS, IF ANY WHICH GIVE RISE TO	(b)							
CAUSE	IMMEDIATE CAUSE (a) STATING THE UNDERLYIN	G	, C PAS A CONSEQUENCE	EOF					
	PART II. Other significant condi	(C)	o death but not re witing in the and	derlying cause given in PAF	Ťŧ,		AUTOPSY	WERE AUTOPS	Y FINDINGS AVAILABLE PRIOR TO
4	Chronic O.	6. 7.4	ctive Puin	onus 1	iscuse.	Anem	AUTOPSY (YES/NO) 19a	19b.	OF CAUSE OF DEATH? (YES/NO)
5	DATE OF OPERATION, IF AN		JOR FINDINGS OF OPERA		, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I IF FEMAL	E. WAS THERE	A PREGNANCY IN PAST
N							1	IONTHS?	оп
Р	ZOG.	20t				AS CORONER O	RMEDICAL HOUR	OFDEATH	
	((DID) (DID NOT) ATTEND TH AND LAST SAW HIM HER AL	VEON	9/12/0	,	EX 21	AMINER NOTIFII	D? (YESNO) 21c.		5:52 A м.
	21a. TO THE BEST OF MY KNOW	SOGE DEATH		E, DATE AND PLACE.		· .		SIGNED	(MONTH, DAY, YEAR)
		1 /			Ж,		22b.	9/2	5/01
CERTIFIER	22a. SIGNATURE NAME AND ADDRESS OF CE	RTIFIER	(TYPE OR PRINT)					OIS LICENSE	NUMBER
	m. Thomas 11		ellmo 69	O.E. Nur	th Ave. A	4101 Carol	Stream 22d.	036-	075646
	NAME OF ATTENDING PHYS	ICIAN IF OTHE	RTHANCERTIFIER	(TYPEOR PRINT)		10/ 11/0/	NOTE:	IF AN INJURY W	AS INVOLVED IN THIS
	•					0.		1 THE CORONER BE NOTIFIED.	R OR MEDICAL EXAMINER
}	BURIAL, CREMATION,	CEMETER	RY OR CREMATORY-NAM	E LO	CATION C	TYC (TOV')	STATE	DATE	(MONTH, DAY, YEAR)
	REMOVAL(SPECIFY) 24a. Burial	24b. W	Joodlawn Memo	orial 2	k. Joliet	Illir	ois	24d.9-	-27-2001
	FUNERAL HOME			EET AND NUMBER OR R		CITY OR TOV		STATE	ZIP
DISPOSITION	25a. Brust Fun	eral Ho	ome 135 :	S. Main St	reet	Lombard	Illin	ois	60148
	FUNERAL DIRECTOR'S SIG					FUN	ERA DIREC OP'S ILL		NUMBER
	25b. ▶	m	ned to	resm	a	25	034-010	131	
`	LOCAL REGISTR IN SIGN	ATURI					E FILED BY LOCA! AF	TRAR (MONT	H.DAY, YEAR)
	260 Letaul	1	J. 60	Buber	- Dipe	Jan 26	. OFLA	5 3 ZU	U(
	VR200 (Rev. 5/89)	74	Illinois Department	of Public Health-Divi	sion of Vital Records			ED C 1989 U.S.	STANDARD CERTIFICATE
		· ·	• •						



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.



