



This Instrument Prepared By:  
Law Offices of Gregg M. Odway  
2615 N. Sheffield Avenue  
Chicago, IL 60614

Doc#: 1417455072 Fee: \$42.00  
RHSP Fee:\$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 06/23/2014 12:48 PM Pg: 1 of 3

After Recording, Please Mail To:  
Mary H. Odway  
15 South Pine Street, Unit 508A  
Mount Prospect, IL 60056

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF JOINT TENANT  
By Surviving Spouse**

STATE OF ILLINOIS )  
                                  ) SS.  
COUNTY OF COOK )

MARY H. ODWAY of legal age, being first duly sworn, deposes and states:

1. Martin Odway ("Decedent") is the decedent mentioned in the attached certified copy of Certificate of Death, who died on January 18, 2009, at Arlington Heights, Illinois.
2. I am the surviving spouse of Decedent and was married to Decedent on the date of his death.
3. Decedent and I are the same persons who are named as grantees in that certain deed dated May 31, 1996, executed by Parkway Bank and Trust Company to Martin Odway and Mary H. Odway as **joint tenants with rights of survivorship**, recorded on June 7, 1996, as Document No. 96437395, Office of Cook County Recorder, Cook County, Illinois, describing the following real property:

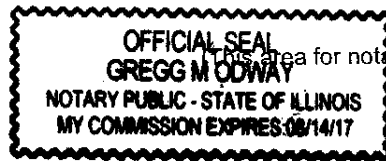
(SEE "EXHIBIT A" ATTACHED FOR LEGAL DESCRIPTION AND P.I.N.)

Dated: 6-20-14

Mary H. Odway

Subscribed and sworn to before me on this  
20th day of June, 2014.

Signature Gregg M. Odway



**UNOFFICIAL COPY**

"EXHIBIT A"

**LEGAL DESCRIPTION:**

UNIT 508A, AND THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE P-508A AND STORAGE SPACE S-508A LIMITED COMMON ELEMENTS, IN THE SHIRES AT CLOCK TOWER PLACE CONDOMINIUM I AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOT 1, IN CLOKKTOWER PLACE RESUBDIVISION, BEING A RESUBDIVISION IN THE WEST 1/2 OF THE NORTH WEST 1/4 OF SECTION 12, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM, MADE BY PARKWAY BANK AND TRUST COMPANY AS TRUSTEE UNDER TRUST AGREEMENT DATED JUNE 29, 1994 AND KNOWN AS TRUST NUMBER 10862, AND RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 95663007 TOGETHER WITH A PERCENTAGE OF THE COMMON ELEMENTS APPURTENANT TO SAID UNIT AS SET FORTH IN SAID DECLARATION.

GRANTOR ALSO HEREBY GRANTS TO GRANTEEES, THEIR HEIRS AND ASSIGNS, AS RIGHTS AND EASEMENTS APPURTENANT TO THE ABOVE DESCRIBED REAL ESTATE, THE RIGHTS AND EASEMENTS FOR THE BENEFIT OF THE PROPERTY SET FORTH IN THE AFOREMENTIONED DECLARATION, AND THE RIGHTS AND EASEMENTS FOR THE BENEFIT OF THE PROPERTY SET FORTH IN THE DECLARATION OF COMMON EASEMENTS AND MAINTENANCE AGREEMENT RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY AS DOCUMENT NUMBER 95663006; AND GRANTOR RESERVES TO ITSELF, ITS SUCCESSORS AND ASSIGNS THE RIGHTS AND EASEMENTS SET FORTH IN BOTH SAID DECLARATIONS FOR THE BENEFIT OF THE PROPERTY DESCRIBED THEREIN.

THIS DEED IS SUBJECT ONLY TO THE FOLLOWING: GENERAL TAXES NOT YET DUE AND PAYABLE; PUBLIC UTILITY EASEMENTS; EASEMENTS, COVENANTS, RESTRICTIONS AND BUILDING LINES OF RECORD, AND AS FORTH IN THE DECLARATION AND THE DECLARATION OF COMMON EASEMENTS AND MAINTENANCE AGREEMENT; APPLICABLE ZONING AND BUILDING LAWS AND ORDINANCES; ALL RIGHTS, EASEMENTS, RESTRICTIONS, CONDITIONS AND RESERVATIONS CONTAINED IN THE AFORESAID DECLARATIONS AND RESERVATIONS BY SELLER TO ITSELF AND ITS SUCCESSORS AND ASSIGNS OF THE RIGHTS AND EASEMENTS SET FORTH IN SAID DECLARATIONS, AND THE PROVISIONS OF THE CONDOMINIUM PROPERTY ACT OF ILLINOIS.

