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ESTATE OF

NANCY KATHERINE MaGILL,

Deceased

Doc#: 1122249015 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 08/10/2011 11:24 AM Pg: 1 of 5

AFFIDAVI

COURTNEY ELIZABETH WILES on oath says:

- 1. The decedent, NANCY KATHERINE MaGILL, died intestate at Park Ridge, Illinois on approximately January 7, 2010 at the age of 58 years.
- 2. I am of legal age. Treside at 460 Radcliffe Avenue, Des Plaines, Illinois 60016. I am the daughter of the decadent.
- 3. It is not anticipated that probate proceedings will be instituted in respect to the estate of the decedent.
- 4. The gross value of the estate of the decedent, including real and personal property, proceeds of life insurance policies, cash, and property of any kind held in joint tenancy, is less than \$600,000.00.
- 5. Said estate includes real estate located in Cook Courty, Illinois, more particularly described as follows:

Lot 5 in Block 8 in Cumberland Highlands being a subdivision of part of the Northwest fractional Quarter of fractional Section 7, Township 41 North, Range 12, East of the Third Principal Meridian, according to the plat thereof registered in the office of the Registrar of Titles of Cook County, Illinois on November 8, 1957, as Document 1768229, in Cook County, Illinois.

Permanent Index Nuimber: 09-07-112-017

Address of Premises: 460 Radcliffe Avenue, Des Plaines, IL 60016



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- 6. The decedent was not a recipient of any funds under the Illinois Old Age Pension Act.
 - 7. The decedent was never confined in a State of Illinois mental hospital.
- 8. Neither the decedent nor her estate is liable on any lease, contract, mortgage, deficiency decree or other obligation.
- 9. The decedent's estate is not liable to anyone for personal or nursing services rendered to decedent or for room and board furnished to the decedent.
 - 10. The decedent's estate is not subject to Illinois Inheritance Tax.
 - 11. The decedent's estate is not subject to Federal Estate Tax.
- 12. All income, personal property, retailers', occupational and other taxes due and owing by the decedent or his estate have been fully paid.
- 13. All expenses of the last i'mess and burial of the decedent, his doctor bill, his hospital bill, and his undertaker's bill have peen paid in full.

COURTNEY ELIZABETH WILES

Subscribed and Sworn to before me

this 17 day of NOVENIE 2010.

Notary Public

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Prepared by:

Daniel K. Sinclair 4170 Old Grand Avenue Gurnee, IL 60031 847-360-1200

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ESTATE OF				
NANCY KATHERINE MaGILL)			
Deceased)			

AFFIDAVIT OF HEIRSHIP

Courtney E. Wiles on oath says:

- 1. The Decedent, NANCY KATHERINE MaGILL, died at Cook County, Illinois on January 7, 2010 at the age of (8 years. She was intestate.
- 2. I am of legal age. My address is 460 Radcliffe Ave., Des Plaines, Illinois. I am the sole chil J of the Decedent.
- 3. At the time of her death, NANCY KATHERINE MaGILL owned title to the premises commonly known as 460 Radcliffe Ava, Des Plaines, Illinois, and legally described as follows:

Lot 5 in Block 8 in Cumberland Highlands being a subdivision of part of the Northwest fractional Quarter of fractional Section, 7, Township 41 North, Range 12, East of the Third Principal Meridian, according to the plat thereof registered in the office of the Registrar of Titles of Cook County, Illinois on November 8, 1957, as Document 1768229, in Cook County, Illinois.

Permanent Real Estate Index Number: 09-07-112-017

4. The Decedent was married two times. The following is the information with respect thereto:

First Marriage:

Name of Spouse: Timothy Wiles Marriage Terminated: By divorce

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Second Marriage:

Name of Spouse: John R. De Guiseppe

Marriage Terminated: By divorce

5. The following children and no others were born to or adopted by Decedent:

Courtney E. Wiles, an adult.

