



# UNOFFICIAL COPY

## Legal Description

**UNIT 4 D AS DELINEATED IN SURVEYS OF THE FOLLOWING DESCRIBED PARCELS OF REAL ESTATE (HEREINAFTER TOGETHER REFERRED TO AS "PARCEL"):**

**PARCEL 1: LOTS 2 AND 3 IN SIGWALT'S SUBDIVISION OF THE NORTH HALF OF THE WEST 15 ACRES OF THE NORTH 30 ACRES OF THE WEST HALF OF THE NORTH WEST QUARTER OF SECTION 32, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS, ALSO**

**PARCEL 2: THE SOUTH 2 CHAINS OF THE NORTH 4.25 CHAINS OF THE EAST 2.50 CHAINS OF THE WEST 10 CHAINS OF THE WEST HALF OF THE NORTH WEST QUARTER OF SECTION 32, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION MADE BY LASALLE NATIONAL BANK, A NATIONAL BANKING ASSOCIATION, NOT PERSONALLY, BUT AS TRUSTEE UNDER TRUST NO. 39135, RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT NO. 21663600, AND REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES AS DOCUMENT NO. LR 2586499, TOGETHER WITH AN UNDIVIDED 2.2% INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEYS) ALSO**

**TOGETHER WITH AN EXCLUSIVE EASEMENT FOR PARKING PURPOSES IN AND TO PARKING SPACE NO. P22 AS DEFINED AND DELINEATED IN SAID DECLARATIONS AND SURVEYS.**

Cook County Clerk's Office

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

STATE FILE NUMBER 2011 0050933

DATE ISSUED 07/13/2011

DECEDENT'S LEGAL NAME MAUREEN M SHEEHAN				SEX FEMALE	DATE OF DEATH JULY 06, 2011
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 88 YEARS		DATE OF BIRTH MAY 31, 1923	
CITY OR TOWN ARLINGTON HEIGHTS			HOSPITAL OR OTHER INSTITUTION NAME LUTHERAN HOME FOR THE AGED		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY					
BIRTHPLACE LOUISVILLE, KY		SOCIAL SECURITY NUMBER [REDACTED]-6557	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME JOHN R SHEEHAN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 110 S DUNTON		APT. NO. 4D	CITY OR TOWN ARLINGTON HEIGHTS		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60005	FATHER'S NAME JAMES MULLANEY		MOTHER'S NAME PRIOR TO FIRST MARRIAGE CATHERINE WHALEN
INFORMANT'S NAME JOHN R SHEEHAN		RELATIONSHIP HUSBAND		MAILING ADDRESS 110 S DUNTON, ARLINGTON HEIGHTS, IL, 60005	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SAINT MICHAEL THE ARCHANGEL CEMETERY		LOCATION - CITY OR TOWN AND STATE PALATINE, IL	DATE OF DISPOSITION JULY 09, 2011
FUNERAL HOME LAUTERBURG & OEHLER FUNERAL HOME, 2000 EAST NORTHWEST HIGHWAY, ARLINGTON HEIGHTS, IL, 60004					
FUNERAL DIRECTOR'S NAME JAMES R MURRAY				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011936	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR JULY 11, 2011	
<b>CAUSE OF DEATH</b> PART I. ASPIRATION PNEUMONIA IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of) b. ARTERIOSCLEROSIS Due to (or as a consequence of) c. _____ 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	
DID TOBACCO USE CONTRIBUTE TO DEATH?		FEMALE PREGNANCY STATUS		MANNER OF DEATH	
		NOT APPLICABLE		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 JULY 06, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 09:35 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED JULY 07, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SANDRA GARRETSON, 800 W OAKTON, ARLINGTON HEIGHTS, ILLINOIS, 60004				PHYSICIAN'S LICENSE NUMBER 036073462	

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

NOT A FACILE SECURITY PHOTOGRAPHIC FOOLS AT BOTTOM