**Address Commonly Known As:** 15 South Pine Street, Unit 508A, Mount Prospect, Illinois 60056

**Permanent Index Number:** 08-12-101-024-1038

# UNOFFICIAL COPY

STATE OF ILLINOIS  
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <b>16.0</b>		STATE FILE NUMBER	
LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKAs (Last) (First, Middle, Last) <b>Martin Odway</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>January 18, 2009</b>
4. COUNTY OF DEATH <b>Cook</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>75</b>	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____
7a. CITY OR TOWN <b>Arlington Heights</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>Church Creek</b>	
7c. PLACE OF DEATH (Check only one, see instructions): IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home/Long-Term care facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): _____ IF DEATH OCCURRED SOMEWHERE OTHER THAN HOSPITAL: _____			
8. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL</b>	9. SOCIAL SECURITY NUMBER <b>[REDACTED]-8729</b>	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSES NAME (If wife, give full name prior to first marriage) <b>Mary H. Wendryhoski</b>
12. EVER IN THE US ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13a. RESIDENCE (Street and Number) <b>15 South Pine Street</b>	
13b. APT. NO. <b>-</b>		13c. CITY OR TOWN <b>Mount Prospect</b>	
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13e. COUNTY <b>Cook</b>	
13f. STATE <b>IL</b>		13g. ZIP CODE <b>60056</b>	
14. FATHER'S NAME (First, Middle, Last) <b>John Odrowaz</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Pauline Przybyla</b>	
16a. INFORMANT'S NAME <b>Mary H. Odway</b>		16b. RELATIONSHIP <b>wife</b>	
16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>15 South Pine Street Mount Prospect, IL 60056</b>		16d. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Pauline Przybyla</b>	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>All Saints Cemetery</b>	
19. LOCATION - CITY, TOWN AND STATE <b>Des Plaines, IL 60016</b>		20. DATE OF DISPOSITION (Month/Day/Year) <b>January 23, 2009</b>	
21a. FUNERAL HOME NAME <b>Friedrichs Funeral Home, Inc.</b>		21b. FUNERAL HOME STREET NUMBER <b>320 West Central Road</b>	
21c. FUNERAL HOME CITY OR TOWN <b>Mount Prospect</b>		21d. FUNERAL HOME STATE <b>Illinois</b>	
21e. FUNERAL HOME ZIP <b>60056</b>		21f. FUNERAL DIRECTOR'S SIGNATURE <i>Henry Friedrichs</i>	
21g. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-014719</b>		22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>	
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>JAN 22 2009</b>		24. CAUSE OF DEATH (See instructions and examples) 24. PART I. Enter the chain of events - diseases, injuries or complications that directly cause the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>CEREBROVASCULAR ACCIDENT</b> Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury initiated the events resulting in death) LAST b. <b>ATRIAL FIBRILLATION</b> Due to (or as a consequence of): c. <b>HYPERTENSION</b> Due to (or as a consequence of): APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>DAYS</b> <b>YEARS</b> <b>YEARS</b>	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: <b>LUPUS ANTICOAGULANT, DEMENTIA</b>		25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		27. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending investigation	
28. IF FEMALE: <input type="checkbox"/> Not pregnant within the past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Unknown if pregnant within the past 12 months <input type="checkbox"/> Not pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death.		29. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code		35. DESCRIBE HOW INJURY OCCURRED: 3. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____	
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE <b>1-16-2009</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. DATE PRONOUNCED (Month/Day/Year) <b>January 18, 2009</b>		40. TIME OF DEATH <b>4:32</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>Ruksana Papa, MD 1700 W. CENTRAL RD ARLINGTON HTS IL 6005</b>		43. PHYSICIAN'S LICENSE NUMBER <b>036105541</b>	
44. TITLE OF CERTIFIER <b>MD</b>		45. DATE CERTIFIED (Month/Day/Year) <b>1-20-2009</b>	
46. SIGNATURE OF CERTIFIER <i>R. Papa MD</i>		47. DECEDENT'S EDUCATION - Check the _____	
48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best _____		49. DECEDENT'S RACE - Check one or more races to indicate what the decedent _____	

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.

STATE OF ILLINOIS  
County of Cook)

DAVID ORR, County Clerk

JAN 22 2009

David Orr, County Clerk of the County of Cook, in the State aforesaid, 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 THEREOF, 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 Orr*  
COUNTY CLERK