Local Registrar

Not valid without the embossed seal of DuPage County Health Department

Bul'age County Health Department

PERMANENT CERTIFICATE DISTRICT NO. 22.0

TEMPORARY REGISTERED

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

CERTIFICAT	E NUMBER						
Type, or Print in	DECEASED-NAME	FIRST M	IDDLE	LAST	SEX	DATE OF DEATH	(MONTH, DAY, YEAR)
PERMANENT INK See Coroner's	1. Be	etty L.	. M	[u11	1	3 July 2	· ·
or Funeral Directors Handbook for	COUNTY OF DEATH	AGE-	LAST UND	ER1YEAR UNDER1		RTH (MONTH, DAY, YEA	
INSTRUCTIONS	4. DuPage CITY, TOWN, TWP, OR ROAD DISTR	5a.	DAY (YRS) MO	S DAYS HOURS 5C.	MIN 1	ne 16, 1	
	CITY, TOWN, TWP, OR ROAD DISTR	NICT NUMBER HOSP	ITAL OR OTHER IN	STITUTION-NAME (IF NOT IN	EITHER, GIVE STREET	AND NUMBER) IF	HOSP ORINST INDICATED O A
A	_{6a.} Elmhurst			Memoria1		OP	PEMER, RM INPATIENT (SPECIFY)
DECEASED	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED NEVERMAR	DIED NA	ME OF SURVIVING SPOUS	E (MAIDENNAME, IF W	IFE)	Emer.Rm.
DECEASED	7. Rol'a Missouri	WIDOWED DIVORCED 8a. Marrie	(SPECIFY)	Donald R.			ARMED FORCES? (YES NO)
В	SOCIAL SECULITY NUMBER	USUAL OCCUPATION		DOFBUSINESS OR INDU		ON (SPECIFY ONLY HIG	19. NO
C	10. 322-24-2383	11a Inspect	or h	. Manufacturi	L Elementary S	econdary (0-12)	College (1-4 or 5 -)
D	RESIDENCE (STREET AND IN IMBER)	1		OR ROAD DISTRICT NO.			DUNTY
E	13a. 668 N. Komb	ard	13b LO	mbard		ES NO)	
	STATE Z'' C	DOE RACE (WHI	TE, BLACK, AMERICAN		RIGIN? (SPECIFY NO OF	YES-IF YES, SPECIFY C	d. DuPage UBAN, MEXICAN, PUERTORICAN, etc.)
	13e. Illinois 13.6	1148 INDIAN, etc.)	(SPECIFY) Whi				out - s, message set of the sale, each
04051170	FATHER-NAME FIRST	MIDDLE	LAST	MOTHER-NAME		PECIFY:	LAST
PARENTS	l _{15.} Lawrenc	e Ox Ho	1t	16.			
	INFORMANT'S NAME (TYPE OR PRINT)		RELATIO		ADDRESS (STREET AF	I J	ipsword
	17a. Donald Mull		17h H	1			nbard, I1 60148
1	18. PART I. Enter the diseases, injuries, or con	mplications that caused the de th, Dr	ot enter the mode of dying	such as cardiac or respiratory arres	t, shock, or heart failure. List of	Dalu, LUII	
2	Immediate Cause (Final	1		•	~		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	disease or condition resulting in death)	HRTERID	SCIEROT	IC HEAR	T DISE	ASE	YFARS
4	DI	JE TO, OR AS A CONSEQU	ENCE OF	10 1/01/10	, 0,50	7,50	TOTAL
5	CONDITIONS, IF ANY WHICH GIVE RISE TO (b)	n)					
		JE TO, OR AS A CONSEQU	ENCE OF				
CAUSE	CAUSE LAST. (c			46			
	PART II. Other significant conditions contrib	uting to death but not resulting in th	e underlying cause given	in PARTI.		AUTOPSY w	ERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
N							OMPLETION OF CAUSE OF DEATH? (YES NO)
Р	NATURAL, ACCIDENT, HOMICIDE.	DATE OF INJUR	Y (MONTH, DAY, YEAR		HOW INJURY OCCU	IRRED (ENTER NATU	RE OF INJURY MENTIONED IN
	SUICIDE, UNDETERMINED, (SPECIFY)				P/ RT LOG PART II ITE	M 10\	
	20a. NATWCHL	20b.		20c. N.	P/ AT I OR PART II, ITE 201.	-•	
	20a. NATUCAL INJURYAT WORK PLACE OF IN.	20b.	ET. LOCATIO	4 . 1	P/ AT I OR PART II, ITE 201.	-•	IF FEMALE, WAS THERE A PREG-
H.G.	20a. NATUUHL. INJURYATWORK PLACE OF IN. FACTORY, OFFI 20e. 20f.	20b. JURY (ATHOME, FARM, STREE CE BUILDING, ETC.) (SPECIFY)	20g.	20c. h IN (CITY, VIL 'OR TOWN; OR TV	P/ AT I OR PART II, ITE 201.	-•	IF FEMALE, WAS THERE A PREG- NANCY IN PAST THREE MONTHS?
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	20a.	20b. JURY (ATHOME, FARM, STREE CE BUILDING, ETC.) (SPECIFY) ON BASED UPON MY INV. TH OCCURRED ON THE I STATED, AND THAT.	20g.	20c. N	P/ AT I OR PART II, ITE 2° J. VP C9F) DIST. NO., CO VAS PRONC JNCED I	DUNTY, STATE)	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
RIF	20a. VATUULL INJURY AT WORK (YES NO) 20e. PLACE OF IN. FACTORY, OFFI 20e. 20f. I CERTIFY THAT IN MY OPINI THE INQUISITION, THIS DEA 21a. AND DUE TO THE CAUSE(S) CORONER'S – MEDICAL EXAMINER'S	JURY (ATHOME, FARM, STREE CE BUILDING, ETC.) (SPECIFY) ON BASED UPON MY INV TH OCCURRED ON THE IS STATED, AND THAT	20g.	20c. N. ON (CITY, VIL OR TOWN, OR TO	PATTOR PART II, ITE 201. IP COF D. DIST. NOCO VAS PRONC INCEDIT ITH ITH ITH ITH ITH ITH ITH	DUNTY, STATE) DEAD ON DEAD ON	IFFEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES NO AT
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RIF UNK	20a. VATUUTL INJURYAT WORK (YESNO) 20e. 20f. I CERTIFY THAT IN MY OPINI THE INQUISITION, THIS DEA 21a. AND DUE TO THE CAUSE(S) CORONER'S - MEDICAL EXAMINER'S 22a. RICHARD R. E CORONER'S PHYSICIAN'S SIGNATURE	20b. JURY (AT HOME, FARM, STREET CE BUILDING, ETC.) (SPECIFY) ON BASED UPON MY INV TH OCCURRED ON THE E STATED, AND THAT SIGNATURE BALLINGER	20g.	20c. N. ON (CITY, VIL OR TOWN, OR TO	VAS PRONC JNCED THE LAST IN THE CONTROL OF THE LAST IN THE CONTROL OF THE LAST IN THE LAST	DUNTY, STATE) DEAD ON DAY 9 GEAD A ESIGNED (A	IFFEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES NO AT 21c. 2'499 M.
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Not valid without the embossed seal of DuPage County Health Department

111 North County Farm Road Wheaton, Illinois 60187

Local Registrar