## **UNOFFICIAL COPY**

This document prepared by and mail to:

Gregory P. Melnyk 1011 Lake Street, Suite 435 Oak Park, IL 60301



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RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/01/2018 02:22 PM PG: 1 OF 2

## **AFFIDAVIT**

Felix Neal, Jr., being duly sworn, states that he resides at 306 N. 2nd Avenue, Maywood, Illinois 60153;

That she was acquainted with Shirley Jean Murphy, deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

LEGAL DESCRIPTION: LOTS 14 AND 15 IN BLOCK 204 IN MAYWOOD, A SUBDIVISION IN SECTIONS 2, 11 AND 14, TOWNSHIP 39 NORTH, RANGE 12 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 15-11-17-012-0000

Commonly known as: 306 N. 2<sup>nd</sup> Avenue, Maywood, II 60153

That the deceased died on March 20, 2011in Maywood, Illinois, leaving no will. No estate taxes were owed by the estate of Shirley Jean Murphy.

Felix Neal, Jr.

Subscribed and sworn to before me this 18th day of January, 2018.

"OFFICIAL SEAL"

Gregory P Melnyk

Notary Public, State of Illinois
My Commission Expires 11/12/2019

CCRD REVIEW

## CERTIFICATION OF DEATH RECORD

Anning and the contract of the 

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

TATE FILE NUMBER 2011 002	3782					DATE ISSUED	04/01/2011
DÉCÉDENTS LÉGALNAME SHIRLEY MURPHY				60 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S		F DEATH CH 20, 2011	
COUNTY OF DEATH	The state of the s	AT LAST BIRTHDAY 79 YEARS		DATE OF BIR MAY 09,	, 1931		
CITY OR TOWN MAYWOOD			HOSPITAL OR OTHE 306 N 2ND AV		AME		
PLACE OF DEATH: DECEDENT'S HOME							
BIRTHPLACE MAYWOOD: IL:	SOCIAL SECURITY NUI 335-24-1104	MBER MARITAL STATI	US AT TIME OF DEA	TH SURVIVING S	POUSES NAME	EVER IN U.S. A FORCES? NO	IRMED )
RESIDENCE 306 N 2ND AVENUE		APT, N	e. 1848a - 1884 - 1849a	AYWOOD		INSIDE CITY LIN	IITS?
COUNTY STAIL	1994 LV:02: a000	FATHERS NAME FLOYD MURP	10 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a		MOTHERS NAME PRIOR ANN WINGATE	TO FIRST MARRIAGE	
INFORMANTS NAME FELIX NEAL		RELATIONSHIP SIGNIFICANT (	OTHER		VENUE, MAYWOOD		
METHOD OF DISPOSITION GREMATION		DISPOSITION L DIRECTORS CREM	1.5-1-1-1-1-1	LOCATION CITY ( BERWYN, IL	OR TOWN AND STATE	DATE OF DISPOSITION MARCH 29, 2011	
FUNERAL HOME: WALLACE: BROADVIEW: FUNERAL HOME: L021/TOOSEVELT: ROAD; BROADVIEW, IL: 60155							
FUNERAL DIRECTOR'S NAME VERNON L WALLACE					FUNERAL DIRECTOR'S ILL 034009351	INOIS LICENSE NUMBER	
LOCAL REGISTRAR S NAME DAVID ORR					DATE FILED WITH LOCAL I	REGISTRAR	
CAUSE OF DEATH PART I	SCLERODERMA				E E		ARS
(Final disease of condition		Dire to Ris	as a c hisequence of).		XIMA	E CI	
					APPH	ONSETA	
c		Oue to for	as a consequence of)		Z	ð	
		Due to (cr.	as a consequence of)				
PART II. Enter obier significant condit	itions contributing to de	ath but not resulting in th	ie underlying cause gi	wen in PAR		PSY PERFORMED? NO	
					COMPLETE CA	SY FINDINGS USED TO USE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO		EPREGNANCY STATUS T APPLICABLE	S		MANNER OF D	EATH	
DATE OF INJURY	TIME.C	OF INJURY	PLACE OF INJURY			INJURY AT V	VORK?
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCURRED	0.				IF THA	NSPC HTA FION INJURY.	
9696 - 19965 - Palet Gebrus 1986 - 1986 - 1986	ATE LAST SEEN ALIVE MARCH 01, 2011	WAS MEDICAL E CORONER CONT	XAMINER OR FACTED? NO	DATE PRO	DNOUNCED	TIME OF DEAT 04:10 AM	
Oporticion (Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.	344 3343434	1,000	r Para Rela	Garain Galain	SOATE	CERTIFIED 1830	14.614.62.61



PHYSICIAN:

NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEVE MICHEL, 47 S 6TH STREET, LAGRANGE, ILLINOIS, 60525

> 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



MARCH 29, 2011 PHYSICIAN'S LICENSE NUMBER

036086607