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Doc#: 1504915002 Fee: \$66.25
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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 02/18/2015 08:29 AM Pg: 1 of 3

Prepared By:
RECORDING REQUESTED
BY/RETURN TO:
Title Source Back Smith

First National Building | 13th Floor, East
662 Woodward Avenue | Detroit, MI 48226

Indecomm Global Services
1260 Energy Lane
St. Paul, MN 55108

for Recorder's Use Only

Recorded for
79741634

AFFIDAVIT OF DEATH OF JOINT TENANT

Title Order No. 59761435 - 2826221
Loan No. 333543444

I, Thomas O'Malley, Jr., of legal age, being first duly sworn, depose and say:

Magda T. O'Malley, the decedent mentioned, is the same person as, Magda T. O'Malley, named as one of the parties in that certain Warranty Deed from Daniel Castro and Nancy Castro, his wife to Thomas O'Malley, Jr. and Magda T. O'Malley, his wife, not in tenancy in common, but in joint tenancy, Dated April 29, 1993, Recorded May 4, 1993 in Instrument/Case No. 93332755 of the Cook County Records.

Said deed conveying real property described as follows:

Tax Id Number(s): 13273080230000

Land Situated in the County of Cook in the State of IL

THE EAST 24 FEET OF LOT 13 AND THE WEST 6 FEET OF LOT 14 IN UBER'S RESUBDIVISION OF BLOCK 12
IN S. S. HAYES' KELVYN GROVE ADDITION TO CHICAGO, A SUBDIVISION OF THE SOUTHWEST 1/4 OF
SECTION 27, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 4738 West Wrightwood Avenue, Chicago, IL 60639

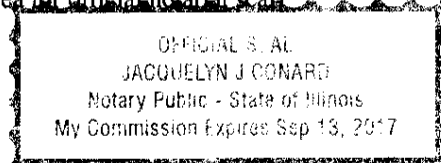
Dated: 1-26-15

Thomas O'Malley, Jr.
Thomas O'Malley, Jr.

STATE OF Illinois)
COUNTY OF Cook) S.S.

Thomas O'Malley, Jr., proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(This area for official notarial seal)



U05136597

1632 2/4/2015 79741634/1

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**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2014 0009483

DATE ISSUED 2/6/2014

DECEDENT'S LEGAL NAME MAGDA T O'MALLEY				SEX FEMALE	DATE OF DEATH FEBRUARY 03, 2014
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 55 YEARS		DATE OF BIRTH SEPTEMBER 01, 1958	
CITY OR TOWN PARK RIDGE			HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE LUTHERAN GENERAL HOSPITAL		
PLACE OF DEATH INPATIENT					
BIRTHPLACE PR	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME THOMAS O'MALLEY	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4738 W WRIGHTWOOD AVE		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60639	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NATALIO SANCHEZ		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIA TORRES
INFORMANT'S NAME THOMAS O'MALLEY		RELATIONSHIP HUSBAND		MAILING ADDRESS 4738 W WRIGHTWOOD AVE, CHICAGO, IL, 60639	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FOREST CREMATORY		LOCATION - CITY OR TOWN AND STATE ROMEOLVILLE, IL	DATE OF DISPOSITION FEBRUARY 06, 2014
FUNERAL HOME OLSON BURKE/SULLIVAN FUNERAL & CREMATION CENTER, 6467 NORTHWEST HIGHWAY, CHICAGO, IL, 60631					
FUNERAL DIRECTOR'S NAME MARY ELIZABETH SULLIVAN				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016111	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR FEBRUARY 5, 2014	
CAUSE OF DEATH PART I. PNEUMONIA IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. ANOREXIA _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): _____ Due to (or as a consequence of):					
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR				MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY			INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:					IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE FEBRUARY 03, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 10:15 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED FEBRUARY 05, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH LEXY WISTENBERG, 6131 W DEMPSTER ST, MORTON GROVE, ILLINOIS, 60053					PHYSICIAN'S LICENSE NUMBER 036082382



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

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

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