| 2623 Notice of Frabate and Release of Estat's OF | FICIAL COPY | |
|--|--|----------------------------------|
| Interest in Real Estate (Rev. 8/1/00) CCP 0421 | Doo# 1606055033 Foo: 0 | E 1 00 |
| NOTICE OF PROBATE | Doc#. 1606955023 Fee: \$ Karen A.Yarbrough | 54.00 |
| UNDER SUPERVISED OR | Cook County Recorder of D | eeds |
| INDEPENDENT ADMINISTRATION | Date: 03/09/2016 08:58 AM | Pg: 1 of 4 |
| The undersigned, who was appointed repre- | | |
| sentative of the estate of | | |
| John W. Woods, Sr. | | |
| deceased, on February 25 , 2015 , | | |
| by the Circuit Court of Cook County, | | |
| County Department, Probate Division | | |
| (Case No. 2015 P 7818 , Docket , | | |
| | | , |
| Page) and is currently acting as | | |
| representative, gives notice pursuant to §5/20-24(a) of the Probate Act that: | (The Above Space For Reco | rder's Use Only) |
| Decedent of 10811 S. Prospect, Chicago, IL 600 | , died on February 25 | , 2015 |
| owning the following described real estate: (INSER | T.OR ATTACH.LEGAL DESCRIPTION. If | decedent had a partial interest, |
| state the extent of the interest.) | | fnen Recorded Return to: |
| 0.5 | t | Indecomm Global Services |
| | | As Recording Agent Only |
| SEE E | EXHIBT "A" ATTACHED | 1260 Energy Lane |
| Permanent Real Estate Index No.: 25-17-300-010 | 0-0/10 | St. Paul, MN 55108 |
| The street address of the real estate is: 10811 S. | Prospect, Chicago, IL 60643 | Record 10T |
| | STATE'S INTUREST IN REAL ESTATE DEPENDENT ADMINISTRATION | 80226131 |
| Pursuant to $\S5/28-8(i)$ and $\S5/28-10(a)$ of the Probate in the above real estate and confirms that title passed | - / / | |
| | dress Share | |
| Kayte M. Woods | 811 S. Prospect, Chicago, IL 100% | ó |
| 600 | 643 | |
| Dated: 1/20/2016 A | tom hope | |
| Representativ | ve(s) | |
| Kayte M. | Woods | 75c. |
| Print or type | name(s) of Representative(s) | 70 |
| State of TLLINGIS Address(es | 10811 S. Prospect, Chicago, IL 60643 | CO |
| |)· | |
| County of Stronger | | |
| Acknowledged before mediation and day of | day January, 2016 by | Judatike. |
| *a duly authorized office Replic, State of Illinois corporation, on behalf of the corporation, on behalf of the corporation. | | - |
| corporation, of benan-or the corporation 7572019 | () 101 | |
| | (No | tary Public) |
| | | • |
| This instrument was prepared by and should be mai | led to: Deauta Woods Stokes & Associati | es, 1.C. 4747 Emedia Man |
| Drive, Suite 410, Matteson, IL 60443 | | |
| 10011 0 B | and Kayte | j |
| Send subsequent tax bills to: 10811 S. Prospect, O | nicago, IL 60643, Kalle M W | 10ols |
| · · · | | |
| *Lice only for a cornerate acknowledgment | | |

^{*}Use only for a corporate acknowledgment.