6. Pased on the foregoing, Decedent left surviving as her only heirs the following, who survived the Decedent, and, in the absence of an indication to the contrary, are of egal age, are mentally competent, and, if children, are natural children:

Courtiey E. Wiles

Courtney E. Wiles

Subscribed and Sworn to before me this 17 day of North 2015.

Notary Public

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CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

TATE FILE NUMBER 2010 000)1503								ISSUED	01/12/2
DECEDENT'S LEGAL NAME NANCY K MAGILL						SEX FEMALE		DF DEATH UARY 07	, 2010	
COUNTY OF DEATH		AGE AT LAST 58 YEAR				E 07, 1951		· · · · · · · · · · · · · · · · · · ·		<u> </u>
CITY OR TOWN PARK RIDGE				HOSPITAL OR OTH ADVOCATE	IER INSTITUTK UTHERAN	GENERAL HO	SPITAL			·
PLACE OF DEATH INPATIENT					ATT OLD WA	ING SPOUSE'S NAM	AE		EVER IN U	S ARMED
BIRTHPLACE CHICAGO, IL	SOCIAL SECURIT		MARITAL STA DIVORCE			ING SPOUGE STANI			FORCES?	NO.
RESIDENCE 460 RADCLIFFE AVE			APT. I		Y OR TOWN DES PLAINE			1.0	YES	
0001111	ZIP CODE L 60018		ER'S NAME BERT MA	GILL		MOTHER'S N AGNES	FORTM	ANN	MAKKIAGE	
INFORMANT'S NAME COURTNEY E WILES	0,		IONSHIP UGHTER		MAILING ADDRESS 4120 BITTERNUT LANE APT 205, GURNEE, IL, 60031					
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TW.: PINES CREMATO			RY	•				DATE OF DISPOSITION JANUARY 15, 2010	
FUNERAL HOME GL HILLS, 745 GRACELA	AND AVENUE, [DES FLAIN	ES, IL, 600	16						DED.
FUNERAL DIRECTOR'S NAME 034012258						58	OR'S ILLINOIS LICENSE NUMBER			
LOCAL REGISTRAR'S NAME DAVID ORR) /		DATE FILED V JANUAR			4R	
4	I. MULTISYSTEN a.	ORGAN FA	ILURE	τ_{\bigcirc}		•	TE.	WEEN	-	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	b. MRSA SEPSIS		Due to	(or as a complement of):			PROXIM	VĄL BET TAND D		
			Due to	(or as a consequence of).	2×			ONSE	 	
	C.				1				<u></u>	
PART II. Enter other significant co	nditions contributin	g to death but		(or as a consequence of): in the underlying caus	e given in PAR	+/0	WAS AN AU	TOPSY PER	RFORMED?	NO
BREAST CANCER						CVA	VERE AUT	OPSY FINDI CAUSE OF	NGS USED DEATH?	το √/Α
No.	TOBACCO USE CONTRIBUTE TO DEATH? FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR MANNER OF DEATH NATURAL						·			
NO DATE OF INJURY		TIME OF INJU		PLACE OF INJUR				×C	INJURY	AT WORK
LOCATION OF INJURY					***************************************			6		
DESCRIBE HOW INJURY OCCUR	:RED:						IF	TRANSFUR	TATION INJ	URY, SPEC
ATTEND THE DECEASED? YES	DATE LAST SEEN JANUARY 0		WAS MEDICA CORONER C	AL EXAMINER OR ONTACTED? NO		ATE PRONOUNCED	<u> </u>		12:30	DEATH DPM
CERTIFIER PHYSICIAN		<u> </u>		· · · · · · · · · · · · · · · · · · ·	-		D		RY 07, 20	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PATRICK PIPER 1775 BALLARD ROAD, PARK RIDGE, ILLINOIS, 60068								PHYSICIAN'S LICENSE NUMBER 036116746		



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





01/12/2010