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Prepared by:

Kevin T. Kavanaugh, Esq. 3331 W. Big Beaver, Ste. 109 Troy, MI 48084 Licensed in IL. Bar ID No. 628033 Doc#: 1607717018 Fee: \$66.25 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

M DIANA TAYLOR
Notary Public - State of Illinois
My Commission Expires Nov 9, 2017

Cook County Recorder of Deeds
Date: 03/17/2016 09:53 AM Pg: 1 of 3

Troy, MI 48084 Licensed in IL, Bar ID No. 62	280331		Date: 03/17/2016	09:53 AM Pg: 1 of	13
Return to: Title Source, Inc. 662 Woodward Avenue, Detroit, MI 48226	<u>.</u>		3365881		
T A SALAT OF THE	CEASED JOINT TEN		· · · - ,		
State of MO() County of County	) ) ss.	Order No.	0514 61109899		
sworn, state that they reside MARY M. WAGNER, Decade and referred to herein, locate	ceased, who at the time and in Cook County, Illino	enue, Chicago, IL of her death was ois, and described	60616. That they were one of the owners of the	acquainted with	
See Exhibit A attac	ched herete and made a	part hereof			
That the deceased di	ied April 9, 2(15, as evid	denced by a certifi	ed copy of the death ce	rtificate of the	
That the deceased died:  Leaving no Last Wi	II & Testament.	Colyp	Vhen Recorded Retu Indecomm Global As Recording Age 1260 Energy Land St. Paul, MN 5510	Services int Only	
Will should be filed Illinois. Leaving a Last Will	& Testament a copy of with the Clerk of the Pro & Testament which was of Cook County, Illinois	obate Division of the filed in the Unpre	the Circuit Court of Coo	ok County,	
That the total value the deceased either individusum of \$100,000.00 dollars.	of the estate of the dece ally or in joint tenancy a	ased, including bo at the time of dea	oth real and personal pr th of the deceased, doe	operty owned by s not exceed the	et 🎺
Affiant makes this issue its Title Insurance Police	affidavit for that purpos cy, describing the above			cc. Company to	12 3
Subscribed and swo	rn to before me by the sa	id MICHAEL J.	WAGNER and KARE	IN A.	SH
By: Angle		By: Dare	ud Spagne	N	CY
M MYCHAEL J. WAG	GNER	KAREN A	WAGNER	_	4
This 22 rdday of QM	lgu, A.D. 20/6	7	OFFICIAL SEA	NL.	7

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

		ivi	IEDICAL (	CENTIFICA	IE OF DEA	un e			en e
STATE FILE NUMBER 2015 0029262  DECEDENT'S LEGAL NAME					<u> </u>	SEX	DATE	DATI OF DEATH	E ISSUED 4/10/2019
MARY M WAGNER					FEMALE	1 . 1			
COOK									
CITY OR TOWN		: "		HOSPITAL OR	OTHER INSTITUTE		<del></del>		
CHICAGO PLACE OF DEATH				MERCY H	OSPITAL AND	MEDICAL CEN	TER		
INPATIENT									
	SECURITY N	UMBER	STATUS AT TIM	AE OF DEATH	SURVIVING SPO	OUSEACHVIL UNION PAR	TNER'S MAIC	EN NAME	EVER IN U.S. ARMED
CHICAGO, IL			WIDOWE	)		FORCES?			FORCES? NO
RESIDENCE 2709 S LOWE	. 2775.		APT.	NO.	CITY OF TOWN CHICAGO				INSIDE CITY LIMITS? YES
COOK IL (60		A STATE OF	PARENT'S NAME P EL BIOCIC	PRIOR TO FIRST MAR	PIAGE/CIVIL UNION	MOTHER/CO-PARE		PRIOR TO F	RST MARRIAGE/CIVIL UNION
INFORMANT'S NAME	S <sub>A</sub>	1	TIONSHIP		MAILING ADD		RESS		
MICHAEL WAGNER			ON	···	<del></del>		OWE, CHICAGO, IL, 60616		
METHOD OF DISPOSITION BURIAL	FLAVEC		SITION CATHOLIC CE	METERY	1	CITY OR TOWN AND EN PARK, IL			DISPOSITION
FUNERAL HOME	i Ozarvi		SATTIOEIO GE		EVENONE	EN FARIX, IC		AFRIL	13, 2015
MICHAEL COLETTA SONS, 544	W. 31ST S	ST, CHI	CAGO, IL. 6	0616					
FUNERAL DIRECTOR'S NAME MICHAEL COLETTA						FUNERAL DIRE 03401483		INOIS LIC	ENSE NUMBER
OCAL REGISTRAR'S NAME DAVID ORR DAVID ORR DAVID ORR					TH LOCAL REGISTRAR 2015				
CAUSE OF DEATH PART L CARE	IOGENIC SI	носк							
IMMEDIATE CAUSE a.					s .	ar 11			
(Final disease or condition resulting in death)	EMIC COLITI		. Due to (	ээсг, зреагии в ав то	)):	1.71			
U. ISCHI	ENITO COLITI				12				
**			Due to (	or as a consequence of	n.		- <b>E</b>		
¢ SEPS	IS								
DAOT II Force other climitioned and title		ala adla bu		or as a consequence of					
PART II. Enter other significant conditions of	outionmil to	mainte on	រា ពថា រមុនបានជួន	ine underlying cas	ise given (⊓ PAHII.	CV		·	FORMED? NO
									NGS USED TO DEATH? N/A
FEMALE PREGNANCY STATUS	·						IN TROF		
NOT APPLICABLE						N.	1 TURAL		
DATE OF INJURY	MIT.	E OF INJ	URY	PLACE OF INJU	AY HOUSE				INJURY AT WORK?
LOCATION OF INJURY	<u></u>								
DESCRIBE HOW INJURY OCCURRED:							IE TR	ANSPORT	(1,0 LINJURY, SPECIFY:
						**			Transpirts of Cont.
	T SEEN ALIVE	· T	WAS MEDICAL	EXAMINER OR	DATE	PRONOUNCED			TIME OF DEATH
	. 08, 2015			NTACTED? NC		+ - E			06:58 AM
CERTIFIER PHYSICIAN						eren i		CERTIFII	D , 2015
NAME, ADDRESS AND ZIP CODE OF PERSO	N COMPLETI	VG CAUS	E OF DEATH	· · · · · · · · · · · · · · · · · · ·		100			S LICENSE NUMBER



DENNIS HONG, 2525 S MICHIGAN AVE, CHICAGO, ILLINOIS, 60616

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.





036079412

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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## **EXHIBIT A - LEGAL DESCRIPTION**

Tax Id Number(s). 17-25-303-015-0000

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

at 33 in Block "A" in Wance outhwest Quarter of Section 26, cook County, Illinois.

The property address and tax parcel identification number purposes.

Commonly known as: 2709 S Lowe Ave , Chicago, IL 60610

1371 1/29/2016 80210514/1