1606955023 Page: 2 of 4

3D VOID APPEARS WHEN PHOTOCOPIED

CERTIFICATION OF DEATH RECORD

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

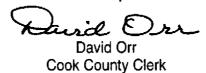
| | | ME | EDICAL | CERTIFICA | ATE OF | DEAT | 1 | | | . 4 | |
|--|--------------------------|------------------------------------|--------------------------|---|---|----------------------------------|-------------------------------|----------------------------------|--------------|----------------------------------|--|
| STATE FILE NUMBER 201 | 5 0016775 | | | | | | | D | ATE | ISSUED 3/4/20 | |
| DECEDENT'S LEGAL NAME JOHN W WOODS SR | | | | | | | SEX MALE | DATE OF DE | | 25, 2015 | |
| COUNTY OF DEATH | | AGE AT LAST BIRTHDAY 77 YEARS | | | | DATE OF BIRTH AUGUST 03, 1937 | | | 10,764 | | |
| CITY OR TOWN BLUE ISLAND | | | | | HOSPITAL OR OTHER INSTITUTION NAME METRO SOUTH MEDICAL CENTER | | | | | | |
| PLACE OF DEATH , INPATIENT | | | | | | | | | | | |
| BIRTHPLACE MEMPHIS, TN | SOCIAL SECURI | SOCIAL SECURITY NUMBER STATUS AT T | | | ME OF DEATH SURVIVING SPOUSEICIVIL UNION PAR KAYTE M PERNELL | | | RTNER'S MAIDEN NAME | | EVER IN U.S. ARMED FORCES? NO | |
| RESIDENCE 10811 S PROSPECT | <u></u> | <u>L</u> | APT | . NO. | CITY OR 1 | FOWN | LINEL | · | IN | ISIDE CITY LIMITS? YES | |
| | TATE ZIP CODE | | ARENT'S NAME WOODS | PRIOR TO FIRST M | | | MOTHER/CO-PARE GUSSIE AL | | TO FIR | ST MARRIAGE/CIVIL UNION | |
| INFORMANT'S NAME KAYTE M WOODS | 700 | RELAT | IONSHIP | | | NG ADDRE | ss ROSPECT, CH | HICAGO, IL, (| 5064 | 3 | |
| METHOD OF DISPOSITION BURIAL | | OF DISPOSI | | | | TION - CIT | Y OR TOWN AND | ı | _ | DISPOSITION 1 06, 2015 | |
| FUNERAL HOME | HOME 0315 SO | UTH 490 | IND AVEN | ILIE CHICAG | :O II 606 | 520 | | | | | |
| BROOKINS FUNERAL HOME, 9315 SOUTH AS IL AND AVENUE, CHICAGO, IL, 60620 FUNERAL DIRECTOR'S NAME HOWARD B BROOKINS FUNERAL DIRECTOR'S NAME 034010656 | | | | | | | TOR'S ILLINOIS LICENSE NUMBER | | | | |
| | | | | | DATE FILED WITH LOCAL REGISTRAR MARCH 2, 2015 | | | | | | |
| CAUSE OF DEATH PA | RT I. CARDIAC AR | REST | | 4 | | | | űΞ | | 0 0000 | |
| IMMEDIATE CAUSE (Final disease or condition | a. | | Due to | (or as a c. nsequence | e of): | | | IMATE ETWE | | 2 DAYS | |
| resulting In death) | b. ACUTE MYOC | ARDIAL ISC | HEMIA | C | | | | PPROX RVAL B | | 2 DAYS | |
| | c CAD | | Que to | (or as a consequence | e olj: | 5, | | INTER | 3.7 | | |
| | | | | | ب | | | _ | M(| ONTHS MONTHS | |
| PART II, Enter other significan | t conditions contributir | g to death but | | (or as a consequence in the underlying o | | 1 PAR | WA | AS AN AUTOPSY | PERF | ORMED? NO | |
| C O P D EXACERBATION | ON | | | | | | WE | RE AUTOPSY F | NDIN OF D | GS USED TO EATH? N/A | |
| FEMALE PREGNANCY STATU NOT APPLICABLE | S | | · | | | • | 7 | NNER OF DEATI ATURAL | н ; '- | ",1 | |
| DATE OF INJURY | | TIME OF INJU | IRY | PLACE OF IN | JURY | | | 0,5 | | INJURY AT WORK? | |
| LOCATION OF INJURY | | | | | | | | | · | | |
| DESCRIBE HOW INJURY OCC | URRED: | | | | | | | IF TRANSF | 0.7 | TION INJURY, SPECIFY | |
| ATTEND THE DECEASED? YES | DATE LAST SEEN A | | WAS MEDICA CORONER CO | L EXAMINER OR ONTACTED? | NO | DATE P | RONOUNCED | - | | TIME OF DEATH 06:22 AM | |
| CERTIFIER PHYSICIAN | | | | | | | | DATE CERTIFIED FEBRUARY 26, 2015 | | | |



NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

RICHARD HARRIS MD, 12935 S GREGORY ST, BLUE ISLAND, ILLINOIS, 60406

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.





PHYSICIAN'S LICENSE NUMBER

036110619

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UNOFFICIAL COPY



TO TEST FOR AUTHENTICITY: The face of this document has a green background. Verification of some of the security features can be accomplished by:

- Identifying invisible UV fibers embedded in the paper.
- Applying fresh figuid bleach to activate color stain chemical protection reaction.
- · Face of document has a green border with ornate lines including reverse microtext.
- This backer copy is constructed with a microtext border. Inspection under magnifier shows "STATEOFILLINOIS" in microtext.
- Document is protected with embossed Cook County seals.
- Photocopying this document produces the word "VOID" across the face.

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EXHIBIT A

LEGAL DESCRIPTION

THE SOUTH 43 FEET OF LOT 150 IN WILLIS M. HIITS SUBDIVISION OF THE NORTH WEST ¼ OF THE SOUTH WEST ¼ OF SECTION 17 AND A PART OF THE NORTH EAST ¼ OF SOUTH EAST ¼ OF SECTION 18, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

